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 #: Water System ID #: Name of System:	37501 70-16-015 OYSTER POINT	County: CARTERI	<u>ET</u>
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			4 = Plan Approval; 5 = Other)
Collected on: DA	lected on: DATE: 08/26/14 TIME: 11:15 AM		
Location where collect	llected: YARD HYDRANT #2		
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3 = End Ta	ap; 4 = Source/Intakes; 5 = Other)
Location Code:		Collected By:	llen Baker
FOR REPEAT SAMP	LE:	FOR RE	PLACEMENT SAMPLE:
Previous Positi	ive Location Code:		Original Sample Type:
Positive Collec	tion Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = l	Jpstream; 3 = Downstream)		
Mail Results To: Type of Supply:			
WILMINGTO	N REGIONAL OFFICE P	wss	Community NTNC Non-Community Private
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated			
Telephone No. 910-796-7215 Non-Chlorinated			
EIN #: 56 203		IER #: 04-16-33	Free Chlorine Residual:  Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT  9223B  (number)	ABSENT INVALID  X	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>
Repeat Samples Required			Replacement Samples Required
Date Analysis Begun: 08/27/14			Time Analysis Begun:
Date Analysis Comple	eted: <b>08/28/14</b>		Time Analysis Completed:09:00 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS:	Special / Non-compliance (SP	), System Type: TNC, Water	Source: GW, Tues Basley
	Disinfectant Used: N/A		