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:	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:	11/04/14	TIME: 12:3	5 PM		
Location where collected:	KITCHEN SINK				
Location Type:	(1 = Entry Tap;	2 = General Tap	; 3 = End Tap; 4 = So	ource/Intakes; 5 = Other)	
Location Code:	E01	Collected By:	Blair Murr	ray	
FOR REPEAT SAMPLE:			FOR REPLACE	MENT SAMPLE:	
Previous Positive Location Code:			Original Sample Type:		
Positive Collection Date:			(1=Routine; 2=Repeat; 3=Plan Approval; 4=Other)		
Tim	e:		Origina	l Collection Date:	
Proximity:				Time	
(1 = Same; 2 = Upstream	n; 3 = Downstream)				
Mail Results To:			Type of Supply:		
WINSTON SALEM F	REGIONAL OFFICI	E PWSS		Community NTNC Non-Community Private	
WINSTON SALEM, NC 27107-2241 Type of Treatment: Chlorinated					
Telephone No. 336-771-5000 Non-Chlorinated					
EIN #: 56 6000372 X		ER #: 13-15-0	)1	Free Chlorine Residual:	
				Total Chlorine Residual:	
	RESULTS			INVALID CODES	
CONTAMINANT Total Coliform Fecal/E. Coli Heterotrophic P.C.		ABSENT IN  X  — /ml	IVALID	<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: Date Analysis Completed: Laboratory Log #:	11/05/14 11/06/14			Time Analysis Begun: 08:25 AM Time Analysis Completed: 08:40 AM Certified By: Susan Beasley	
COMMENTS: Special /	Non-compliance (SP),	System Type: T	NC, Water Source: 0	Sw Trean Brasley	