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 #:	<u>37501</u>	County:	GASTON			
Water System ID #:	01-36-343					
Name of System:	DONS MHP					
Sample Type:	Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)					
Collected on: DATE:	07/30/14	TIME: 11:36	AM			
Location where collected:	LOT NO 118					
Location Type:	(1 = Entry Tap;	; 2 = General Tap;	3 = End Tap; 4 = 5	Source/Intakes; 5 = Other)		
Location Code:	017	Collected By:	Clinton C	Cook		
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:		
Previous Positive Loc		Origin	al Sample Type:			
Positive Collection Da		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)				
Time:			Original Collection Date:			
Proximity:				Time		
(1 = Same; 2 = Upstream	m; 3 = Downstream)				_	
Mail Results To:			Type of Supply:			
MOORESVILLE RE		PWSS		Community	ITNC	
610 EAST CENTER AVENUE					Private	
•	704-663-1699			Free Chlorine Residual:	0.5 mg/l	
EIN #: 56 60000372	AA COUR	IER #: 09-08-0	6	Total Chlorine Residual:		
	RESULTS			INVALID CODES		
CONTAMINANT METH Total Coliform 9223		ABSENT IN		1) Confluent Growth/No Colifo 2) TNTC/No Coliform Found		
Fecal/E. Coli				 Turbid Culture/No Coliform Over 30 Hours Old 	Found	
Heterotrophic P.C.	(/ml		5) Improper Sample or Analys	sis	
_	(number)			_		
Repeat Samples Required				Replacement Samples Required		
Date Analysis Begun:	07/31/14			Time Analysis Begun:	08:25 AM	
Date Analysis Completed:	08/01/14			Time Analysis Completed:	10:15 AM	
Laboratory Log #:				Certified By: Susan B		
COMMENTS: Special / Non-compliance (SP), System Type: CWS, Water Source: GW,						

Disinfectant Used: Sodium Hypochlorite.