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 04-65-195	County:	New Hanover			
Name of System:	Hermitage House					
Sample Type:			Penlacement: 4 = Pla	an Approval; 5 = Other)		
Collected on: DATE:	12/06/11	TIME: 11 :		an Approval, 5 – Other)		
Location where collected:		11IVIE	.35 AIVI			
	Raw water tap	2 = Conoral T	an: 3 = End Tan: 4 = 1	Source/Intakes; 5 = Other)		
Location Type: Location Code:	RW1	Collected B				
Location Code.	RVVI	Collected B	y: Heidi C	<u>,0x</u>		
FOR REPEAT SAMPLE:			FOR REPLACI	EMENT SAMPLE:		
Previous Positive Loca		Origin	nal 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	r:		
WILMINGTON REGIONAL OFFICE PWSS X Community NTNC						
					Private	
WII MINGTON NC 2	0405 2045		Tune of Treatm	Chlorinated		
WILMINGTON, NC 28405-3845 Type of Treatment: Chlorinated Non-Chlorinated						
Telephone No. 910-796-7215				Free Chlorine Residual:		
EIN #: 56 2033372 Q COURIER #: 04-16-33			i-33	Total Chlorine Residual:		
	RESULTS			INVALID CODES		
CONTAMINANT METHO	DD PRESENT	ABSENT	INVALID	1) Confluent Growth/No Coli		
Total Coliform				TNTC/No Coliform Found Turbid Culture/No Coliform Found		
Fecal/E. Coli			4) Over 30 Hours Old			
Heterotrophic P.C. 330	(number)	/ml		5) Improper Sample or Analy	/sis	
_	,			_		
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun: 12/07/11				Time Analysis Begun:	09:30 AM	
Date Analysis Completed: 12/09/11				Time Analysis Completed:	09:00 AM	
Laboratory Log #:	32465			Certified By: Susan I	Beasley	
COMMENTS: Special /	Non-compliance, W	/ater Source:	GW	Tream	Beasley	