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
919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #:	<u>37501</u>	County: COLUMBUS			
Water System ID #:	04-24-739	_			
Name of System:	CLARENDON FW	B CHURCH			
Sample Type:	e: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DAT	TE: 12/06/16	12/06/16 TIME: 10:40 AM			
Location where collect	ed: WELLHEAD FAU	WELLHEAD FAUCET			
Location Type:	Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)				
Location Code:		Collected By: Allen Ba	ker		
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:					
Previous Positiv	e Location Code:	Origina	Original Sample Type:		
Positive Collecti	ion Date:	(1=Rou	(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time:		Origina	Original Collection Date:		
Proximity:			Time		
(1 = Same; 2 = U	pstream; 3 = Downstream)				
Mail Results To: Type of Supply:					
WILMINGTON REGIONAL OFFICE PWSS					
127 CARDINAL DRIVE EXTENSION					
WILMINGTON, NC 28405 Type of Treatment: Chlorinated					
Telephone No. 9107967215					
EIN #: 566000372Q COURIER #: 41-63-33			Free Chlorine Residual:		
EIN #. 566000		IER #. 41-03-33	Total Chlorine Residual:		
	RESULTS		INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD PRESENT 9223B	ABSENT INVALID	 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			Replacement Samples Required		
Date Analysis Begun:	12/07/16		Time Analysis Begun: 09:05 AM		
Date Analysis Complet	ted: 12/08/16		Time Analysis Completed: 09:15 AM		
Laboratory Log #:			Certified By: Susan Beasley		
COMMENTS: <u>S</u>	COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW, It was				
ra	aining.				