

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: NEW HANOVER
Water System ID #: 04-65-199
Name of System: CAPE WATER SYSTEM
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 06/01/15 TIME: 09:45 AM
Location where collected: WELL #2 ET
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Heidi Cox

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: _____
Total Chlorine Residual: _____

RESULTS

INVALID CODES

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>9223B</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>9223B</u>	<input type="checkbox"/>	<input checked="" 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: 06/02/15 Time Analysis Begun: 09:15 AM
Date Analysis Completed: 06/03/15 Time Analysis Completed: 09:20 AM
Laboratory Log #: _____ Certified By: Susan Beasley

COMMENTS: Special/Non-compliance(SP), Water Source: GW, Raw well sample -Well
#2@ET

