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

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System:		37501 70-16-038	County:	Cartere	et		
		Coastal Riverside Campground					
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
Collected on:	lected on: DATE: 10/22/13 TIME: 11:28 AM						
Location where coll	ected:	Raw water fauce	t				
Location Type:		(1 = Entry Tap	; 2 = General	Tap; 3 = End T	ap; 4 = Source/Intakes; 5 = Other)		
Location Code:			Collected	By:	Allen Baker		
FOR REPEAT SAM	IPLE:			FOR RE	EPLACEMENT 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	· Supply:		
WILMINGT	ON REGI	ONAL OFFICE P	wss	•	Community	NTNC	
					Non-Community	Private	
WILMINGT	ON, NC 2	8405-3845		Type of	Treatment: Chlorinate	d	
Telephone	No. 91	0-796-7215			Non-Chlor	inated	
EIN #: 56 2033372 Q CC			URIER #: 04-16-33		Free Chlorine R Total Chlorine F		
		RESULTS			INVALID CODES		
CONTAMINANT	METHO	DD PRESENT	ABSENT	INVALID	 Confluent Growth/I TNTC/No Coliform 		
Total Coliform	9223E	<u> </u>		\vdash	3) Turbid Culture/No		
Fecal/E. Coli Heterotrophic P.C.		⊔	∟ /ml	Ш	4) Over 30 Hours Old		
rieterotropriic r.c.		(number			5) Improper Sample of	or Analysis	
Repeat Sample	s Required				Replacement San	nples Required	
Date Analysis Begun: 10/23/13					Time Analysis Begun:	08:30 AM	
Date Analysis Com	pleted:	10/24/13			Time Analysis Comple	eted: 09:50 AM	
Laboratory Log #:	-				Certified By: S	usan Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source:						
	GW, Disi	GW, Disinfectant Used: N/A.					