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
919-733-7308

DO NOT WRITE IN THIS SPACE

# BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:    **3 7 5 0 1**    County:    **PAMLICO**

Water System ID #:    **04-69-025**

Name of System:    **PAMLICO CO WATER**

Sample Type:    **5**   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on:    DATE:   **08/18/14**    TIME:   **11:40 AM**

Location where collected:    **OUTSIDE HOSE BIB, 609 MILLS RD**

Location Type:    ☐   (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code:        Collected By:    **Joey White**

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**FOR REPEAT SAMPLE:**

Previous Positive Location Code: _____

Positive Collection Date: _____

Time: _____

Proximity: ☐
(1 = Same; 2 = Upstream; 3 = Downstream)

**FOR REPLACEMENT SAMPLE:**

Original Sample Type: ☐

(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)

Original Collection Date: _____

Time _____

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Mail Results To:

**WASHINGTON REGIONAL OFFICE PWSS**

**943 WASHINGTON SQUARE MALL**

**WASHINGTON, NC 27889**

**Telephone No.   2529466481**

**EIN #: 562033116F     COURIER #: 16-04-01**

Type of Supply:

☐ Community      ☐ NTNC
☐ Non-Community    ☐ Private

Type of Treatment:   ☐ Chlorinated
                     ☐ Non-Chlorinated

Free Chlorine Residual: _____ mg/l

Total Chlorine Residual: \_\_\_\_ 0.1 mg/l

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### RESULTS             INVALID CODES

| CONTAMINANT | METHOD | PRESENT | ABSENT | INVALID |
|---|---|---|---|---|
| Total Coliform | **9221B** | ☐ | ☒ | ☐ |
| Fecal/E. Coli | | ☐ | ☐ | ☐ |
| Heterotrophic P.C. | | /ml (number) | | |

1) Confluent Growth/No Coliform Found
2) TNTC/No Coliform Found
3) Turbid Culture/No Coliform Found
4) Over 30 Hours Old
5) Improper Sample or Analysis

☐ Repeat Samples Required            ☐ Replacement Samples Required

Date Analysis Begun:   **08/19/14**      Time Analysis Begun:   **10:00 AM**

Date Analysis Completed:   **08/21/14**      Time Analysis Completed:   **10:30 AM**

Laboratory Log #: _____      Certified By:   **Susan Beasley**

COMMENTS:   Special / Non-compliance (SP), System Type: C, Water Source: GW,

Disinfectant Used: Chloramines.