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Division of Laboratory Services
State Laboratory of Public Health
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DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: PAMLICO
Water System ID #: 70-65-054
Name of System: WHISPERING PINES BAPTIST CHURCH
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 05/10/16 TIME: 14:54 PM
Location where collected: OUTSIDE FAUCET - FRONT
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Allen Baker

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**
127 CARDINAL DRIVE EXTENSION
WILMINGTON, NC 28405
Telephone No. 9107967215
EIN #: 566000372Q COURIER #: 41-63-33

Type of Supply: Community NTNC
 Non-Community Private

Type of Treatment: Chlorinated
 Non-Chlorinated
Free Chlorine Residual: _____
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: 05/11/16
Date Analysis Completed: 05/12/16
Laboratory Log #: _____

Time Analysis Begun: 09:15 AM
Time Analysis Completed: 09:15 AM
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source: GW.
Faucet is outward facing.

