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

| nn | NOT | WRITE | IN TH | HS SPACE |  |
|----|-----|-------|-------|----------|--|

## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

| Laboratory ID #:  | <u>37501</u>   | County:   | Brunswi         | Brunswick  |              |  |  |  |
|---|--|---|-----------------|--|--------------|--|--|--|
| Water System ID #:  | 04-10-568  | _   |                 |  |              |  |  |  |
| Name of System:   | River Run Plantation   |   |                 |  |              |  |  |  |
| Sample Type:  | (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) |   |                 |  |              |  |  |  |
| Collected on: DATE:   | 10/05/11   | 10/05/11 TIME: 11:33 AM                         |                 |  |              |  |  |  |
| Location where collected:   | Restroom Sink  |   |                 |  |              |  |  |  |
| Location Type:  | (1 = Entry Tap   | ; 2 = General Ta                                | ap; 3 = End T   | ap; 4 = Source/Intakes; 5 = Other)   |              |  |  |  |
| Location Code:  | _  | Collected B                                     | y: 🗚            | Allen Baker  | Baker        |  |  |  |
|   |  |   |                 |  |              |  |  |  |
| FOR REPEAT SAMPLE:  |  |   | FOR RE          | EPLACEMENT SAMPLE:   |              |  |  |  |
| Previous Positive Loc   | ation Code:  | Original Sample Type:                           |                 |  |              |  |  |  |
| Positive Collection Da  | te:  | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) |                 |  |              |  |  |  |
| Tin   | <br>ne:  | Original Collection Date:                       |                 |  |              |  |  |  |
| Proximity:  |  |   |                 |  |              |  |  |  |
| (1 = Same; 2 = Upstrear   | m; 3 = Downstream)   |   |                 |  |              |  |  |  |
| Mail Results To:  |  |   | Type of         | Supply:  |              |  |  |  |
|   |  |   | Type of Supply: |  |              |  |  |  |
| WILMINGTON REG  | IONAL OFFICE P   | WSS   |                 | Community  | NTNC         |  |  |  |
|   |  |   |                 | Non-Community  | Private      |  |  |  |
| WILMINGTON, NC  | 28405-3845   |   | Type of         | Treatment: Chlorinated   |              |  |  |  |
| Telephone No.   | 910-796-7215   |   |                 | Non-Chlorinated  |              |  |  |  |
| EIN #: 56 2033372   | Q COUR   | RIER #: 04-16                                   | -33             | Free Chlorine Residua Total Chlorine Residua   |              |  |  |  |
|   | RESULTS  |   |                 | INVALID CODES  |              |  |  |  |
| CONTAMINANT METH Total Coliform 9223 Fecal/E. Coli Heterotrophic P.C. |  | X   | INVALID         | <ol> <li>Confluent Growth/No Col</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Colifor</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Anal</li> </ol> | d<br>m Found |  |  |  |
| Repeat Samples Require  | ed   |   |                 | Replacement Samples F  | Required     |  |  |  |
| Date Analysis Begun:  | 10/06/11   |   |                 | Time Analysis Begun:   | 08:45 AM     |  |  |  |
| Date Analysis Completed:  | 10/07/11   |   |                 | Time Analysis Completed:   | 09:00 AM     |  |  |  |
| Laboratory Log #:   | 30987  |   |                 | Certified By: Susan  | Beasley      |  |  |  |
| COMMENTS: System  | Type: TNC, Water   | Source: GW, S                                   | 3pecial/Non-    | compliance (SP)  | Brasley      |  |  |  |