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 #: **3 7 5 0 1**   County: **New Hanover**

Water System ID #: **70-65-059**

Name of System: **Pringle Dentistry**

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

Collected on: DATE: **11/27/12**   TIME: **11:16 AM**

Location where collected: **Sterilization sink**

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

Location Code: **STS**   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**	☐	☒	☐
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: **11/28/12**   Time Analysis Begun: **08:30 AM**

Date Analysis Completed: **11/29/12**   Time Analysis Completed: **08:35 AM**

Laboratory Log #: _____   Certified By: **Susan Beasley**

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: _____

GW, Disinfectant Used: N/A