

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC 011-517-1515 County: Macon
 Name of Water System: EI Shadden System Type: CWS Water Source: GW

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
 Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
 Location Code: 17P Tap Location: outside faucet Street Address: 99 Lake View Circle City: Tipton
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
 Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
 Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD) *
 * for systems with a population ≤ 1,000
 Facility ID: Sample Point:

Collected - BY: Jeff Allison DATE: 09/05/17 TIME: 11:30 Am

Mail Results to (water system representative):
MILLER WELL DRILLING
 PO BOX 587
 HAYESVILLE, NC 28904
 Phone #: 828 537 2991
 Fax #: 828 389 0528
 Responsible Person's email:
water.systems@millerwelldrilling.com

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
 Previous Positive Laboratory ID Number:
 Positive Laboratory Log Number:
 Positive Location Code:
 Positive Collection Date:

Disinfectant Used: Sodium Hypochlorite
 Total Chlorine Residual (chloramines): mg/L
 Free Chlorine Residual (chlorine): 1.0 mg/L

Laboratory ID Number: Repeat Samples Required from Client Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present ^{1,2}	Absent	
3100	Total Coliform		RTCR/GWR		<input checked="" type="checkbox"/>	
3014	E. coli		RTCR/GWR		<input checked="" type="checkbox"/>	
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3001	Heterotrophic P.C. ³				cfu/mL or MPN	

- INVALID CODES:
- 1 Confluent Growth / No Coliform Growth Found
 - 2 TNTC/No Coliform Growth Found
 - 3 Turbid Culture / No Coliform Growth Found
 - 4 Over 30 Hours Old
 - 5 Improper Sample or Analysis⁴

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: 09/05/17 TIME: 01:00 Pm (Date as: mm/dd/yy)
 Analyses Completed — DATE: 09/06/17 TIME: 01:00 Pm (Time as: h:mm am/pm)

Laboratory Log Number: 006567 Certified By: Julie Shinden (Print and sign name)

COMMENTS:

Cherokee County Health Department
228 Hilton Street
Murphy NC 28906

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC 01-57-155 County: MACON
Name of Water System: EL SHADDAI System Type: CWS Water Source: GW

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
Location Code: OLF Tap Location: OUTSIDE FAUCET Street Address: 331 HENLOCK LN City: _____
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD)*
Facility ID: _____ Sample Point: _____
* for systems with a population ≤ 1,000

Collected - BY: DAVID JENKINS DATE: 07/10/17 TIME: 11:00 A m

Mail Results to (water system representative):
PO Box 567
HAYESVILLE NC 28704

Phone #: 828 837 2997
Fax #: 828 389 0828

Responsible Person's email:
WATERSYSTEMS@MILLERWELLDRILLING.COM

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
Previous Positive Laboratory ID Number: _____
Positive Laboratory Log Number: _____
Positive Location Code: _____
Positive Collection Date: _____

Disinfectant Used: Sodium Hypochlorite
Total Chlorine Residual (chloramines): _____ mg/L
Free Chlorine Residual (chlorine): 1.6 mg/L

Laboratory ID Number: _____ Repeat Samples Required from Client Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present ^{1,2}	Absent	
3100	Total Coliform		RTCR/GWR		X	
3014	E. coli		RTCR/GWR		X	
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3001	Heterotrophic P.C. ³			cfu/mL or MPN		

INVALID CODES:

1	Confluent Growth / No Coliform Growth Found
2	TNTC/No Coliform Growth Found
3	Turbid Culture / No Coliform Growth Found
4	Over 30 Hours Old
5	Improper Sample or Analysis ⁴

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: 07/10/17 TIME: 01:00 P m (Date as: mm/dd/yy)
Analyses Completed — DATE: 07/11/17 TIME: 01:00 P m (Time as: h:mm am/pm)

Laboratory Log Number: _____ Certified By: Julie Shilwell Julie Stillewee
(Print and sign name)

