## **BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM**

Laboratory ID #:	<u>37501</u>	County: Alamance		
Water System ID #:	02-01-120	_		
Name of System: Meadow Lane Estates				
Sample Type:	<b>5</b> (1 = Routine; 2	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)		
Collected on: DAT	E: 06/21/10	TIME: 12:50 PM		
Location where collecte	d: Well # 1 (Front We	Well # 1 (Front Well)		
Location Type:	(1 = Entry Tap;	(1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)		
Location Code:		Collected By: Jeff Br	yan	
FOR REPEAT SAMPLE: FOR REPLACEMENT SAMPLE:				
Previous Positive	e Location Code:	Origir	al Sample Type:	
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)	
	Time:	 Origir	al Collection Date:	
Proximity:			Time:	
(1 = Same; 2 = Up	stream; 3 = Downstream)			
Mail Results To: Type of Supply:				
			X Community NTNC	
WINSTON SAL	EM REGIONAL OFFICI	E PWSS	Non-Community Private	
WINSTON SAL	.EM, NC 27107-2241	Type of Treatm	nent: Chlorinated Non-Chlorinated	
Telephone No.	336-771-5000		Free Chlorine Residual: 0 mg/l Total Chlorine Residual:	
	RESULTS		INVALID CODES	
CONTAMINANT M Total Coliform Fecal/E. Coli Heterotrophic P.C	IETHOD PRESENT	ABSENT INVALID	<ol> <li>Confluent Growth/No Coliform Found</li> <li>TNTC/No Coliform Found</li> <li>Turbid Culture/No Coliform Found</li> <li>Over 30 Hours Old</li> <li>Improper Sample or Analysis</li> </ol>	
Repeat Samples Required			Replacement Samples Required	
Date Analysis Begun:	06/22/10		Time Analysis Begun: 07:53 AM	
Date Analysis Complete	ed: 06/23/10		Time Analysis Completed: 09:05 AM	
Laboratory Log #:	17748		Certified By: Susan Beasley	
COMMENTS: <u>Sy</u>	vstem Type: CWS, Water	Source: GW, Raw Water	Trean Braaley	