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 = Replacement; 4 = Plan Approval; 5 = Other)						
ollected on: DATE: <u>08/03/15</u> TIME: <u>09:41 AM</u>						
Location where collected:	Wellhead Fauce	t				
Location Type:	(1 = Entry Ta	o; 2 = General Tap	; 3 = End Tap; 4 =	Source/Intakes; 5 = Other)		
Location Code:		Collected By:	Allen B	aker		
FOR REPEAT SAMPLE:			FOR REPLAC	EMENT 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 Supply	y:		
WILMINGTON REG	IONAL OFFICE F	wss		Community	NTNC	
				Non-Community	Private	
WILMINGTON, NC	28405-3845		Type of Treatn	nent: Chlorinated		
Telephone No. 9	10-796-7215			Non-Chlorinate	ed	
EIN #: 56 2033372 (coui	RIER #: 04-16-3	33	Free Chlorine Resid	dual:	
				Total Chlorine Resid	dual:	
	RESULTS			INVALID CODES		
CONTAMINANT METHOD PRESENT ABSENT INVALID			NVALID	1) Confluent Growth/No Coliform Found		
Total Coliform Colisure				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: 08/04/15				Time Analysis Begun: 09:50 AM		
Date Analysis Completed: 08/05/15				Time Analysis Completed		
Laboratory Log #:					n Beasley	
COMMENTS: Special/	Non-compliance (SP)	, System Type: T	NC, Water Source:	GW The	en Beasley	