N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

| DO | NOT | WRITE | IN THIS | SPACE |
|----|-----|-------|---------|-------|

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

| Laboratory ID #: Water System ID #: Name of System: | | <u>37501</u> | County: | Pitt | | | | | | |
|---|--|--|------------------------------------|----------------|------------------------------|--|------------|-----------------|--|--|
| | | 04-74-015 | | | | | | | | |
| | | Eastern Pines Water Corporation | | | | | | | | |
| Sample Type: | | (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | | | | | | |
| Collected on: | DATE: | 06/27/11 | TIME: 14:24 PM | | | | | | | |
| Location where collected: | | Kitchen Sink, 13 | 26 Duran St | . , Greenville | , NC | | | | | |
| Location Type: | | (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other) | | | | | | | | |
| Location Code: | | | Collected | | | | | | | |
| FOR REPEAT SAM | PLE: | | | FOR R | REPLACEMENT | SAMPLE: | | | | |
| Previous Positive Loca | | ation Code: Original Sample Type: | | | | | | | | |
| Positive Colle | ection Date | | | | _ | Routine; 2=Repeat; 3=Plan Approval; 4=Other) | | | | |
| | Time | :: | | | Original Colle | ection Date: | | | | |
| Proximity: | | | | | Ü | Time: | | _ | | |
| _ | - Upstream | 3 = Downstream) | | | | | | _ | | |
| Mail Results To: | | | Type of Supply: | | | | | | | |
| WASHINGT | ON REG | IONAL OFFICE I | PWSS | | = | ommunity on-Community | = | NTNC Private | | |
| WASHINGT | ON, NC 2 | 27889 | | Туре с | of Treatment: | X Chlorin | ated | | | |
| | | | | | | = | nlorinated | | | |
| Telephone l | No. 25 | 52-946-6481 | | | | Free Chlorin | e Residua | l: mg/ | | |
| | | | | | | Total Chlorin | e Residua | al: 2.7 mg/ | | |
| | | RESULTS | | | INV | ALID CODES | } | | | |
| CONTAMINANT | METHO | D PRESENT | ABSENT | INVALID | 1) C | onfluent Grow | th/No Coli | form Found | | |
| Total Coliform | 9223E | <u> </u> | X | | • | NTC/No Colifo | | | | |
| Fecal/E. Coli | | | | | • | urbid Culture/N ver 30 Hours | | n Found | | |
| Heterotrophic P.C. | | | /ml 5) Improper Sample or Analysis | | | | | /sis | | |
| | | (number) | 1 | | | - · · · · · | | | | |
| Repeat Samples | | | | □ ' | Replacement Samples Required | | | | | |
| Date Analysis Begui | 06/28/11 | | | Time | e Analysis Beg | jun: | 08:02 AM | | | |
| Date Analysis Comp | 06/29/11 | Time Analysis Co | | | Analysis Cor | npleted: | 09:30 AM | | | |
| Laboratory Log #: | - | 28167 | | | Cert | ified By: | Susan I | Beasley | | |
| COMMENTS: | 16:21 pm, Noticed sample container cracked but not leaking. JW | | | | | | | | | |
| | Sample i | not affected. SBea | sley | | | | | | | |