DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **3 7 5 0 1**   County: **New Hanover**

Water System ID #: **70-65-061**

Name of System: **MCO 3700**

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

Collected on: DATE: **09/10/12**   TIME: **13:18 PM**

Location where collected: **Bathroom tap**

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

Location Code: _____   Collected By: **Heidi Cox**

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: _____

Mail Results To:

WILMINGTON REGIONAL OFFICE PWSS

WILMINGTON, NC 28405-3845

Telephone No.   910-796-7215

EIN #: 56 2033372 Q   COURIER #: 04-16-33

Type of Supply:

☐ Community   **X** NTNC
☐ Non-Community   ☐ Private

Type of Treatment: ☐ Chlorinated
☐ Non-Chlorinated

Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	☐	**X**	☐
Fecal/E. Coli	_____	☐		☐
Heterotrophic P.C.	_____	_____ /ml		

(number)

☐ Repeat Samples Required

Date Analysis Begun: **09/11/12**
Date Analysis Completed: **09/12/12**
Laboratory Log #: **39556**

INVALID CODES

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

☐ Replacement Samples Required

Time Analysis Begun: **09:15 AM**
Time Analysis Completed: **09:40 AM**
Certified By: **Susan Beasley**

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