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)					
Collected on: DATE:	08/03/15 TIME: 09:37 AM					
Location where collected:	Outside Faucet - Sample #1					
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:		Collected By:	Allen Bal	ker		
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:			
Previous Positive Loc	Original Sample Type:					
Positive Collection Da	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Tin		Original Collection Date:				
Proximity: Time						
(1 = Same; 2 = Upstream	m; 3 = Downstream)					
Mail Results To: Type of Supply:						
WILMINGTON REGIONAL OFFICE PWSS						
					Private	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated						
Telephone No. 910-796-7215				Free Chlorine Residual:		
EIN #: 56 2033372 Q COURIER #: 04-16-33				Total Chlorine Residual:		
	RESULTS			INVALID CODES		
CONTAMINANT METH	OD PRESENT	ABSENT IN	VALID	1) Confluent Growth/No Colif	orm Found	
Total Coliform 9223	в Ц	<u>x</u>		 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform 	Found	
Fecal/E. Coli				4) Over 30 Hours Old		
Heterotrophic P.C.	(number)	/ml		5) Improper Sample or Analy	sis	
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:	10:00 AM	
Laboratory Log #:				Certified By: Susan E	Beasley	
COMMENTS: Special	Non-compliance(SP),	System Type: TNC	, Water Source: G	N Turan	Bracher	