COMMENTS: _____

Month : SEPTEMBER
 Year : 2017

TREATMENT FACILITY (Ground Water or Supplemental) MONTHLY OPERATING REPORT (Chlorine)

PUBLIC WATER SYSTEM NAME El Shaddai

PWS ID #: N C 01-57-155

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Macon

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: EO1


IF NO, ENTER SOURCE WSF ID: _____

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	12:00	2,175,013	4,555	0.80					
2									
3									
4									
5	12:00	2,185,549	10,536	1.00					
6									
7	12:00	2,191,305	5,756	0.90					
8									
9									
10									
11									
12	12:00	2,201,370	10,065	1.20					
13									
14	12:00	2,206,629	5,259	1.10					
15									
16									
17									
18									
19	12:00	2,217,278	10,649	0.80					
20									
21	12:00	2,223,290	6,012	1.20					
22									
23									
24									
25	12:00	2,233,243	9,953	0.90					
26									
27	12:00	2,239,740	6,497	0.70					
28									
29									
30									
31									

MONTHLY WATER TREATED (see instructions)
 TOTAL: 0.069282 (MG)
 DAILY MAXIMUM: 2234.903226 (gallons)
 TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:
 Chemical Name : Sodium Hypochlorite Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Jonathan Miller ORC Signature : 

Certification: B-Well Cert. No: 030389

DENR 3396A (10/2010) ORC's Telephone Number : 828-837-2997 Date: 10/4/17
 (Daytime Number)

Month : August

Year : 2017

TREATMENT FACILITY (Ground Water or Supplemental) MONTHLY OPERATING REPORT (Chlorine)

PUBLIC WATER SYSTEM NAME El Shaddai

PWS ID #: N C 01-57-155

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: _____ 1

COUNTY NAME : Macon

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: EO1


IF NO, ENTER SOURCE WSF ID: _____

D A T E	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	12:00	2,074,832	9,141	1.40					
2									
3									
4	12:00	2,084,853	10,021	1.60					
5									
6									
7	12:00	2,098,465	13,612	2.20					
8									
9									
10	12:00	2,108,318	9,853	2.00					
11									
12									
13									
14									
15	12:00	2,122,177	13,859	1.80					
16									
17	12:00	2,130,741	8,564	1.60					
18									
19									
20									
21									
22	12:00	2,144,226	13,485	1.40					
23									
24									
25	12:00	2,155,523	11,297	1.30					
26									
27									
28									
29	12:00	2,170,458	14,935	1.00					
30									
31									

MONTHLY WATER TREATED (see instructions)
TOTAL: _____ 0.104767 (MG)
DAILY MAXIMUM: _____ 3379.580645 (gallons)
TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:
Chemical Name : Sodium Hypochlorite Chemical Name : _____
Chemical Name : _____ Chemical Name : _____
Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Jonathan Miller (Please Print) ORC Signature : 

Certification: B-Well Cert. No: 030389

DENR 3396A (10/2010) ORC's Telephone Number : 828-837-2997 (Daytime Number) Date: 9/7/17

Month : JULY
 Year : 2017

TREATMENT FACILITY (Ground Water or Supplemental) MONTHLY OPERATING REPORT (Chlorine)

PUBLIC WATER SYSTEM NAME EI Shaddai

PWS ID #: NC 01-57-155

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Macon

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: EO1

IF NO, ENTER SOURCE WSF ID: _____

DATE	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3	12:00	1,999,815	9,718	1.40					
4									
5									
6									
7	12:00	2,005,025	5,210	1.00					
8									
9									
10	12:00	2,016,010	10,985	2.00					
11									
12									
13									
14	12:00	2,030,705	14,695	1.40					
15									
16									
17	12:00	2,036,437	5,732	1.00					
18									
19									
20	12:00	2,049,895	13,458	1.80					
21									
22									
23									
24	12:00	2,065,690	15,795	1.50					
25									
26									
27	12:00	2,065,691	12,879	1.30					
28									
29									
30									
31									

