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 #: Water System ID #: Name of System:		37501 70-71-024	County:	County: Pender			
		Second Wind Fitness Center					
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
	· · · · · · · · · · · · · · · · · · ·						
Location where colle	ected:	Bar sink	_				
Location Type:		(1 = Entry Ta	p; 2 = General	Tap; 3 = En	d Tap; 4 = Source/Intakes;	5 = Other)	
Location Code:			Collected	Ву:	Allen Baker		
FOR REPEAT SAM	PLE:			FOR	REPLACEMENT SAMP	LE:	
Previous Positive Location Code:					Original Sample Typ	ре:	
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Time:			Original Collection Date:				
Proximity:							<del></del>
(1 = Same; 2 =	— = Upstream;	3 = Downstream)					
Mail Results To:				Туре	of Supply:		
							NTNC
					Non-Com	· =	Private
VA/II MINICT/	ON NC 2	940E 294E		T		_	
WILMINGTO				туре	<b>=</b>	Chlorinated Non-Chlorinated	
Telephone	No. 91	0-796-7215			_	Chlorine Residua	al·
EIN #: 56 2033372 Q CO			OURIER #: 04-16-33			Chlorine Residua	·
		RESULTS			INVALID C	ODES	
CONTAMINANT	METHO	D PRESENT	ABSENT	INVALID		t Growth/No Col	
Total Coliform	<u> </u>	☐ ☐ 3\ Tur			TNTC/No Coliform Found  Furbid Culture/No Coliform Found		
Fecal/E. Coli	<u> </u>	_	4) Over 30				
Heterotrophic P.C.		/ml 5) Improper Sample o (number)				Sample or Anal	ysis
		•	)				
Repeat Samples	s Required				☐ Replace	ement Samples F	Required
Date Analysis Begu	11/13/13			Time Analys	Time Analysis Begun: 09:10 AM		
Date Analysis Completed: 11/14/13					Time Analys	sis Completed:	09:20 AM
Laboratory Log #:	_				Certified By	Susan	Beasley
COMMENTS:	Special / Non-compliance (SP), System Type:TNC, Water Source:						
	GW, Disinfectant Used: N/A						