N.C. Department of Environmental, Health, and Natural Resources
Division of Laboratory Services
State Laborabory of Public Health
P.O.Box 28047 - 4312 District Drive

Raleigh, NC 27611-8047 919-733-7308

DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #:		<u>7 501</u> -80-194	County:	Rowan				
Name of System:		Cedar Glenn MHP						
Sample Type:	ple Type: [5] (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
Collected on: DA	ATE: 05	05/07/14 TIME: 14:28 PM						
Location where collect	cted: <u>Lo</u>	Lot 99 Jessie Dr						
Location Type:] (1 = Entry Tap;	2 = General Ta	p; 3 = End Tap; 4 = S	ource/Intakes; 5 =	Other)		
Location Code:	09	9	Collected By	: R Durha	ım			
FOR REPEAT SAMP	LE:			FOR REPLACE	MENT SAMPLE:			
Previous Positive Location Code:				Original Sample Type:				
Positive Collection Date: (1=Re					utine; 2=Repeat; 3=Plan Approval; 4=Other)			
Time: Origin					al Collection Date:			
Proximity:					Time			
(1 = Same; 2 = l	Jpstream; 3 =	= Downstream)						
Mail Results To:				Type of Supply:				
MOORESVILLE REGIONAL OFFICE PWSS								
610 EAST CENTER AVENUE Non-Community Private								
MOORESVILLE, NC 28115 Type of Treatment: Chlorinated								
Telephone No. 704-663-1699 Non-Chlorinated								
EIN #: 56 600		COUR	ER #: 09-08-	06		orine Residua orine Residua		
RESULTS					INVALID CODES			
CONTAMINANT METHOD PRESENT ABSENT INVALID Total Coliform 9223B					 Confluent Growth/No Coliform Found TNTC/No Coliform Found Turbid Culture/No Coliform Found Over 30 Hours Old Improper Sample or Analysis 			
Repeat Samples Required					Replacement Samples Required			
Date Analysis Begun. Date Analysis Comple Laboratory Log #:		5/08/14			Time Analysis E Time Analysis C Certified By:	Completed: Susan I	09:10 AM 09:30 AM Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: C, Water Source: GW,							
	Disinfectant Used: Sodium Hypochlorite							