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: LINC	COLN	
Water System ID #:	01-55-515			
Name of System:	SALEM LUTHER	AN & UNITED CC		
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)				
Collected on: DATE:	10/27/15	TIME: 10:30 AM		
Location where collected:	OLD KITCHEN SI	INK		
Location Type:	(1 = Entry Tap	; 2 = General Tap; 3 = Ei	nd Tap; 4 = Source/Intakes; 5 = Other)	
Location Code:	005	Collected By:	Jerry C Lael	
FOR REPEAT SAMPLE:		FOF	REPLACEMENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:	
Positive Collection [Date:		(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
т	ime:		Original Collection Date:	
Proximity:			Time	
(1 = Same; 2 = Upstre	eam; 3 = Downstream)			
Mail Results To:		Тур	e of Supply:	
MOORESVILLE F				
610 EAST CENTE			Non-Community Private	
MOORESVILLE, I		Turn		
		Тур	e of Treatment: Chlorinated Non-Chlorinated	
Telephone No.	704-663-1699		Free Chlorine Residual:	
EIN #: 56 60000372 AA COURIER #: 09-08-06			Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT MET	THOD PRESENT	ABSENT INVALID	1) Confluent Growth/No Coliform Found	d
Total Coliform 92	23B		2) TNTC/No Coliform Found 2) Turbid Culture/No Coliform Found	
Fecal/E. Coli	LI		3) Turbid Culture/No Coliform Found4) Over 30 Hours Old	
Heterotrophic P.C.	(number)	/ml	5) Improper Sample or Analysis	
_				
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun:	10/28/15		Time Analysis Begun: 09:10 A	M
Date Analysis Completed:	10/29/15		Time Analysis Completed:09:10 A	M
Laboratory Log #:			Certified By: Susan Beasley	
COMMENTS: Routine (RT), System Type: NC, Water Source: GW.				