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 #:   **3 7 5 0 1**   County: **Carteret**

Water System ID #:   **70-16-038**

Name of System: **Coastal Riverside Campground**

Sample Type: **5**   (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **11/13/13**   TIME: **10:27 AM**

Location where collected: **Men's bathhouse**

Location Type: ☐   (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)

Location Code: _____   Collected By: **Allen Baker**

FOR REPEAT SAMPLE: **FOR REPLACEMENT SAMPLE:**

Previous Positive 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 = Upstream; 3 = Downstream)

Mail Results To: Type of Supply:

WILMINGTON REGIONAL OFFICE PWSS   ☐ 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: _____

                                                 Total Chlorine Residual: _____

RESULTS   ### INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	**9223B**	☐	**X**	☐
Fecal/E. Coli	_____	☐	☐	☐
Heterotrophic P.C.	_____ _____ /ml			
	(number)			

1) Confluent Growth/No Coliform Found
2) TNTC/No Coliform Found
3) Turbid Culture/No Coliform Found
4) Over 30 Hours Old
5) Improper Sample or Analysis

☐ Repeat Samples Required   ☐ Replacement Samples Required

Date Analysis Begun: **11/14/13**   Time Analysis Begun: **09:15 AM**

Date Analysis Completed: **11/15/13**   Time Analysis 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