

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Carteret**
Water System ID #: **04-16-499**
Name of System: **Handy House No 2**
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: **09/13/11** TIME: **11:06 AM**
Location where collected: **Handsink**
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: **Allen Baker**

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 ☐ 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	☒	☐	☐
Fecal/E. Coli	9223B	☐	☒	☐
Heterotrophic P.C.	_____	_____	_____ /ml	_____

(number)

☐ Repeat Samples Required

Date Analysis Begun: **09/14/11**
Date Analysis Completed: **09/15/11**
Laboratory Log #: **30342**

COMMENTS: System Type: TNC, Water Source: GW, Distribution System - Total
Coliform Rule (TCR), Special/Non-compliance (SP)

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: **08:10 AM**
Time Analysis Completed: **08:30 AM**
Certified By: **Susan Beasley**

