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 #: **37501** County: **Duplin**

Water System ID #: **04-31-523**

Name of System: **AG Provision**

Sample Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **10/06/09** TIME: **13:45 PM**

Location where collected: **Mens Restroom**

Location Type: [4] (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: _____ Collected By: **Byron Reeves**

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

Type of Supply:

[ ] Community [X] NTNC

[ ] Non-Community [ ] Private

Type of Treatment: [ ] Chlorinated

[X] Non-Chlorinated

Free Chlorine Residual: _____

Total Chlorine Residual: _____

RESULTS

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	312	[X]	[ ]	[ ]
Fecal/E. Coli	316	[X]	[ ]	[ ]
Heterotrophic P.C.		_____ /ml (number)		

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

[ ] Repeat Samples Required

[ ] Replacement Samples Required

Date Analysis Begun: **10/07/09**

Date Analysis Completed: **10/08/09**

Laboratory Log #: **9935**

Time Analysis Begun: **08:00 AM**

Time Analysis Completed: **10:30 AM**

Certified By: ***Joy Hayes***

COMMENTS: _____

DEHNR 3757 (10/90)
Public Water Supply Section (Revised 10/92)