

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: New Hanover
Water System ID #: 70-65-026
Name of System: Airport Industrial Center #3
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 07/31/12 TIME: 10:38 AM
Location where collected: Bldg 6 Outside tap
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:

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: _____ mg/l
Total Chlorine Residual: 0 mg/l

EIN #: 56 2033372 Q

COURIER #: 04-16-33

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: 08/01/12

Time Analysis Begun: 08:55 AM

Date Analysis Completed: 08/02/12

Time Analysis Completed: 10:00 AM

Laboratory Log #: 38635

Certified By: Susan Beasley

COMMENTS: Type of Supply: Adj

