BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:		<u>37501</u>	County:	New Ha	nover
		70-65-061			
Name of System:		MCO 3700			
Sample Type:	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: D	ATE:	08/14/12	TIME:	14:25 PM	
Location where colle	ected:	Kitchen tap			
Location Type:		(1 = Entry Tap	; 2 = Genera	ll Tap; 3 = End	d Tap; 4 = Source/Intakes; 5 = Other)
Location Code:			Collected	l By:	Heidi Cox
FOR REPEAT SAME	PLE:			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:
	Upstream;	; 3 = Downstream)			
Mail Results To:				Type	of Supply:
WILMINGTON REGIONAL OFFICE PWSS Community X NTNC Non-Community Private					
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated					
Telephone No. 910-796-7215 Non-Chlorinated					
EIN #: 56 2033372 Q COUF			IER #: 04-	-16-33	Free Chlorine Residual:
					Total Chlorine Residual:
		RESULTS			INVALID CODES
CONTAMINANT	METHC	D PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coliform Found
Total Coliform	Colisu	re X			 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found
Fecal/E. Coli	Colisu	re	X		4) Over 30 Hours Old
Heterotrophic P.C.		(reverse a re)	/ml		5) Improper Sample or Analysis
		(number)			
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 08/15/12					Time Analysis Begun: 08:45 AM
Date Analysis Comp	leted:	08/16/12			Time Analysis Completed: 09:25 AM
Laboratory Log #:	-	38977			Certified By: Susan Beasley
COMMENTS:	Water so	ource: GW, Distribu	tion system	n - Total Colif	form Rule (TCR), Turan Branky
Special/Non-compliance (SP)					0