

N.C. Department of Environmental, Health, and Natural Resources  
Division of Laboratory Services  
State Laboratory of Public Health  
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DO NOT WRITE IN THIS SPACE

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: UNION  
Water System ID #: 20-90-013  
Name of System: OLIVE BRANCH BAP. CHURCH  
Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 07/06/15 TIME: 10:30 AM  
Location where collected: \_\_\_\_\_  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Keri Cantrell

**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:

**MOORESVILLE REGIONAL OFFICE PWSS**  
**610 EAST CENTER AVENUE**  
**MOORESVILLE, NC 28115**  
**Telephone No. 704-663-1699**  
**EIN #: 56 60000372 AA      COURIER #: 09-08-06**

Type of Supply:

Community       NTNC  
 Non-Community       Private

Type of Treatment:

Chlorinated  
 Non-Chlorinated

Free Chlorine Residual: \_\_\_\_\_  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

| CONTAMINANT        | METHOD       | PRESENT                             | ABSENT                              | INVALID                  |
|--------------------|--------------|-------------------------------------|-------------------------------------|--------------------------|
| Total Coliform     | <u>9223B</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Fecal/E. Coli      | <u>9223B</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Heterotrophic P.C. | _____        | _____                               | _____ /ml                           | _____                    |

(number)

**INVALID CODES**

- 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: 07/07/15  
Date Analysis Completed: 07/08/15  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 09:05 AM  
Time Analysis Completed: 09:40 AM  
Certified By: Susan Beasley

COMMENTS: System Type: TNC, Water Source: GW, Special / Non-compliance (SP),  
Source Water - Assessment (RT), Sample Point: W01

