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 #: Name of System:		37501 04-24-060	County:	Columb	us		
		Columbus Co. Dst. I					
Sample Type:		=					
	DATE:	08/12/13	TIME: 10		φ		
Location where col		Medical area sin		// / / / / / / / / / / / / / / / / / /			
Location Type:				 Tap; 3 = End ⁻	Γap; 4 = Source/Intakes; 5 = Other)		
Location Code:			Collected I	·	yron Reeves		
					<u>,,</u>		
FOR REPEAT SAMPLE:			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:					Time:		
(1 = Same; 2	= Upstream	3 = Downstream)					
Mail Results To:				Type o	f Supply:		
WII MINGT	ON REGI	ONAL OFFICE P	ewss	,,	Community	NTNC	
***************************************		5.17.12			Non-Community	Private	
VAUL BAINICT	ON NO 2	0405 2045		T		_	
WILMINGT				Type of	f Treatment: Chlorinated Non-Chlorinat	od	
Telephone	No. 91	10-796-7215			Free Chlorine Resid		
EIN #: 56 2	033372 Q	COUF	RIER #: 04-1	6-33	Total Chlorine Resi		
		RESULTS			INVALID CODES		
CONTAMINANT	METHO	DD PRESENT	ABSENT	INVALID	1) Confluent Growth/No (Coliform Found	
			X	2) TNTC/No Coliform Found			
Fecal/E. Coli					 Turbid Culture/No Coli Over 30 Hours Old 	form Found	
$Heterotrophic\ P.C.$			/ml		5) Improper Sample or A	nalysis	
		(number)				
Repeat Sample	es Required	I			Replacement Sample	s Required	
Date Analysis Begun: 08/13/13					Time Analysis Begun:	09:15 AM	
Date Analysis Com	pleted:	08/14/13			Time Analysis Completed	10:55 AM	
Laboratory Log #:	-				Certified By: Susa	an Beasley	
COMMENTS:	Special /	Special / Non-compliance (SP), System Type: C, Water Source: GW,					
	Disinfect	Disinfectant Used: Sodium hypochlorite					