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:	CARTERET			
Water System ID #:	/ater System ID #: 70-16-029					
Name of System: CROSSROADS PIZZA						
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	10/20/15 TIME: 10:54 AM					
Location where collected:	VEGETABLE SINK					
Location Type:	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)					
Location Code:		Collected By:	Allen Bak	er		
FOR REPEAT SAMPLE:		FOR REPLACEMENT SAMPLE:				
Previous Positive Location Code:		Original Sample Type:				
Positive Collection Da	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)					
Tir	Original Collection Date:					
Proximity:	Time					
(1 = Same; 2 = Upstrea	m; 3 = Downstream)				_	
Mail Results To: Type of Supply:						
WILMINGTON REGIONAL OFFICE PWSS						
			j		Private	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated						
				tment: Chlorinated		
Telephone No. 910-796-7215				Free Chlorine Residual:		
EIN #: 56 2033372 Q COURIER #: 04-16-33			3	Total Chlorine Residual:		
	RESULTS			INVALID CODES		
CONTAMINANT METH	OD PRESENT	ABSENT IN	IVALID	1) Confluent Growth/No Colife	orm Found	
Total Coliform 922	зв	X		2) TNTC/No Coliform Found		
Fecal/E. Coli				3) Turbid Culture/No Coliform4) Over 30 Hours Old	Found	
Heterotrophic P.C.		/ml		5) Improper Sample or Analys	sis	
	(number)					
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	10/21/15			Time Analysis Begun:	08:55 AM	
Date Analysis Completed: 10/22/15				Time Analysis Completed:	09:00 AM	
Laboratory Log #:				Certified By: Susan B		
COMMENTS: Special	/ Non-compliance (SP)), System Type: T	NC, Water Source: G	w Tread	Jaaley	