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

DO NOT WRITE IN THIS SPACE

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: Water System ID #:		37501 04-71-136	County: Pender		er			
Name of System:		Camp Kirkwood	2 - Donost: 3	- Panlacomo	nt: 4 - Plan Approval: 5 - Oth	or)		
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  Collected on: DATE: 07/31/13 TIME: 13:08 PM								
Location where coll		Wellhead faucet		13.00 FW				
Location Type:	colou.			Tap: 3 = Fnd	Tap; 4 = Source/Intakes; 5 =	Other)		
Location Code:		(1 21111) 134	Collected		Allen Baker	0 1101)		
					7.IIIOII Buildi			
FOR REPEAT SAM		FOR REPLACEMENT SAMPLE:						
Previous Positive Location Code:					Original Sample Type:			
Positive Colle	ection Date	<del></del>	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
	<del></del>	Original Collection Date:						
Proximity:		Time:						
(1 = Same; 2 =	= Upstream	3 = Downstream)						
Mail Results To:				Type (	of Supply:			
WILMINGT	ON REGI	ONAL OFFICE P	wss	,.	Community Non-Commu		NTNC Private	
WII MINGT	ON NC 2	8405_3845		Type		_	Tilvate	
WILMINGTON, NC 28405-3845  Type of Treatment: Chlorinated  Non-Chlorinated								
Free Chlorine Residual:							ıl:	
EIN #: 56 2033372 Q CO			RIER #: 04-	16-33	Total Chlo	orine Residua	al:	
		RESULTS			INVALID COD			
CONTANINANT	METLIC		ADOENT	INIV (AL ID			iforma Formad	
				SENT INVALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found				
Total Coliform 9223B					3) Turbid Cultur	3) Turbid Culture/No Coliform Found		
Heterotrophic P.C. 4) Over 30 Hours Old 5) Improper Sample or Ana							veie	
•		(number			3) illiproper 3a	Tiple of Arial	ysis	
Repeat Samples Required					Replaceme	Replacement Samples Required		
Date Analysis Begun: 08/01/13					Time Analysis E	Time Analysis Begun: 09:15 A		
Date Analysis Com	08/02/13			Time Analysis (	Completed:	09:20 AM		
Laboratory Log #:	-				Certified By:	Susan	Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source:							
	GW, Dis	GW, Disinfectant Used: N/A.						