N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory 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 #:	<u>37501</u>	County: A	Alamance
Water System ID #:	02-01-489		
Name of System: Pleasant Grove Rec Center			
Sample Type:	5 (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)		
Collected on: DATE:	07/09/14	TIME: 10:35 A	AM
Location where collected:	Well head		
Location Type:	(1 = Entry Tap;	2 = General Tap; 3 :	= End Tap; 4 = Source/Intakes; 5 = Other)
Location Code:	W01	Collected By: _	Blair Murray
FOR REPEAT SAMPLE:		F	FOR REPLACEMENT SAMPLE:
Previous Positive Loca	ation Code:		Original Sample Type:
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)
Tim	e:		Original Collection Date:
Proximity:			Time
(1 = Same; 2 = Upstream	n; 3 = Downstream)		
Mail Results To: Type of Supply:			
WINSTON SALEM F	REGIONAL OFFIC	E PWSS	Community NTNC Non-Community Private
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated			
Telephone No. 3	36-771-5000		Non-Chlorinated
EIN #: 56 6000372 X		IER #: 13-15-01	Free Chlorine Residual:
			Total Chlorine Residual:
	RESULTS		INVALID CODES
CONTAMINANT METHO Total Coliform Colisu Fecal/E. Coli Colisu Heterotrophic P.C.	ire X	ABSENT INVA	 ALID 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 Require	d		Replacement Samples Required
Date Analysis Begun:	07/10/14		Time Analysis Begun: 09:25 AM
Date Analysis Completed:	07/11/14		Time Analysis Completed: 09:25 AM
Laboratory Log #:			Certified By: Susan Beasley
COMMENTS: System Type: TNC, Water Source: GW			