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

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Name of System: Sample Type: S	Laboratory ID #: Water System ID #: Name of System:		37501 04-96-065	County:	Wayr	ne				
Sample Type:										
Collected on: DATE:										
Location Type:		DATE:	_			,	, ,	,		
Collected By: Joey White		ected:	Raw Well No 2							
Collected By: Joey White	Location Type:		(1 = Entry Tap	; 2 = General	Tap; 3 = End	Tap; 4 = Source	ce/Intakes; 5 =	Other)		
Previous Positive Location Code: Positive Collection Date: Time: Original Collection Date: Time: (1 = Same; 2 = Upstream; 3 = Downstream) Mail Results To: WASHINGTON REGIONAL OFFICE PWSS 943 WASHINGTON SQUARE MALL WASHINGTON, NC 27889 Type of Treatment: WASHINGTON, NC 27889 Type of Treatment: Chlorinated Non-Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Coliform Colisure RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 4) Over 30 Hours Old Heterotrophic P.C. Replacement Samples Required Date Analysis Begun: 09/12/13 Date Analysis Begun: 09/12/13 Time Analysis Begun: 09/12/13 Time Analysis Completed: 09/20 AM Time Analysis Completed: 09/20 AM Time Analysis Completed: 09/20 AM Certified By: Susan Beasley	Location Code:			Collected	Ву:	Joey White				
Positive Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Time: Original Collection Date: Onnot Dat	FOR REPEAT SAM	IPLE:			FOR F	REPLACEME	NT SAMPLE:			
Positive Collection Date:	Previous Positive Location Code:				Original Sample Type:					
Proximity:										
Proximity:					Original Collection Date:					
Mail Results To: Type of Supply: WASHINGTON REGIONAL OFFICE PWSS 943 WASHINGTON SQUARE MALL WASHINGTON, NC 27889 Telephone No. 2529466481 EIN #: 562033116F COURIER #: 16-04-01 RESULTS INVALID CODES CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform Colisure Fecal/E. Coli Heterotrophic P.C. (number) Repeat Samples Required Date Analysis Begun: 09/12/13 Date Analysis Completed: 09/13/13 Laboratory Log #: Type of Supply: Type of Supply: Non-Community Non-Community Private Non-Chlorinated Non-Chlorinated Free Chlorine Residual: INVALID CODES INVALID CODES INVALID CODES Ourier Growth/No Coliform Found 1) Confluent Growth/No Coliform Found 2) TNTC/No Coliform Found 4) Over 30 Hours Old 5) Improper Sample or Analysis Replacement Samples Required Replacement Samples Required Date Analysis Completed: 09:20 AM Laboratory Log #: Certified By: Susan Beasley	<u> </u>									
WASHINGTON REGIONAL OFFICE PWSS 943 WASHINGTON SQUARE MALL WASHINGTON, NC 27889 Telephone No. 2529466481 EIN #: 562033116F COURIER #: 16-04-01 RESULTS Total Chlorinated Free Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Chlorine Residual: Total Coliform Found 2) TNTC/No Coliform Found 4) Over 30 Hours Old Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: 09/12/13 Date Analysis Completed: 09/13/13 Laboratory Log #: Community NTNC Non-Community Private Non-Community NTNC Non-Community NTNC Non-Community NOn-Community Non-Community Non-Community Non-Community NTNC Non-Community Non-Communi	-	= Upstream;	3 = Downstream)							
CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: Date Ana	943 WASHI WASHINGT Telephone	INGTON S FON, NC 2 No. 25	QUARE MALL 17889 29466481		Туре с	X	Non-Commu	orinated n-Chlorinated orine Residu	Private	
Total Coliform Fecal/E. Coli Heterotrophic P.C. Repeat Samples Required Date Analysis Begun: Date Analysis Completed: D			RESULTS			IN	IVALID COI	DES		
Date Analysis Begun: 09/12/13 Date Analysis Completed: 09/13/13 Laboratory Log #: Time Analysis Begun: 09:00 AM Certified By: Susan Beasley	Total Coliform Colisure X Fecal/E. Coli Heterotrophic P.C/m			X	INVALID	2) TNTC/No Coliform Found3) Turbid Culture/No Coliform Found4) Over 30 Hours Old				
Date Analysis Completed: 09/13/13 Laboratory Log #: Time Analysis Completed: 09:20 AM Certified By: Susan Beasley	Repeat Samples Required						Replacement Samples Required			
Laboratory Log #: Certified By: Susan Beasley							-	_		
		picieu	03/13/13				•	•		
Posidual (chloramines): N/A Frog Chloring Posidual (chloring): N/A	COMMENTS:		Special / Non-compliance (SP), Water Source: GW, Total Chlorine Residual (chloramines): N/A, Free Chlorine Residual (chlorine): N/A							