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 #:	3	<u> 7 5 0 1</u>	County:	Carte	eret	
Water System ID #: Name of System:		0-16-038				
		Coastal Riverside Campground				
ample Type:						
Collected on: DA	TE: <u>1</u>	10/22/13 TIME: 11:00 AM				
Location where collected: Bathhouse - Mens room						
Location Type:		1 = Entry Tap	; 2 = General	Tap; 3 = End	d Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	_		Collected	By:	Allen Baker	
FOR REPEAT SAMPL	.E:			FOR I	REPLACEMENT 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 = U	pstream; 3	= Downstream)				
Mail Results To:				Type	of Supply:	
WILMINGTON	I REGIO	NAL OFFICE P	wss		Community NTNC	
WII MINGTON	I NC 284	105-3845		Tyne	☐ Non-Community ☐ Private of Treatment: ☐ Chlorinated	
Non Oblaviostad						
Telephone No. 910-796-7215				40.00	Free Chlorine Residual:	
EIN #: 56 2033	3372 Q	COUR	RIER #: 04-	16-33	Total Chlorine Residual:	
	F	RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	9223B 9223B	PRESENT X (number)	ABSENT X /ml	INVALID	 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: Date Analysis Comple Laboratory Log #:		0/23/13 0/24/13			Time Analysis Begun: Time Analysis Completed: Certified By: Susan Beasley	
COMMENTS: S	Special / N	lon-compliance (SP), System	Type: TNC	C, Water Source:	
G	SW					