

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Gaston  
Water System ID #: 01-36-163  
Name of System: Hoyle's Creek MHP  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 08/10/11 TIME: 12:05 PM  
Location where collected: 2016 Rock Creek Ln.  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Jeffrey Westmoreland

### FOR REPEAT SAMPLE:

Previous Positive Location Code: \_\_\_\_\_  
Positive Collection Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Proximity: ☐  
(1 = Same; 2 = Upstream; 3 = Downstream)

### FOR REPLACEMENT SAMPLE:

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: 2.2 mg/l  
Total Chlorine Residual: \_\_\_\_\_

### RESULTS

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

☐ Repeat Samples Required

Date Analysis Begun: 08/11/11  
Date Analysis Completed: 08/12/11  
Laboratory Log #: 29450

COMMENTS: Water Source: GW

### 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

☐ Replacement Samples Required

Time Analysis Begun: 08:20 AM  
Time Analysis Completed: 08:40 AM  
Certified By: Susan Beasley

