N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 Drive

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System:		<u>7 5 0 1</u>	County:	CRAVEN		
		1-25-045				
		TOWN OF COVE CITY				
Sample Type:	5	[5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE: <u>12/16/14</u> TIME: <u>13:35 PM</u>						
Location where collect	ted: 20	7 MCCOY ST				
Location Type:		1 = Entry Tap	; 2 = General	Tap; 3 = End Tap; 4 =	Source/Intakes; 5 = Other)	
Location Code:	_		Collected	By: Joey W	/hite	
FOR REPEAT SAMPL	.E:			FOR REPLAC	EMENT 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 = U	pstream; 3	= Downstream)				-
Mail Results To:				Type of Supply	<i>r</i> :	
WASHINGTO	N REGIO	NAL OFFICE I	PWSS		Community N	TNC
943 WASHINGTON SQUARE MALL					Non-Community P	rivate
WASHINGTON, NC 27889				Type of Treatn	nent: X Chlorinated	
Telephone No. 2529466481				Type of Tream	Non-Chlorinated	
EIN #: 562033			RIER #: 16-0)4-01	Free Chlorine Residual: Total Chlorine Residual:	3.10 mg/ 2.88 mg/
RESULTS					INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD 9223B	PRESENT (number)	ABSENT X /ml	INVALID	 Confluent Growth/No Colifo TNTC/No Coliform Found Turbid Culture/No Coliform Over 30 Hours Old Improper Sample or Analysis 	Found
Repeat Samples Required					Replacement Samples Required	
Date Analysis Begun: 12/17/14					Time Analysis Begun:	09:30 AM
Date Analysis Completed: 12/18/14					Time Analysis Completed:	09:35 AM
Laboratory Log #:					Certified By: Susan Be	
COMMENTS: §	Special / No	n-compliance (SP), System Typ	e: C, Water Source: G	Treada	rasley