MONTHLY WATER TREATED (see instructions)
 TOTAL: 0.088472 (MG)


DAILY MAXIMUM: 2853.935484 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____

COMMENTS: major leak on water system distribution

ORC Name : Jonathan Miller ORC Signature : 
 (Please Print)

Certification: B-Well Cert. No: 030389

DENR 3396A (10/2010) ORC's Telephone Number : 828-837-2997 Date: 8/7/17
 (Daytime Number)



INVOICE

Pace Analytical Services, LLC
 2225 Riverside Dr.
 Asheville, NC 28804
 Phone: (828)254-7176

Invoice Number: 1792121183
Date: 08/31/2017
Total Amount Due: \$50.00

Sold To:

Mr. John Miller
 Miller Well Drilling
 PO Box 567 Hayesville 28904
 5787 Hwy. 64 West
 Brasstown, NC 28902
 828-837-2997

Please Remit To:

Pace Analytical Services, LLC
 P.O. Box 684056
 Chicago, IL 60695-4056

Client Number/Client ID	Purchase Order No	Pace Project Mgr	Terms**	Page
93-703927 / 93-MillerWel		Angela Baioni	Net 30 Days	1

Client Project: El Shaddai Radiologicals
Pace Project No: 92350537
Report Sent To: John Miller, Miller Well Drilling
Comments:

Client Name: Miller Well Drilling
Sample Received: 8/8/2017

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
1	Ea	Gross Alpha		Water	\$50.00	\$50.00
					Analytical Subtotal	\$50.00
Total Number of Charges 1					Total Invoice Amount	\$50.00

Samples Received for analysis:

Lab ID	Client Sample ID	Received
92350537001	Tank House	8/8/2017 10:00:00

*If you have any questions, please contact Angela Baioni at Pace.
 Phone: (704)875-9092 Email: angela.baioni@pacelabs.com*

****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.
 PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.**

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL \$50.00

Amount Paid: \$ _____

Check No: _____

Customer No: 93-703927 Invoice No: 1792121183



LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5

County: MACON

Name of Water System: EL SHADDAI

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: 64 Top Lane

Facility ID No. (Distribution): D 0 1

Sample Point: L C R

Location Code: 1 0 F

Collected By: DAVID JENKINS

(Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 1 : 1 5 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller

PO Box 567

Hayesville, NC 28904

Phone #: () _____

Fax #: () _____

Responsible Person's email:

watersystems@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0

SAMPLE UNSATISFACTORY

RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ACTION LEVEL
1022	Copper	200.8	0.050 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	1.300 mg/L
1030	Lead	200.8	0.003 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.015 mg/L

*Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 8 , A M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 8 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350527003

Certified By: Angela Baioni

Angela M. Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 8 East Tower Circle
 Ormond Beach, FL 32174
 Phone: (386) 672-5668
 Fax: (386) 673-4001

LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: 601 Rhododenron Dr

Facility ID No. (Distribution): D 0 1

Sample Point: L C R

Location Code: 0 5 P

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 1 : 1 0 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller
PO Box 567
Hayesville, NC 28904

Phone #: () _____

Fax #: () _____

Responsible Person's email:
watersystems@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0

SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ACTION LEVEL
1022	Copper	200.8	0.050 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	1.300 mg/L
1030	Lead	200.8	0.003 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.015 mg/L

*Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 2 1 , A M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 2 1 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350527005

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 8 East Tower Circle
 Ormond Beach, FL 32174
 Phone: (386) 672-5668
 Fax: (386) 673-4001

LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: 99 Lake Vista

Facility ID No. (Distribution): D 0 1

Sample Point: L C R

Location Code: 1 7 P

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 1 : 0 0 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller
PO Box 567 Hayesville 28904, 5787 Hwy. 64 West
Brasstown, NC 28902

Phone #: (828) 837-2997

Fax #: (828) 389-0828

Responsible Person's email:

john@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0

SAMPLE UNSATISFACTORY

RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L) (X)	QUANTIFIED RESULTS*	ACTION LEVEL
1022	Copper	200.8	0.050 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	1.300 mg/L
1030	Lead	200.8	0.003 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.015 mg/L

*Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 6 , A M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 6 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350527002

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 8 East Tower Circle
 Ormond Beach, FL 32174
 Phone: (386) 672-5668
 Fax: (386) 673-4001

PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS (SOCs)

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Facility ID No.: P 0 1

Sample Point: E 0 1

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 0 : 4 5 , A M</u> (Specify AM or PM)

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2067	Heptachlor Epoxide		0.00002 mg/L	<input type="checkbox"/>	mg/L	0.0002 mg/L
2105	2,4-D	515.3	0.0001 mg/L	<input checked="" type="checkbox"/>	mg/L	0.07 mg/L
2110	2,4,5-TP (Silvex)	515.3	0.0002 mg/L	<input checked="" type="checkbox"/>	mg/L	0.05 mg/L
2274	Hexachlorobenzene		0.0001 mg/L	<input type="checkbox"/>	mg/L	0.001 mg/L
2039	Di(2-ethylhexyl)phthalate	525.2	0.00132 mg/L	<input checked="" type="checkbox"/>	mg/L	0.006 mg/L
2306	Benzo(a)pyrene	525.2	0.00002 mg/L	<input checked="" type="checkbox"/>	mg/L	0.0002 mg/L
2326	Pentachlorophenol	515.3	0.00004 mg/L	<input checked="" type="checkbox"/>	mg/L	0.001 mg/L
2383	PCB's (as decachlorobiphenol)		0.0001** mg/L	<input type="checkbox"/>	mg/L	0.0005 mg/L
2931	DBCP	504.1	0.00002 mg/L	<input checked="" type="checkbox"/>	mg/L	0.0002 mg/L
2946	Ethylene Dibromide (EDB)	504.1	0.00001 mg/L	<input checked="" type="checkbox"/>	mg/L	0.00005 mg/L
2959	Chlordane		0.0002 mg/L	<input type="checkbox"/>	mg/L	0.002 mg/L

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

**Note: R.R.L. (mg/L) for PCB screening are as follows: Aroclor 1016 - 0.00008, Aroclor 1221 - 0.02, Aroclor 1232 - 0.0005, Aroclor 1242 - 0.0003, Aroclor 1248 & 1254 - 0.0001, Aroclor 1260 - 0.0002

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 2 / 1 7</u> (MM/DD/YY)	<u>0 1 : 5 3 , P M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 5 9 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350534003

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 8 East Tower Circle
 Ormond Beach, FL 32174
 Phone: (386) 672-5668
 Fax: (386) 673-4001

INORGANIC CHEMICAL ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Entry Point Non-compliance

Location Where Collected: Tank House ICA

Facility ID No.: P 0 1

Sample Point: E 0 1

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 0 : 3 5 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller
PO Box 567 Hayesville 28904, 5787 Hwy. 64 West
Brasstown, NC 28902

Phone #: (828) 837-2997

Fax #: (828) 389-0828

Responsible Person's email:
john@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0

SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
1005	Arsenic	200.8	0.005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.010 mg/L
1010	Barium	200.7	0.400 mg/L	<input checked="" type="checkbox"/>	mg/L	2.000 mg/L
1015	Cadmium	200.7	0.001 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
1020	Chromium	200.7	0.020 mg/L	<input checked="" type="checkbox"/>	mg/L	0.100 mg/L
1024	Cyanide	335.4	0.050 mg/L	<input checked="" type="checkbox"/>	mg/L	0.200 mg/L
1025	Fluoride	300.0	0.100 mg/L	<input type="checkbox"/>	<u>0 . 2 7 0 0</u> mg/L	4.000 mg/L
1028	Iron	200.7	0.060 mg/L	<input type="checkbox"/>	<u>0 . 1 7 0 0</u> mg/L	0.300 mg/L
1032	Manganese	200.7	0.010 mg/L	<input type="checkbox"/>	<u>0 . 0 4 4 0</u> mg/L	0.050 mg/L
1035	Mercury	245.1	0.0004 mg/L	<input checked="" type="checkbox"/>	mg/L	0.002 mg/L
1036	Nickel	200.7	0.100 mg/L	<input checked="" type="checkbox"/>	mg/L	N/A
1045	Selenium	200.8	0.010 mg/L	<input checked="" type="checkbox"/>	mg/L	0.050 mg/L
1052	Sodium	200.7	1.0 mg/L	<input type="checkbox"/>	<u>1 4 . 1 0 0 0</u> mg/L	N/A
1055	Sulfate	300.0	15.0 mg/L	<input checked="" type="checkbox"/>	mg/L	250.0 mg/L
1074	Antimony	200.8	0.003 mg/L	<input checked="" type="checkbox"/>	mg/L	0.006 mg/L
1075	Beryllium	200.7	0.002 mg/L	<input checked="" type="checkbox"/>	mg/L	0.004 mg/L
1085	Thallium	200.8	0.001 mg/L	<input checked="" type="checkbox"/>	mg/L	0.002 mg/L
1925	pH	4500H-B	N/A	<input type="checkbox"/>	<u>7 . 6 0 0 0</u> units	6.5-8.5

*Note: Except for Iron, Manganese, and Sulfate, if result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 3 / 1 7</u> (MM/DD/YY)	<u>0 7 : 0 0 , A M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 7 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 8 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350534002

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 8 East Tower Circle
 Ormond Beach, FL 32174
 Phone: (386) 672-5668
 Fax: (386) 673-4001

VOLATILE ORGANIC CHEMICALS (VOCs) ANALYSIS
 Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Entry Point Special/Non-compliance

Location Where Collected: Tank House VOC

Facility ID No.: P 0 1

Sample Point: E 0 1

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 0 : 4 0 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller
PO Box 567
Hayesville, NC 28904

Phone #: () _____

Fax #: () _____

Responsible Person's email:
watersystems@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2378	1,2,4-Trichlorobenzene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.07 mg/L
2380	Cis-1,2-Dichloroethylene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.07 mg/L
2955	Xylenes (Total)	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	10.00 mg/L
2964	Dichloromethane	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2968	o-Dichlorobenzene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.60 mg/L
2969	p-Dichlorobenzene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.075 mg/L
2976	Vinyl Chloride	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.002 mg/L
2977	1,1-Dichloroethylene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.007 mg/L
2979	Trans-1,2-Dichloroethylene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.10 mg/L
2980	1,2-Dichloroethane	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2981	1,1,1-Trichloroethane	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.20 mg/L
2982	Carbon Tetrachloride	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2983	1,2-Dichloropropane	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2984	Trichloroethylene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2985	1,1,2-Trichloroethane	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2987	Tetrachloroethylene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2989	Chlorobenzene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.10 mg/L
2990	Benzene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.005 mg/L
2991	Toluene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	1.00 mg/L
2992	Ethylbenzene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.70 mg/L
2996	Styrene	524.2	0.0005 mg/L	<input checked="" type="checkbox"/>	mg/L	0.10 mg/L

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

ANALYSES BEGUN:	DATE:	TIME:
	<u>0 8 / 1 2 / 1 7</u> (MM/DD/YY)	<u>0 7 : 4 0 , P M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 2 / 1 7</u> (MM/DD/YY)	<u>0 7 : 4 0 , P M</u> (Specify AM or PM)

Laboratory Log #: 92350534005

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS:
 2008

Laboratory should mail results to:
 Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
 Fax: 919.715.6637



RADIOLOGICAL ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Single Sample - Entry Point Composite Sample - Entry Point Special/Non-compliance

Location Where Collected: Tank House

Facility ID No.: P 0 1

Sample Point: E 0 1

Mail Results to (water system representative):

