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: _	Jones			
Water System ID #:	04-52-015	_				
Name of System: Town of Pollocksville						
Sample Type:	mple Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	06/10/14	TIME:	48 AM			
Location where collected:	216 Foy St					
Location Type:	(1 = Entry Tap;	2 = General Ta	ap; 3 = End Tap	p; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By	/: J o	pey White		
FOR REPEAT SAMPLE:			FOR REF	PLACEMENT SAMPLE:		
Previous Positive Loca		Original Sample Type:				
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time:				Original Collection Date:		
Proximity:				Time		
(1 = Same; 2 = Upstream	; 3 = Downstream)					
Mail Results To: Type of Su				Gupply:		
WASHINGTON REGIONAL OFFICE PWSS				X Community	NTNC	
943 WASHINGTON SQUARE MALL				Non-Community	Private	
WASHINGTON, NC			Type of T	reatment: X Chlorinated		
•	529466481		Type of T	Non-Chlorinated		
-		ED #: 40 04	0.4	Free Chlorine Residua	ıl:1.63 mg/	
EIN #: 562033116F	COURI	ER #: 16-04	-01	Total Chlorine Residua	al:	
RESULTS				INVALID CODES		
CONTAMINANT METHO	DD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coli	iform Found	
Total Coliform 9223E	<u> </u>	X		2) TNTC/No Coliform Found		
Fecal/E. Coli	⊔			3) Turbid Culture/No Coliforr4) Over 30 Hours Old	m Found	
Heterotrophic P.C.		/ml		5) Improper Sample or Analy	ysis	
	(number)					
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	06/11/14			Time Analysis Begun:	08:40 AM	
Date Analysis Completed:06/12/14				Time Analysis Completed:	09:10 AM	
Laboratory Log #:				Certified By: Susan	Beasley	
COMMENTS: Special / Non-compliance (SP), Water Source: GW						