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 #: Name of System:	3 7 5 0 1 70-65-059 PRINGLE DENTIS	County: NEW HANOV	<u>/ER</u>	
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DA	: DATE: 10/22/14 TIME: 14:07 PM			
Location where collect	cted: DR PRINGLES BATHROOM			
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:		Collected By: All	len Baker	
FOR REPEAT SAMP	LE:	FOR REF	PLACEMENT SAMPLE:	
Previous Positi	ve 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 = L	Jpstream; 3 = Downstream)			
Mail Results To: Type of Supply:				
WILMINGTO	N REGIONAL OFFICE P	wss	Community NTNC Non-Community Private	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated				
Telephone No. 910-796-7215 Non-Chlorinated				
EIN #: 56 2033372 Q COURIER #: 04-16-33 Free Chlorine F			Free Chlorine Residual: Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B (number)	ABSENT INVALID X D /ml	 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 #:			Time Analysis Begun: 08:05 AM Time Analysis Completed: 08:10 AM Certified By: Susan Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water S	ource: GW, Treat Basley	
1	Disinfectant Used: N/A.			