BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:		<u>37501</u> 70-65-059	County: _	New Han	over			
Name of System:		Pringle Denistry						
Sample Type:								
		10/31/12		:21 PW				
Location where colle	ected:	Patient bathroom						
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)								
Location Code:			Collected B	y:	Allen Baker			
FOR REPEAT SAMPLE:				FOR REPLACEMENT SAMPLE:				
Previous Positive Location Code:					Original Sample T	уре:		
Positive Collection Date:				(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
	:		Original Collection Date:					
Proximity:						Time:		
(1 = Same; 2 =	Upstream;	3 = Downstream)						
Mail Results To: Type of Supply:								
WILMINGTO	ON REGIO	ONAL OFFICE P	NSS		Comm	·	NTNC Private	
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated								
Telephone No. 910-796-7215 Non-Chlorinated								
EIN #: 56 20		IER #: 04-16	6-33		Free Chlorine Residual: Total Chlorine Residual:			
RESULTS					INVALID	CODES		
Total ColiformColisureXFecal/E. ColiColisureX			ABSENT		2) TNTC/ 3) Turbid 4) Over 3	 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					Repla	Replacement Samples Required		
Date Analysis Begun: 11/01/12					Time Ana	Time Analysis Begun: 08:25 AM		
Date Analysis Comp	11/02/12			Time Ana	lysis Completed:	09:00 AM		
Laboratory Log #:	-	40932			Certified I	·		
COMMENTS:	Special / Non-compliance (SP), System Type: TNC, Water Source:							
	GW. Disi	GW. Disinfectant Used: N/A						