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 #:   | 3 7 5 0 1<br>70-65-059   | County: NEW HANOVER               |  |
|---|--|-----------------------------------|--|
| Name of System:  Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) |  |                                   | an Approval: 5 - Other\  |
| Sample Type:  Collected on: DA  |  |                                   |  |
| Location where collect  |  | 1 11VIL. 14.04 1 WI               |  |
| Location Type:  |  | 2 = General Tap; 3 = End Tap; 4 = | Source/Intakes: 5 = Other)   |
| Location Code:  |  | Collected By: Allen B             | ,  |
| FOR REPEAT SAMPL  | <br>E:   | FOR REPLAC                        | EMENT SAMPLE:  |
| Previous Positiv  | ve Location Code:  | Origin                            | nal Sample Type:   |
| Positive Collection Date:   |  |                                   | outine; 2=Repeat; 3=Plan Approval; 4=Other)  |
| 1 0010 001.000  | Time:  |                                   | nal Collection Date:   |
| Proximity:  |  |                                   | Time   |
| - <del>-</del>  | pstream; 3 = Downstream)   |                                   |  |
| Mail Results To:  |  | Type of Supply                    | γ:   |
| WILMINGTON  | I REGIONAL OFFICE P  |                                   | 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:  |
|   | 3072 Q 3001K   |                                   | Total Chlorine Residual:   |
|   | RESULTS  |                                   | INVALID CODES  |
| CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.   | METHOD PRESENT  9223B  (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: 10/23/14   |  |                                   | Time Analysis Begun: 08:05 AM  |
| Date Analysis Comple  | ted: <b>10/24/14</b>   |                                   | Time Analysis Completed: 08:10 AM  |
| Laboratory Log #:   |  |                                   | Certified By: Susan Beasley  |
| COMMENTS: §   | Special / Non-compliance (SP), System Type: TNC, Water Source: GW, |                                   |  |
| Ω   | Disinfectant Used: N/A.  |                                   |  |