John Miller
PO Box 567 Hayesville 28904, 5787 Hwy. 64 West
Brasstown, NC 28902
 Phone #: (828) 837-2997
 Fax #: (828) 389-0828
 Responsible Person's email:
john@millerwelldrilling.com

Collection Date			
Period	Date (MM/DD/YY)	Time (Specify AM or PM)	Collected By
Single or 1 st Qtr	<u>0 8 / 0 7 / 1 7</u>	<u>1 0 : 3 7 , A M</u>	<u>DV</u>
2 nd Qtr	<u>__ / __ / __</u>	<u>__ : __ , _ M</u>	<u>__</u>
3 rd Qtr	<u>__ / __ / __</u>	<u>__ : __ , _ M</u>	<u>__</u>
4 th Qtr	<u>__ / __ / __</u>	<u>__ : __ , _ M</u>	<u>__</u>

LABORATORY ID #: 4 2 7 0 6 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	COUNTING ERROR	ALLOWABLE LIMIT
4002	Gross Alpha	900.0	3 pCi/L	<input checked="" type="checkbox"/>	_____ pCi/L	<u>0 . 4 1</u>	15 pCi/L
4004	Radon		100 pCi/L	<input type="checkbox"/>	_____ pCi/L		N/A
4006	Uranium		0.67 pCi/L	<input type="checkbox"/>	_____ pCi/L	<u>**</u>	20.1 pCi/L
4010	Combined Radium	N/A	N/A	N/A	_____ pCi/L		5 pCi/L
4020	Radium 226		1 pCi/L	<input type="checkbox"/>	_____ pCi/L		3 pCi/L
4030	Radium 228		1 pCi/L	<input type="checkbox"/>	_____ pCi/L		2 pCi/L
4044	Potassium 40 (Total)		4 pCi/L	<input type="checkbox"/>	_____ pCi/L		N/A
4100	Gross Beta		4 pCi/L	<input type="checkbox"/>	_____ pCi/L		50 pCi/L
4102	Tritium		1,000 pCi/L	<input type="checkbox"/>	_____ pCi/L		20,000 pCi/L
4172	Strontium 89		10 pCi/L	<input type="checkbox"/>	_____ pCi/L		N/A
4174	Strontium 90		2 pCi/L	<input type="checkbox"/>	_____ pCi/L		8 pCi/L
4264	Iodine 131		1 pCi/L	<input type="checkbox"/>	_____ pCi/L		N/A
4270	Cesium 134		10 pCi/L	<input type="checkbox"/>	_____ pCi/L		N/A

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

**Note: Not applicable if using ICP-MS.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 2 6 / 1 7</u> (MM/DD/YY)	<u>0 9 : 3 8 , A M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 2 6 / 1 7</u> (MM/DD/YY)	<u>0 9 : 3 8 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350537001

Certified By: Angela Baioni

Angela M. Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 2225 Riverside Drive
 Asheville, NC 28804
 Phone: (828) 254-7176
 Fax: (828) 252-4618

NITRATE/NITRITE ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Entry Point Special/Non-compliance

Location Where Collected: Tank House Nitrate

Facility ID No.: P 0 1

Sample Point: E 0 1

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 0 : 3 3 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller
PO Box 567
Hayesville, NC 28904

Phone #: () _____
 Fax #: () _____
 Responsible Person's email:
watersystems@millerwelldrilling.com

LABORATORY ID #: 3 7 7 1 2 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ACTION LEVEL
1040	Nitrate	353.2	1.00 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	10.00 mg/L
1041	Nitrite	353.2	0.10 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	1.00 mg/L

*Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 0 8 / 1 7</u> (MM/DD/YY)	<u>0 3 : 3 1 , P M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 0 8 / 1 7</u> (MM/DD/YY)	<u>0 3 : 3 1 , P M</u> (Specify AM or PM)

Laboratory Log #: 92350534001

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS: _____



Pace Analytical Services, Inc.
 9800 Kinney Ave, Suite 100
 Huntersville, NC 28078
 Phone: (704) 875-9092
 Fax: (704) 875-9091

