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 03-26-127 BROOKWOOD 0	County: CUMBERLA	AND	
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	ollected on: DATE: 09/08/14 TIME: _10:25 AM			
Location where collect	collected: 1618 PAISLEY AVE			
Location Type:	(1 = Entry Ta	p; 2 = General Tap; 3 = End Ta	p; 4 = Source/Intakes; 5 = Other)	
Location Code:		Collected By: By	ron Reaves	
FOR REPEAT SAMPL	LE:	FOR RE	PLACEMENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:	
Positive Collect	tion Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:		Original Collection Date:	
Proximity:			Time	
(1 = Same; 2 = U	Jpstream; 3 = Downstream)			
Mail Results To:		Type of S	Supply:	
WILMINGTON	N REGIONAL OFFICE F	PWSS	☐ Community ☐ NTNC ☐ Non-Community ☐ Private	
WILMINGTON	N, NC 28405-3845	Type of	Treatment: Chlorinated	
Telephone No. 910-796-7215 Non-Chlorinated				
EIN #: 56 203	3372 Q COUI	RIER #: 04-16-33	Free Chlorine Residual: 1.1 mg. Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B (number	ABSENT INVALID X	 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: 09/09/14			Time Analysis Begun: 08:55 AM	
Date Analysis Comple	eted:09/10/14		Time Analysis Completed: 09:35 AM	
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: 5	Special / Non-compliance (SI	P),System Type: C, Water Sou	rce: GW, Tues Basley	
1	Disinfectant Used: Sodium Hypochlorite			