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 919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System:		<u>3 7 5 0 1</u> 04-31-476 GUILFORD MILL	County: S	DUPLIN		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)						
Collected on: DATE: 09/15/14 TIME: 13:45 PM						
Location where colle	ollected: WELL # 1, SAMPLE # 1					
Location Type:		(1 = Entry Tap	; 2 = General	Tap; 3 = End Tap	o; 4 = Source/Intakes; 5 = Other)	
Location Code:			Collected	By: Byr	on Reeves	
FOR REPEAT SAME	PLE:			FOR REP	PLACEMENT 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:]				Time	
(1 = Same; 2 =	Upstream;	3 = Downstream)				
Mail Results To:				Type of S	supply:	
WILMINGTON REGIONAL OFFICE PWSS					☐ Community	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated						
Telephone No. 910-796-7215 Non-Chlorinated						
•			RIER #: 04-1	6-33	Free Chlorine Residual: Total Chlorine Residual:	
		RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOI 9223B 9223B	PRESENT X (number)	ABSENT X /ml	INVALID	 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 	
Repeat Samples Required					Replacement Samples Required	
Date Analysis Begun: 09/16/14					Time Analysis Begun: 08:50 AM	
Date Analysis Completed:09/17/14					Time Analysis Completed: 09:10 AM	
Laboratory Log #:	_				Certified By: Susan Beasley	
COMMENTS:	Water Sou	rce: GW, Source W	ater - Ground	Water Rule (GW	R), Facility ID: Tuen Basley	
	RW1					