BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System: Sample Type:		<u>3 7 5 0 1</u> 70-65-025	County:	New Hanove	r		
		Airport Industrial Center #5					
		 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) 					
Collected on: D							
Location where colle	cted:	At Well Head					
Location Type:		(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:			Collected	By: <u>He</u> i	idi Cox		
FOR REPEAT SAME	PLE:		FOR REPLACEMENT SAMPLE:				
Previous Posi	tive Locati	on Code:	Original Sample Type:				
Positive Colle	ction Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
	Time:		Original Collection Date:				
Proximity:]						
(1 = Same; 2 =	Upstream;	3 = Downstream)					
Mail Results To:				Type of Su	pply:		
WILMINGTON REGIONAL OFFICE PWSS						NC	
						vate	
WILMINGTO	N NC 28	405-3845		Type of Tre	eatment: Chlorinated		
					Non-Chlorinated		
Telephone No. 910-796-7215			Free Chlorine Residual:				
EIN #: 56 2033372 Q COU			RIER #: 04-16-33 Total Chlorine Residual:				
		RESULTS			INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOI 9223B	D PRESENT	ABSENT		 Confluent Growth/No Colifor TNTC/No Coliform Found Turbid Culture/No Coliform F Over 30 Hours Old Improper Sample or Analysis 	ound	
Repeat Samples Required					Replacement Samples Req	Replacement Samples Required	
Date Analysis Begun: 07/10/12					Time Analysis Begun:	09:00 AM	
Date Analysis Completed: 07/11/12					Time Analysis Completed:	10:05 AM	
Laboratory Log #:37906					Certified By: Susan Be		
COMMENTS:	Special /Non-compliance, System Type: Adj., Water Source: GW						