

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: New Hanover
Water System ID #: 04-65-010
Name of System: CFPUA - WILM
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 07/14/14 TIME: 14:05 PM
Location where collected: Edward's 1/2 Bath
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Diane Williams

FOR REPEAT SAMPLE:

FOR REPLACEMENT SAMPLE:

Previous Positive Location Code: _____
Positive Collection Date: _____
Time: _____
Proximity:
(1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Original Collection Date: _____
Time _____

Mail Results To: **WILMINGTON REGIONAL OFFICE PWSS**
WILMINGTON, NC 28405-3845
Telephone No. 910-796-7215
EIN #: 56 2033372 Q COURIER #: 04-16-33

Type of Supply: Community NTNC
 Non-Community Private

Type of Treatment: Chlorinated Non-Chlorinated
Free Chlorine Residual: 0.68 mg/l
Total Chlorine Residual: _____

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____ /ml		
(number)				

- 1) Confluent Growth/No Coliform Found
- 2) TNTC/No Coliform Found
- 3) Turbid Culture/No Coliform Found
- 4) Over 30 Hours Old
- 5) Improper Sample or Analysis

Repeat Samples Required Replacement Samples Required

Date Analysis Begun: 07/15/14 Time Analysis Begun: 08:15 AM
Date Analysis Completed: 07/16/14 Time Analysis Completed: 09:50 AM
Laboratory Log #: _____ Certified By: Susan Beasley



COMMENTS: Special / Non-compliance (SP), Water Source: Sur.