

### 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: 12/04/12 TIME: 12:45 PM  
Location where collected: Bathroom Faucet #2 Caldwell Dr (Shooters Express)  
Location Type: 2 (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)  
Location Code: DR4 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: 1.4 mg/l  
Total Chlorine Residual: \_\_\_\_\_

**RESULTS**

**INVALID CODES**

CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID
Total Coliform	<u>Colisure</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: 12/05/12  
Date Analysis Completed: 12/06/12  
Laboratory Log #: \_\_\_\_\_

Time Analysis Begun: 09:03 AM  
Time Analysis Completed: 09:30 AM  
Certified By: Susan Beasley

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

