

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: 09/05/12 TIME: 14:49 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:

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: 0.4 mg/l

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: 09/06/12

Time Analysis Begun: 08:35 AM

Date Analysis Completed: 09/07/12

Time Analysis Completed: 08:45 AM

Laboratory Log #: 39517

Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), Source Water, Water Source: GW

