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 #:<br>Water System ID #:  | <u>3 7 5 0 1</u><br>70-65-060   | County: NEW HANOVER                | _   |  |
|---|---|------------------------------------|---|--|
| Name of System:   | EAST STORESM  | EAST STORESMART WILMINGTON TWO LLC |   |  |
| Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)     |   |                                    |   |  |
| Collected on: DA  | ATE: <u>09/10/14</u>  | 09/10/14 TIME: 11:19 AM            |   |  |
| Location where collect  | cted: TI - COASTAL B  | TI - COASTAL BREAKROOM SINK        |   |  |
| Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other) |   |                                    |   |  |
| Location Code:  |   | Collected By: Allen                | Baker   |  |
| FOR REPEAT SAMP   | LE:   | FOR REPLAC                         | CEMENT SAMPLE:  |  |
| Previous Positive Location Code: Origin   |   |                                    | ginal Sample Type:  |  |
| Positive Collection Date: (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)                   |   |                                    | Routine; 2=Repeat; 3=Plan Approval; 4=Other)                  |  |
|   | Time:   | Orig                               | ginal Collection Date:  |  |
| Proximity:  |   |                                    | Time  |  |
| (1 = Same; 2 = 1  | Upstream; 3 = Downstream)   |                                    |   |  |
| Mail Results To: Type of Supply:  |   |                                    |   |  |
| WILMINGTO   | N REGIONAL OFFICE F   | PWSS                               | Community NTNC Non-Community Private                          |  |
| WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated                                    |   |                                    |   |  |
| Telephone No. 910-796-7215 Non-Chlorinated  |   |                                    |   |  |
| EIN #: 56 203   |   | RIER #: 04-16-33                   | Free Chlorine Residual:                                       |  |
|   |   | NEIX #. 04-10-00                   | Total Chlorine Residual:                                      |  |
|   | RESULTS   |                                    | INVALID CODES   |  |
| CONTAMINANT   | METHOD PRESENT  | ABSENT INVALID                     | 1) Confluent Growth/No Coliform Found                         |  |
| Total Coliform  | 9223B   | X 🗌                                | 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found |  |
| Fecal/E. Coli   | Ц   |                                    | Turbid Culture/No Coliform Found     Over 30 Hours Old        |  |
| Heterotrophic P.C.  | (number   | /ml<br>)                           | 5) Improper Sample or Analysis                                |  |
| Repeat Samples Required   |   |                                    | Replacement Samples Required                                  |  |
| Date Analysis Begun: 09/11/14   |   |                                    | Time Analysis Begun: 08:50 AM                                 |  |
| Date Analysis Compl   | eted: 09/12/14  |                                    | Time Analysis Completed:09:00 AM                              |  |
| Laboratory Log #:   |   |                                    | Certified By: Susan Beasley                                   |  |
| COMMENTS:   | OMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW, |                                    |   |  |
| Disinfectant Used: NA   |   |                                    |   |  |