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: | CARTERET | | | |
|---|---|---------------|-----------------------|---|---|--|
| Water System ID #: | 70-16-029 | | | | | |
| Name of System: CROSSROADS PIZZA | | | | | | |
| Sample Type: | 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other) | | | | | |
| Collected on: DATE: | 12/19/16 TIME: 11:15 AM | | | | | |
| Location where collected: | | | | | | |
| 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 REPLAC | | | | MENT SAMPLE: | | |
| Previous Positive Location Code: | | | Original Sample Type: | | | |
| Positive Collection Date: | | | (1=Rou | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) | | |
| Time: | | | Origina | Original Collection Date: | | |
| Proximity: | | | | Time | | |
| (1 = Same; 2 = Upstrea | m; 3 = Downstream) | | | | | |
| Mail Results To: Type of Supply: | | | | | | |
| WILMINGTON REGIONAL OFFICE PWSS | | | | Community | | |
| 127 CARDINAL DRIVE EXTENSION | | | | | | |
| WILMINGTON, NC 28405 Type of Treatment: Chlorinated | | | | | | |
| Telephone No. 9107967215 Non-Chlorinated | | | | | | |
| EIN #: 566000372Q COURIER #: 41-63-33 | | | | Free Chlorine Residual: | | |
| | | | • | Total Chlo | rine Residual: | |
| RESULTS | | | | INVALID CODES | | |
| | form 9223B 2) TNTC/No Coliform Found 2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found 4) Over 30 Hours Old | | | | liform Found e/No Coliform Found 's Old | |
| Repeat Samples Required | | | | Replacement Samples Required | | |
| Date Analysis Begun: 12/20/16 | | | | Time Analysis Begun: 09:30 AM | | |
| Date Analysis Completed: 12/21/16 | | | | Time Analysis Completed: 09:45 AM | | |
| Laboratory Log #: | | | | Certified By: | Susan Beasley | |
| COMMENTS: Special | Special / Non-compliance (SP), System Type: TNC, Water Source: GW, Raw | | | | | |

water sample; HBVB on faucet and could not be removed.