

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: Gaston
Water System ID #: 01-36-060
Name of System: City of Lowell
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 04/16/13 TIME: 09:55 AM
Location where collected: Sundrop - 603 Grove Street
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: 002 Collected By: Clinton Cook

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: 0.7 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)		

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: 04/17/13
Date Analysis Completed: 04/18/13
Laboratory Log #: _____

Time Analysis Begun: 09:30 AM
Time Analysis Completed: 09:35 AM
Certified By: Susan Beasley

COMMENTS: Routine (RT), System Type: CWS, Water Source: SW

