N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:		3 7 5 0 1 04-65-210	County: New Hanover		over	
		Anchors Bend				
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
	ATE:	09/12/11	TIME: 1	6:15 PM		
Location where colle	ected:	Dock Slip 40				
,, <u> </u>			r Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:			Collected	By:	Heidi Cox	
FOR REPEAT SAMPLE:			FOR REPLACEMENT SAMPLE:			
Previous Positive Location Code:			Original Sample Type:			
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time:			Original Collection Date:			
Proximity:	7					
(1 = Same; 2 =	- Upstream	; 3 = Downstream)				
Mail Results To:				Tuno of	f Cupphy	
		Type of Supply:				
WILMINGIC	ON REGIO	ONAL OFFICE P	wss		☐ Community ☐ NTNC ☐ Non-Community ☐ Private	
WILMINGTO	8405-3845		Type of	f Treatment: Chlorinated		
Telephone No. 910-796-7215 U Non-Chlorinated						
EIN #: 56 2033372 Q CC			RIER #: 04-	16-33	Free Chlorine Residual: Total Chlorine Residual:	
					Total Gillotine Residual.	
		RESULTS			INVALID CODES	
CONTAMINANT	METHO	DD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coliform Found	d
Total Coliform	9223E	<u> </u>			TNTC/No Coliform Found Turbid Culture/No Coliform Found	
Fecal/E. Coli	9223E	<u> </u>	X	Ш	4) Over 30 Hours Old	
Heterotrophic P.C.			/ml		5) Improper Sample or Analysis	
		(number)			
Repeat Samples	Required	I			Replacement Samples Required	
Date Analysis Begur	09/13/11			Time Analysis Begun: 08:15 A	Time Analysis Begun: 08:15 AM	
Date Analysis Completed: 09/14/11					Time Analysis Completed: 09:00 AM	
Laboratory Log #:	-	30285			Certified By: Susan Beasley	
COMMENTS:	compliance (SP),					
	Distribution System: Total Coliform Rule (TCR)					