

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: NEW HANOVER
Water System ID #: 04-65-015
Name of System: Town of Carolina Beach
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 07/22/09 TIME: 11:45 AM
Location where collected: 1719 Carolina Ave North
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 020 Collected By: Heidi Lane Cox

FOR REPEAT SAMPLE:

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

FOR REPLACEMENT SAMPLE:

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

Type of Supply:

☒ Community ☐ NTNC
☐ Non-Community ☐ Private

Type of Treatment:

☒ Chlorinated
☐ Non-Chlorinated
Free Chlorine Residual: .24 mg/l
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>312</u>	☐	☒	☐
Fecal/E. Coli	<u> </u>	☐	☐	☐
Heterotrophic P.C.	<u>330</u>	<u>2 ECFU's</u>	/ml	
		(number)		

☐ Repeat Samples Required

Date Analysis Begun: 07/23/09
Date Analysis Completed: 07/25/09
Laboratory Log #: 7371

COMMENTS: _____

INVALID CODES

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

☐ Replacement Samples Required

Time Analysis Begun: 08:05 AM
Time Analysis Completed: 10:05 AM
Certified By: Susan Beasley