

**BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: 37501 County: New Hanover  
Water System ID #: 70-65-061  
Name of System: MCO 3700  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 08/14/12 TIME: 14:11 PM  
Location where collected: Well head  
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>Colisure</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal/E. Coli	<u>Colisure</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: 08/15/12  
Date Analysis Completed: 08/16/12  
Laboratory Log #: 38976

Time Analysis Begun: 08:45 AM  
Time Analysis Completed: 09:25 AM  
Certified By: Susan Beasley

COMMENTS: Source water - ground water rule (GWR), Special/Non-compliance  
(SP)

