

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: **37501** County: **Carteret**  
Water System ID #: **70-16-018**  
Name of System: **Cedar Creek Campground**  
Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: **09/14/11** TIME: **11:55 AM**  
Location where collected: **Site 11**  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: **011** Collected By: **Steve West**

### 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     | <b>9223B</b> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fecal/E. Coli      | <b>9223B</b> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | _____        | _____                               | _____ /ml                           | _____                    |

(number)

☐ Repeat Samples Required

Date Analysis Begun: **09/15/11**

Date Analysis Completed: **09/16/11**

Laboratory Log #: **30423**

COMMENTS: System Type: RC, Water Source: G, Special/Non-compliance

### 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: **08:30 AM**

Time Analysis Completed: **09:05 AM**

Certified By: **Susan Beasley**

