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 #:	<u>37501</u>	County:	Carteret			
Water System ID #:	70-16-018	_		_		
Name of System:	Cedar Creek Campground					
Sample Type:	(1 = Routine; 2	(1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	09/14/11	TIME: 11:4	5 AM			
Location where collected:	1st Spigot					
Location Type:	(1 = Entry Tap	; 2 = General Tap	o; 3 = End Tap; 4 =	= Source/Intakes; 5 = Other)		
Location Code:	EO1	Collected By:	Steve	West		
FOR REPEAT SAMPLE:			FOR REPLAC	CEMENT SAMPLE:		
Previous Positive Loca	ation Code	Original Sample Type:				
Positive Collection Da		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Tim		Original Collection Date:				
Proximity:	Time:					
(1 = Same; 2 = Upstrean	n; 3 = Downstream)					
Mail Results To:			Type of Supp	he.		
WILMINGTON REG	IONAL OFFICE P	WSS		Community Non-Community	NTNC Private	
					Tilvale	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated						
Telephone No. 9	10-796-7215			Non-Chlorinated		
EIN #: 56 2033372 (	Q COUR	RIER #: 04-16-3	33	Free Chlorine Residua		
				Total Chlorine Residua	ai: 	
	RESULTS			INVALID CODES		
CONTAMINANT METH Total Coliform 9223 Fecal/E. Coli Heterotrophic P.C.		<b>X</b> 	NVALID	<ol> <li>Confluent Growth/No Col</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Anal</li> </ol>	l m Found	
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	09/15/11			Time Analysis Begun:	08:30 AM	
Date Analysis Completed:	09/16/11			Time Analysis Completed:	09:05 AM	
Laboratory Log #:	30417			Certified By: Susan	Beasley	
COMMENTS: System	Type: RC, Water s	source: G , Spe	cial/Non-complia	ance Swan	Beasley	