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, N.C. 27611-8047

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DO NOT WRITE IN THIS SPACE

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: Water System ID #: Name of System:	20	7 501 0-90-013 LIVE BRANCH	County: BAP CH	UNION	ON		
Sample Type:	5	1		= Replacement	ent; 4 = Plan Approval; 5 = Other)		
		//21/15	TIME: 14		, , , , , , , , , , , , , , , , , , , ,		
	cation where collected: Sample Point: E01, Source Water Assessment (RT)						
Location Type:		7			d Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:	_		Collected E	Ву: К	Keri Cantrell		
FOR REPEAT SAME	PLE:			FOR RE	REPLACEMENT SAMPLE:		
Previous Positive Location Code:				Original Sample Type:			
Positive Collec	ction Date:				(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
	Time:				Original Collection Date:		
Proximity:]				Time		
(1 = Same; 2 =	Upstream; 3 :	= Downstream)					
Mail Results To:	(1 = Same; 2 = Upstream; 3 = Downstream)						
MOORESVIL	LE REGIO	NAL OFFICE	PWSS		☐ Community ☐ NTNC		
610 EAST C	ENTER AV	ENUE			Non-Community Private		
MOORESVIL							
Non Oblasia stad							
EIN #: 56 60000372 AA COURIER #: 09-0				8-06	Free Chlorine Residual:		
			MEIX #. 05-0		Total Chlorine Residual:		
	R	ESULTS			INVALID CODES		
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.	METHOD	PRESENT	ABSENT	INVALID X	 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:					Time Analysis Begun: : AM		
Date Analysis Completed: Time An					Time Analysis Completed: : AM		
Laboratory Log #:					Certified By: Susan Beasley		
COMMENTS:	Invalid Samp	le - Sample recei	ved 07/23/15 a	at 7:35 AM. Sa	Sample over 30 Successfully		
	hours old wh	en received.					