

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Rowan
Water System ID #: 01-80-767
Name of System: Christ UMC
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 01/07/13 TIME: 08:33 AM
Location where collected: Classroom Main
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 003 Collected By: Rocky Durham

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

INVALID CODES

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)		

- 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: 01/08/13
Date Analysis Completed: 01/09/13
Laboratory Log #: _____

Time Analysis Begun: 09:30 AM
Time Analysis Completed: 09:40 AM
Certified By: Susan Beasley

COMMENTS: Special/Non-compliance (SP), System Type: TNC, Water Source: GW,
Disinfectant Used: N/A

