

## BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Gaston  
Water System ID #: 01-36-020  
Name of System: City of Mount Holly  
Sample Type: 5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 11/15/10 TIME: 09:37 AM  
Location where collected: Outside Spigot  
Location Type: ☐ (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: Clinton Cook

### 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**

Type of Supply:

☐ Community ☐ NTNC  
☐ Non-Community ☐ Private

Type of Treatment:

☒ Chlorinated  
☐ Non-Chlorinated  
Free Chlorine Residual: 1.5 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: 11/16/10  
Date Analysis Completed: 11/17/10  
Laboratory Log #: 22328

COMMENTS: System Type: CWS, Water Source: SW, Special /Non-compliance  
(SP), Location Code: A23

### 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: 08:30 AM  
Time Analysis Completed: 09:50 AM  
Certified By: Susan Beasley

