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

Laboratory ID #: Water System ID #:		<u>37501</u> 70-71-024	County:	Cartere	et				
Name of System:		Second Wind Fitness Center							
Sample Type:	ample Type: <b>5</b> (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)								
Collected on: D	ATE:	10/21/13 TIME: 10:39 AM							
Location where colle	ected:	Counter sink							
Location Type:		(1 = Entry Tap;	2 = General	Гар; 3 = End Т	Гар; 4 = Sou	rce/Intakes; 5 = 0	Other)		
Location Code:			Collected E	Ву:	Allen Bake	r			
FOR REPEAT SAM	PLE:			FOR RI	EPLACEME	ENT SAMPLE:			
Previous Positive Location Code:					Original Sample Type:				
Positive Collection Date:					(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Time:					Original Collection Date:				
Proximity:					Time:				
(1 = Same; 2 =	Upstream	; 3 = Downstream)							
Mail Results To:				Type of	f Supply:				
WILMINGTON REGIONAL OFFICE PWSS					Community NTNC				
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated									
Telephone No. 910-796-7215 EIN #: 56 2033372 Q COURIER #:				J4-16-33     Free Chlorine Residual:       Total Chlorine Residual:					
RESULTS					I	NVALID COD	ES		
CONTAMINANT METHOD PRESENT ABSENT INV Total Coliform 9223B X [ Fecal/E. Coli Heterotrophic P.C. /ml (number)					2	<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 Required					[	Replacement Samples Required			
Date Analysis Begun: 10/22/13					r	Time Analysis B	egun:	09:05 AM	
Date Analysis Comp	leted:	10/23/13			T	Fime Analysis C	ompleted:	10:00 AM	
Laboratory Log #:	-				(	Certified By:		Beasley	
COMMENTS:	Special /	Non-compliance (S	SP), System	Type: TNC, \	Water Sour	ce:	Turan	Baaley	
	GW, Disinfectant Used: N/A.								