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 #:	37 501 70-65-059	County: NEW HANOVER	
Name of System:	PRINGLE DENTIS		Assessed F. Others
Sample Type:			
	TE: <u>10/15/14</u>	TIME: 10:53 AM	
Location where collec			
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)			
Location Code:		Collected By: Allen Ba	ker
FOR REPEAT SAMP	LE:	FOR REPLACE	MENT SAMPLE:
Previous Positi	ve Location Code:	Origina	al Sample Type:
Positive Collection Date: (1=Rou			ıtine; 2=Repeat; 3=Plan Approval; 4=Other)
	Time:	 Origina	al Collection Date:
Proximity:			Time
(1 = Same; 2 = L	Jpstream; 3 = Downstream)		<del></del>
Mail Results To:		Type of Supply:	
WILMINGTO	N REGIONAL OFFICE PV	vss	Community NTNC Non-Community Private
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated			
Telephone No. 910-796-7215 Non-Chlorinated			
EIN #: 56 203		IER #: 04-16-33	Free Chlorine Residual:
EIN #. 56 203	3372 Q COUR	ER #. 04-16-33	Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT  Colisure  (number)	ABSENT INVALID  X  D  /ml	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>
Repeat Samples F	Required		Replacement Samples Required
Date Analysis Begun: 10/16/14			Time Analysis Begun:07:55 AM
Date Analysis Comple	eted: 10/17/14		Time Analysis Completed: 09:00 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source: GW,		
Disinfectant Used: N/A.			