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:	Carteret	_		
Water System ID #:	70-16-028					
Name of System:	Teeter Ice Machine					
Sample Type:	5 (1 = Routine;	2 = Repeat; 3 = F	Replacement; 4 = P	Plan Approval; 5 = Other)		
Collected on: DATE:	llected on: DATE: <u>07/29/15</u> TIME: <u>12:48 PM</u>					
Location where collected:	Outside Faucet					
Location Type:	(1 = Entry Tap	o; 2 = General Ta	p; 3 = End Tap; 4 =	= Source/Intakes; 5 = Other)		
Location Code:		Collected By	: Allen E	3aker		
FOR REPEAT SAMPLE:			FOR REPLAC	CEMENT SAMPLE:		
Previous Positive Location Code:			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	m; 3 = Downstream)					
Mail Results To:			Type of Supp	ly:		
WILMINGTON REGIONAL OFFICE PWSS						
				Non-Community	Private	
WILMINGTON, NC	28405-3845		Type of Treat	ment: Chlorinated		
Telephone No. 910-796-7215 Non-Chlorinated					ed	
EIN #: 56 2033372		RIER #: 04-16-	.33	Free Chlorine Resid	lual:	
		CILITY II OT-10-		Total Chlorine Resid	dual:	
	RESULTS			INVALID CODES		
CONTAMINANT METHOD PRESENT ABSENT INVAL			NVALID	D 1) Confluent Growth/No Coliform Found		
Total Coliform 9223B X				2) TNTC/No Coliform Found		
Fecal/E. Coli				Turbid Culture/No Coliform Found Over 30 Hours Old		
Heterotrophic P.C/ml				5) Improper Sample or Analysis		
	(number)				
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: 07/30/15				Time Analysis Begun: 08:00 AM		
Date Analysis Completed:07/31/15_				Time Analysis Completed		
Laboratory Log #:					n Beasley	
COMMENTS: Special/	Non-compliance (SP)	, System Type: T	NC, Water Source	: GW Sus	en Basley	