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>501</u> 80-115	County:	ROWAN			
Name of System:		DDY MHP	_				
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)							
	DATE: 05/19/15 TIME: 10:35 AM						
Location where colle							
Location Type:							
Location Code:	017		Collected By:	·		,	
FOR REPEAT SAME	PLE:			FOR REPLACE	MENT SAMPLE:		
Previous Positive Location Code: Or					ginal Sample Type:		
					utine; 2=Repeat; 3=Plan Approval; 4=Other)		
Time: Original Collection Date:						Approval, 4 Other)	
Proximity:				Origina	Time		
(1 = Same; 2 =	J Upstream; 3 =	Downstream)			-		
Mail Results To: Type of Supply:							
MOORESVILLE REGIONAL OFFICE PWSS							
610 EAST CENTER AVENUE							
— — — — — — — — — — — — — — — — — — —							
MOORESVILLE, NC 28115 Type of Treatment: Chlorinated							
Telephone No. 704-663-1699							
EIN #: 56 60000372 AA COURIER #: 09-08-06					Total Chlorine Residual:		
RESULTS					INVALID CODES		
CONTAMINANT METHOD PRESENT ABSENT INVALID					1) Confluent Growth/No Coliform Found		
					,	2) TNTC/No Coliform Found 3) Turbid Culture/No Coliform Found	
Fecal/E. Coli					3) Turbid Culture/No Coliform Found4) Over 30 Hours Old		
Heterotrophic P.C.		(number)	/mi 5) Improper Sample or Analysis				
(number)							
Repeat Samples Required Replacement Samples Require						amples Required	
Date Analysis Begun: 05/20/15					Time Analysis Begu	Time Analysis Begun: 09:00 AM	
Date Analysis Completed:05/21/15					Time Analysis Com	pleted: 09:05 AM	
Laboratory Log #:					Certified By:	Susan Beasley	
COMMENTS:	Special / Non-compliance (SP), System Type: C, Water Source: GW,						
	Disinfectant U	Disinfectant Used: N/A					