BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:		<u>37501</u> 70-16-030	County:	Carteret				
Name of System:		Island Choice Variety Store						
Sample Type:		5 (1 = Routine; 2	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: D	ATE:	08/28/13 TIME: 11:53 AM						
Location where colle	ected:	Kitchen sink						
Location Type:		(1 = Entry Tap;	2 = General Ta	p; 3 = End Tap; 4 =	Source/Intakes; 5 = Oth	er)		
Location Code:			Collected By	Allen B	aker			
FOR REPEAT SAME	PLE:			FOR REPLAC	FOR REPLACEMENT SAMPLE:			
Previous Positive Location Code:				Origir	Original Sample Type:			
Positive Collection Date:				-	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time:				Origir	Original Collection Date:			
Proximity:					Time:			
(1 = Same; 2 =	Upstream;	3 = Downstream)						
Mail Results To:				Type of Supply	/:			
WILMINGTON REGIONAL OFFICE PWSS <pre> Community</pre>								
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated Tolophono No. 910 796 7215 Non-Chlorinated								
Telephone No. 910-796-7215					Free Chlorine			
EIN #: 56 2033372 Q COURIER #				33	Total Chlorin			
		RESULTS				 }		
	METUC						un al	
CONTAMINANT METHOD PRESENT ABSENT					IVALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found			
Total Coliform 9223B X I Fecal/E. Coli 9223B X I				H	3) Turbid Culture/No Coliform Found			
Heterotrophic P.C.		/ml			 4) Over 30 Hours Old 5) Improper Sample or Analysis 			
·		(number)			5) improper Samp	e of Analysis		
Repeat Samples Required					Replacement Samples Required			
Date Analysis Begur	ו: _	08/29/13		Time Analysis Beg	un: 08:50	AM		
Date Analysis Comp	08/30/13			Time Analysis Con	npleted: 09:30	AM		
Laboratory Log #:	-				Certified By:	Susan Beasley		
COMMENTS:	Special /	Special / Non-compliance (SP), System Type: TNC, Water Source:						
	GW, Disi	W, Disinfectant Used: N/A.						