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

Laboratory ID #: Water System ID #: Name of System:	<u>3 7 5 0 1</u> 04-71-136 Camp Kirkw	County:	Pend	er			
Sample Type:							
Location where collect	ere collected: Kitchen sink						
ocation Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)							
Location Code:		Collected	Ву:	Allen Baker			
FOR REPEAT SAMPL	.E:		FOR F	REPLACEMENT SAMPLE:			
Previous Positive Location Code:				Original Sample Type:	7		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
		Original Collection Date:					
Time:							
	pstream; 3 = Downstrea	ım)					
Mail Results To: Type of Supply:							
WILMINGTON REGIONAL OFFICE PWSS							
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated							
Telephone No.   910-796-7215							
-			#: 04-16-33		e Residual:		
		10-00	Total Chlorin	Total Chlorine Residual:			
RESULTS				INVALID CODES			
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESEI	<b>X</b> /ml		2) TNTC/No Colifo 3) Turbid Culture/I 4) Over 30 Hours	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>		
Repeat Samples Required				Replacement S	Replacement Samples Required		
Date Analysis Begun:08/06/13				Time Analysis Beg	gun:09:20 AM		
Date Analysis Completed: 08/07/13				Time Analysis Cor	mpleted: 09:30 AM		
Laboratory Log #:				Certified By:	Susan Beasley		
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source:						
(	GW. Disinfectant Used: N/A.						