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:		3 7 5 0 1 70-65-057	County:	NEW HANOVER	<u> </u>			
		SVP TOWN CENTER						
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Othe								
Collected on: Da	ATE:	09/08/14	TIME:15:01 PM					
Location where colle	llected: WELL FAUCET							
Location Type:		(1 = Entry Tap;	2 = General	Tap; 3 = End Tap; 4	= Source/Intakes; 5 = 0	Other)		
Location Code:			Collected	By: Allen	Baker			
FOR REPEAT SAMPLE:					OR REPLACEMENT SAMPLE:			
Previous Positive Location Code:				Orig	Original Sample Type:			
Positive Collection Date: (1=Rc					Routine; 2=Repeat; 3=F	utine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:					riginal Collection Date:			
Proximity:					Time			
(1 = Same; 2 =	Upstream;	3 = Downstream)					_	
Mail Results To: Type of Supply:								
WILMINGTON REGIONAL OFFICE PWSS					Community Non-Commu	Community NTNC Non-Community Private		
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated								
Telephone No. 910-796-7215						-Chlorinated		
EIN #: 56 2033372 Q COURIER #:				04-16-33   Free Chlorine Residual:     Total Chlorine Residual:				
RESULTS					INVALID CODES			
CONTAMINANT METHOD PRESENT ABSENT INVALID  Total Coliform 9223B				INVALID	<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					Replacemen	Replacement Samples Required		
Date Analysis Begun: 09/09/14					Time Analysis E	Time Analysis Begun: 08:55 AM		
Date Analysis Completed:09/10/14					Time Analysis C	Time Analysis Completed: 09:35 AM		
Laboratory Log #:	_				Certified By:		Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source: GW,							
	Disinfectant Used: N/A Hose bib vacuum breaker attached to faucet							