

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: New Hanover  
Water System ID #: 04-65-210  
Name of System: Anchors Bend  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 09/28/11 TIME: 15:40 PM  
Location where collected: Well  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Heidi Cox

### 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: \_\_\_\_\_ mg/l

Total Chlorine Residual: \_\_\_\_\_ mg/l

### RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>Colisure</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heterotrophic P.C.	_____	_____/ml		
(number)				

☐ Repeat Samples Required

Date Analysis Begun: 09/29/11

Date Analysis Completed: 09/30/11

Laboratory Log #: 30815

COMMENTS: System Type: C/R, Water Source: GW

### 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: 07:55 AM

Time Analysis Completed: 09:20 AM

Certified By: Susan Beasley

