N.C. Department of Environmental, Health, and Natural Resources
Division of Laborabory 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 #:   **3 7 5 0 1**   County: **Catawba**

Water System ID #:   **01-18-726**

Name of System: **J&M Pawn Shop**

Sample Type: **5** (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)

Collected on: DATE: **06/08/15**   TIME: **10:00 AM**

Location where collected: **Mens Bathroom sink**

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: _____   Original Sample Type: ☐

   Positive Collection Date: _____   (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)

                    Time: _____   Original Collection Date: _____

   Proximity: ☐   Time _____
   (1 = Same; 2 = Upstream; 3 = Downstream)

Mail Results To: Type of Supply:

   MOORESVILLE REGIONAL OFFICE PWSS   ☐ Community   ☐ NTNC

   610 EAST CENTER AVENUE   ☐ Non-Community   ☐ Private

   MOORESVILLE, NC 28115   Type of Treatment: ☐ Chlorinated

   Telephone No.   7O4-663-1699   ☐ Non-Chlorinated

                                                        Free Chlorine Residual: _____
   EIN #: 56 60000372 AA   COURIER #: 09-08-06
                                                        Total Chlorine Residual: _____

RESULTS					**INVALID CODES**

CONTAMINANT   METHOD   PRESENT   ABSENT   INVALID   1) Confluent Growth/No Coliform Found
Total Coliform   **9223B**   ☐   ☒   ☐   2) TNTC/No Coliform Found
Fecal/E. Coli   _____   ☐   ☐   ☐   3) Turbid Culture/No Coliform Found
Heterotrophic P.C. _____   _____ /ml   4) Over 30 Hours Old
                         (number)   5) Improper Sample or Analysis

☐ Repeat Samples Required   ☐ Replacement Samples Required

Date Analysis Begun: **06/09/15**   Time Analysis Begun: **08:35 AM**
Date Analysis Completed: **06/10/15**   Time Analysis Completed: **08:50 AM**
Laboratory Log #: _____   Certified By: **Susan Beasley**

COMMENTS: Special/ Non-compliance (SP), System Type: NC, Water Source: GW.