

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: New Hanover
Water System ID #: 70-65-059
Name of System: Pringle Dentistry
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 11/27/12 TIME: 10:37 AM
Location where collected: Restroom Sink Overflow Waiting Area
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: E01 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**
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 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: 11/28/12
Date Analysis Completed: 11/29/12
Laboratory Log #: _____

Time Analysis Begun: 08:30 AM
Time Analysis Completed: 08:35 AM
Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), System Type: TNC, Water Source:
GW, Disinfectant Used: N/A

