N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive
Raleigh, NC 27611-8047
919-733-7308

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County: New Hanover		
Water System ID #:	70-65-033			
Name of System: Straightway		stries Inc		
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DAT	E: 06/08/16	06/08/16 TIME: <u>11:35 AM</u>		
Location where collected	ed: Kitchen sink			
Location Type:	n Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:		Collected By: Allen Ba	ker	
FOR REPEAT SAMPLE:		FOR REPLACEMENT SAMPLE:		
Previous Positive Location Code:		Original Sample Type:		
Positive Collection Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:		Original Collection Date:		
Proximity:		Time		
(1 = Same; 2 = Up	ostream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WILMINGTON REGIONAL OFFICE PWSS				
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated				
Telephone No. 910-796-7215 On-Chlorinated			Non-Chlorinated	
		IER #: 04-16-33	Free Chlorine Residual:	
			Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT M Total Coliform Fecal/E. Coli Heterotrophic P.C	METHOD PRESENT 9223B (number)	ABSENT INVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Samples Re	equired		Replacement Samples Required	
Date Analysis Begun:	06/09/16		Time Analysis Begun:08:10 AM	
Date Analysis Complete	ed: 06/10/16		Time Analysis Completed: 08:20 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Special/Non-compliance (SP), System Type: TNC, Water Source: GW				