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:	Colum	nbus	
		Columbus Co. Dst. I				
Sample Type:		=	2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
	DATE:	08/12/13	TIME: 1		, , ,	
Location where col	lected:	Kitchen sink				
Location Type:		(1 = Entry Tap	; 2 = General	Tap; 3 = End	d Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:			Collected	Ву:	Byron Reeves	
FOR REPEAT SAM	/IPLE:			FOR F	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	of Supply:	
WILMINGT	ON REGIO	ONAL OFFICE P	WSS	7.	Community NTNC	
					☐ Non-Community ☐ Private	
WILMINGT	ON NC 2	8405-3845		Type	of Treatment: Chlorinated	
				Турс	Non-Chlorinated	
Telephone EIN #: 56 2		10-796-7215 COUF	RIER #: 04-1	16-33	Free Chlorine Residual: 0.18 mg/ Total Chlorine Residual:	
		RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	9223E		ABSENT X	INVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
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:	Special /	Non-compliance (SP), System	Type: C, W	Vater Source: GW, Susalay	
	Disinfect	Disinfectant Used: Sodium hypochlorite				