

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

Laboratory ID #: 37501 County: ALAMANCE
Water System ID #: 02-01-489
Name of System: PLEASANT GROVE REC CENTER
Sample Type: (1 = Routine; 2 = Repeat; 3 = Replacement; 4 = Plan Approval; 5 = Other)
Collected on: DATE: 09/08/14 TIME: 12:05 PM
Location where collected: WELL HEAD
Location Type: (1 = Entry Tap; 2 = General Tap; 3 = End Tap; 4 = Source/Intakes; 5 = Other)
Location Code: _____ Collected By: Blair Murray

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: **WINSTON SALEM REGIONAL OFFICE PWSS**
WINSTON SALEM, NC 27107-2241
Telephone No. **336-771-5000**
EIN #: **56 6000372 XX** COURIER #: **13-15-01**

Type of Supply: Community NTNC
 Non-Community Private

Type of Treatment: Chlorinated
 Non-Chlorinated
Free Chlorine Residual: _____
Total Chlorine Residual: _____

RESULTS					INVALID CODES
CONTAMINANT	METHOD	PRESENT	ABSENT	INVALID	
Total Coliform	<u>Colisure</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1) Confluent Growth/No Coliform Found
Fecal/E. Coli	<u>Colisure</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2) TNTC/No Coliform Found
Heterotrophic P.C.	_____	_____	_____ /ml	_____	3) Turbid Culture/No Coliform Found
		(number)			4) Over 30 Hours Old

Repeat Samples Required Replacement Samples Required

Date Analysis Begun: 09/09/14 Time Analysis Begun: 08:55 AM
Date Analysis Completed: 09/10/14 Time Analysis Completed: 09:35 AM
Laboratory Log #: _____ Certified By: Susan Beasley

COMMENTS: Special / Non-compliance (SP), Sample Point: W01, System Type: TNC,
Water Source: GW, Disinfectant Used: NA

