

N.C. Department of Environmental, Health, and Natural Resources  
Division of Laboratory Services  
State Laboratory of Public Health  
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DO NOT WRITE IN THIS SPACE

### BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: UNION  
Water System ID #: 20-90-013  
Name of System: OLIVE BRANCH BAP CH  
Sample Type:  5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)  
Collected on: DATE: 08/05/15 TIME: 14:05 PM  
Location where collected: OUTSIDE  
Location Type:  (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: \_\_\_\_\_ Collected By: KERI CANTRELL

#### 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**  
**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

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: 08/06/15  
Date Analysis Completed: 08/07/15  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 08:10 AM  
Time Analysis Completed: 08:10 AM  
Certified By: Susan Beasley

COMMENTS: Special/Non-compliance (SP), System Type: Well, Water Source: GW,  
Sample Point: Routine Original (RTOR)

