

**BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #: 37501 County: Catawba  
 Water System ID #: 01-18-726  
 Name of System: HG & H Sports  
 Sample Type:  (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
 Collected on: DATE: 10/23/13 TIME: 09:30 AM  
 Location where collected: Mens bathroom  
 Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
 Location Code: 001 Collected By: Jerry Lael

**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 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<br>(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: 10/24/13  
 Date Analysis Completed: 10/25/13  
 Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 09:00 AM  
 Time Analysis Completed: 10:10 AM  
 Certified By: Susan Beasley

COMMENTS: System Type: NC, Water Source: GW, Total Chlorine Residual  
(chloramines): N/A, Free Chlorine Residual (chlorine): N/A

