N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

DO NOT WRITE IN THIS SPACE

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

Laboratory ID #: Water System ID #:	37501 04-65-163	County:	New Hanover		
Name of System:	Town & Country MHP No 2				
Sample Type:	_	Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)			
Collected on: DATE:	10/24/11	TIME: 11:2		,	
Location where collected:	Trailer # 64				
Location Type:	(1 = Entry Tap	; 2 = General Tap	o; 3 = End Tap; 4 = S	Source/Intakes; 5 = Other)	
Location Code:		Collected By	Allen Ba	ker	
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:	
Previous Positive Locat	Original Sample Type:				
Positive Collection Date	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Time	 e:	Original Collection Date:			
Proximity:				Time:	
(1 = Same; 2 = Upstream	3 = Downstream)				
Mail Results To:			Type of Supply:		
WILMINGTON REGIONAL OFFICE PWSS X 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 Residual:	
		MEIX #. 04-10-		Total Chlorine Residua	l:
	RESULTS			INVALID CODES	
CONTAMINANT METHO	D PRESENT	ABSENT I	NVALID	1) Confluent Growth/No Coli	form Found
Total Coliform 9223E	s X			<ul><li>2) TNTC/No Coliform Found</li><li>3) Turbid Culture/No Coliforn</li></ul>	n Found
Fecal/E. Coli 9223E	<u> </u>	X		4) Over 30 Hours Old	II Found
Heterotrophic P.C.	(number)	/ml		5) Improper Sample or Analy	/sis
	,				
Repeat Samples Required				Replacement Samples Required	
Date Analysis Begun: 10/25/11				Time Analysis Begun:	09:10 AM
Date Analysis Completed: 10/26/11				Time Analysis Completed:	09:15 AM
Laboratory Log #:	31439			Certified By: Susan I	
COMMENTS: Special/	Non-compliance, W	/ater Source:  C	SW	Tream	Basley