

Facility: _____ NPDES # NC00	Pipe # _____ County: _____
Laboratory: _____	Comments: _____
X _____ Signature or Operator in Charge	_____ ORC Phone / Email
X _____ Signature of Laboratory Supervisor	_____

Water Sciences Section
Div. of Water Resources, NC DENR
1621 Mail Service Center
Raleigh, NC 27699-1621

MAIL ORIGINAL TO:

Test Initiation Date/Time _____ / _____	Avg Wt/Surv. Control _____	Test Organisms <input type="checkbox"/> Cultured In-House <input type="checkbox"/> Outside Supplier Hatch Date: _____ Hatch Time: _____																																																																																																																																																																																															
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