

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: New Hanover  
Water System ID #: 04-65-010  
Name of System: CFPUA - Wilm  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 02/24/14 TIME: 14:05 PM  
Location where collected: 1228 Columbus Cir - MB  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: SP 2 Collected By: Diane Williams

**FOR REPEAT SAMPLE:**

**FOR REPLACEMENT SAMPLE:**

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity:   
(1 = Same; 2 = Upstream; 3 = Downstream)

Original Sample Type:   
(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)  
Original Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Mail Results To: **WILMINGTON REGIONAL OFFICE PWSS**  
**WILMINGTON, NC 28405-3845**  
**Telephone No. 910-796-7215**  
**EIN #: 56 2033372 Q COURIER #: 04-16-33**

Type of Supply:  Community  NTNC  
 Non-Community  Private

Type of Treatment:  Chlorinated  
 Non-Chlorinated  
Free Chlorine Residual: 1.5 mg/l  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

**INVALID CODES**

| CONTAMINANT        | METHOD       | PRESENT                  | ABSENT                              | INVALID                  |
|--------------------|--------------|--------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>9223B</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fecal/E. Coli      | _____        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| 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: 02/25/14  
Date Analysis Completed: 02/26/14  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 08:45 AM  
Time Analysis Completed: 09:00 AM  
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), System Type: CWS, Water Source: S

