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 #:	<u>37501</u>	County:	Columb	ous	
Water System ID #:	04-24-060				
Name of System:	Columbus	Columbus Co. Dst. I			
Sample Type:	·				
Collected on: DAT	E: <b>08/12/13</b>	TIME:1	10:32 AM		
Location where collecte	ed: Maint sho	p sink			
Location Type:	(1 = E	ntry Tap; 2 = Genera	Tap; 3 = End 7	Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:		Collected	By: <b>B</b>	Syron Reeves	
FOR REPEAT SAMPLI	E:		FOR R	EPLACEMENT SAMPLE:	
Previous Positive			Original Sample Type:		
			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time:			Original Collection Date:	
Proximity:				 Time:	
- <u></u>	stream; 3 = Downst	ream)			
Mail Results To:			Type o	of Supply:	
	REGIONAL OFF	ICE DWSS	. , , , ,	Community NTNC	
WILIMINGTON	REGIONAL OIT	1021 1100		Non-Community Private	
WILMINGTON	, NC 28405-3845		Type o	of Treatment: Chlorinated	
Telephone No			. , , , ,	Non-Chlorinated	
·-			40.00	Free Chlorine Residual: 0.16 mg	
EIN #: 56 2033	372 Q	COURIER #: 04-	16-33	Total Chlorine Residual:	
	RESULT	S		INVALID CODES	
CONTAMINANT N	METHOD PRES	SENT ABSENT	INVALID	1) Confluent Growth/No Coliform Found	
Total Coliform	9223B	<b>X</b>		2) TNTC/No Coliform Found	
Fecal/E. Coli				<ul><li>3) Turbid Culture/No Coliform Found</li><li>4) Over 30 Hours Old</li></ul>	
Heterotrophic P.C.	<del></del>	/ml		5) Improper Sample or Analysis	
	(n	umber)			
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 08/13/13				Time Analysis Begun: 09:15 AM	
Date Analysis Completed: 08/14/13				Time Analysis Completed: 10:55 AM	
Laboratory Log #:				Certified By: Susan Beasley	
COMMENTS: <u>S</u>	pecial / Non-comp	liance (SP), Systen	า Type: C, Wa	ater Source: GW, Tues Basley	
D	isinfectant Used: S	odium hypochlorite	;		