

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Columbus  
Water System ID #: 70-24-005  
Name of System: Lumber River Campground  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 04/23/13 TIME: 10:20 AM  
Location where collected: Well # 1  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: RW1 Collected By: Byron Reeves

**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:

Type of Supply:

**WILMINGTON REGIONAL OFFICE PWSS**

Community  NTNC  
 Non-Community  Private

**WILMINGTON, NC 28405-3845**

Type of Treatment:

Chlorinated  
 Non-Chlorinated

**Telephone No. 910-796-7215**

Free Chlorine Residual: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

**EIN #: 56 2033372 Q**

**COURIER #: 04-16-33**

**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: 04/24/13

Time Analysis Begun: 09:20 AM

Date Analysis Completed: 04/25/13

Time Analysis Completed: 09:40 AM

Laboratory Log #: \_\_\_\_\_

Certified By: Susan Beasley

COMMENTS: System Type: Campground, Water Source: GW

