N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

nn	NOT	WRITE	IN TH	HIS SPACE	

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

Laboratory ID #:		<u>37501</u>	County:	Brunswic	<u>k</u>		
Water System ID #: <b>70-10-0</b> 2		70-10-020					
<u> </u>			onary Bapti				
Sample Type:		<b>5</b> (1 = Routine; 2	2 = Repeat; 3	= Replacement;	4 = Plan Approval; 5 = Other)		
Collected on:	DATE:	08/03/11	TIME: 1	1:05 AM			
Location where colle	ected:	Kitchen Sink					
Location Type:		(1 = Entry Tap	; 2 = General	Tap; 3 = End Ta	p; 4 = Source/Intakes; 5 = Other)		
Location Code:			Collected	By: <b>Al</b>	llen Baker		
FOR REPEAT SAM	PLE:		FOR REPLACEMENT 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:	7				Time:		
(1 = Same; 2 =	 - Upstream	; 3 = Downstream)					
Mail Results To: Type of Supply:							
Mail Results 10.							
WILMINGTON REGIONAL OFFICE			wss				
WILMINGTO	JN, NC 2	8405-3845		Type of T	Freatment: Chlorinated  Non-Chlorinated		
Telephone No. 910-796-7215					Free Chlorine Residual:		
					Total Chlorine Residual:		
		RESULTS			INVALID CODES		
CONTAMINANT	METHO	DD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coliform Found		
Total Coliform	9223E	<u> </u>	X		TNTC/No Coliform Found     Turbid Culture/No Coliform Found		
Fecal/E. Coli		⊔		Ш	4) Over 30 Hours Old		
Heterotrophic P.C.		(number	/ml		5) Improper Sample or Analysis		
Repeat Samples Required					Replacement Samples Required		
Date Analysis Begu	n:	08/04/11			Time Analysis Begun: 09:00 AM		
Date Analysis Completed: 08/05/11					Time Analysis Completed: 09:05 AM		
Laboratory Log #:	-	29268			Certified By: Joy Hayes		
COMMENTS: System Type: TNC, Water Source: GW, Special/Non-compliance				compliance (SP),			
Facility ID: D01		D: D01					