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 #:	<u>37501</u>	County:	NEW HANOVER		
Water System ID #:	70-65-013	_			
Name of System:	EAGLE ISLAND F	RUIT & SEA	FOOD		
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	10/07/14 TIME: 09:11 AM				
Location where collected:	KITCHEN SINK				
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:		Collected E	By: Allen B	aker	
FOR REPEAT SAMPLE: FOR REPLAC				EMENT SAMPLE:	
Previous Positive Location Code: Orig				nal Sample Type:	
Positive Collection Date: (1=Ro				utine; 2=Repeat; 3=Plan Approval; 4=Other)	
Time: Origin				al Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Upstream	; 3 = Downstream)				
Mail Results To: Type of Supply:					
WILMINGTON REGIONAL OFFICE PWSS					NTNC Private
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated					
Telephone No. 910-796-7215 On-Chlorinate					
EIN #: 56 2033372 Q COURIER #: 04-16-33				Free Chlorine Residua	l:
				Total Chlorine Residua	l:
RESULTS				INVALID CODES	
CONTAMINANTMETHODPRESENTABSENTINVALIDTotal Coliform9223BImage: State of the state of t			 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:	10/08/14			Time Analysis Begun:	09:00 AM
Date Analysis Completed: 10/09/14				Time Analysis Completed:	09:00 AM
Laboratory Log #:				Certified By: Susan I	
COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW,					

Disinfectant Usefd: N/A.