TTHM/HAA5 - Stage 2 Disinfection Byproducts Analysis

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 **County:** MACON

Name of Water System: EL SHADDAI

Sample Type: High TTHM High HAA5 Previous Stage 1 Site Other Special/Non-compliance

Location Where Collected: Tank House TTHM/HAA5

Facility ID No.: D 0 1

Sample Point ID: B 0 1

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> <small>(MM/DD/YY)</small>	<u>1 0 : 5 6 , A M</u> <small>(Specify AM or PM)</small>

Mail Results to (water system representative):

John Miller
PO Box 567 Hayesville 28904, 5787 Hwy. 64 West
Brasstown, NC 28902

Phone #: (828) 837-2997
Fax #: (828) 389-0828
Responsible Person's email:
john@millerwelldrilling.com

LABORATORY ID #: 3 7 7 0 6 **SAMPLE UNSATISFACTORY** **RESAMPLE REQUIRED**

	CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
TTHM ANALYSIS	2941	Chloroform	524.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.080 mg/L
	2942	Bromoform	524.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.080 mg/L
	2943	Bromodichloromethane	524.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.080 mg/L
	2944	Dibromochloromethane	524.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.080 mg/L
	2950	Total Trihalomethanes	524.2			<input checked="" type="checkbox"/>	_____ mg/L
HAA5 ANALYSIS	2450	Monochloroacetic Acid	552.2	0.0020 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.060 mg/L
	2451	Dichloroacetic Acid	552.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.060 mg/L
	2452	Trichloroacetic Acid	552.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.060 mg/L
	2453	Monobromoacetic Acid	552.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.060 mg/L
	2454	Dibromoacetic Acid	552.2	0.0010 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.060 mg/L
	2456	Total Haloacetic Acids	552.2			<input checked="" type="checkbox"/>	_____ mg/L

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours of completion of the analyses for all required contaminants.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 1 / 1 7</u> <small>(MM/DD/YY)</small>	<u>0 7 : 2 0 , A M</u> <small>(Specify AM or PM)</small>
ANALYSES COMPLETED:	<u>0 8 / 1 5 / 1 7</u> <small>(MM/DD/YY)</small>	<u>0 1 : 1 8 , A M</u> <small>(Specify AM or PM)</small>

Laboratory Log #: 92350534004

Certified By: Angela Baioni
 (Print and sign name)

COMMENTS:
 2012

Laboratory should mail results to:
 Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
 Fax: 919.715.6637



PESTICIDES AND SYNTHETIC ORGANIC CHEMICALS (SOCs)

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Entry Point Special/Non-compliance

Location Where Collected: Tank House PSOC

Facility ID No.: P 0 1

Sample Point: E 0 1

Collected By: DAVID JENKINS
 (Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 0 : 4 5 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):
John Miller
PO Box 567 Hayesville 28904, 5787 Hwy. 64 West
Brasstown, NC 28902

Phone #: (828) 837-2997
 Fax #: (828) 389-0828
 Responsible Person's email:
john@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
2005	Endrin		0.00001 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
2010	Lindane		0.00002 mg/L	<input type="checkbox"/>	_____ mg/L	0.0002 mg/L
2015	Methoxychlor		0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.04 mg/L
2020	Toxaphene		0.001 mg/L	<input type="checkbox"/>	_____ mg/L	0.003 mg/L
2031	Dalapon	515.3	0.001 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.2 mg/L
2035	Di(2-ethylhexyl)adipate	525.2	0.0006 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.4 mg/L
2036	Oxamyl(vydate)	531.1	0.002 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.2 mg/L
2037	Simazine		0.00007 mg/L	<input type="checkbox"/>	_____ mg/L	0.004 mg/L
2040	Picloram	515.3	0.0001 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.5 mg/L
2041	Dinoseb	515.3	0.0002 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.007 mg/L
2042	Hexachlorocyclopentadiene		0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.05 mg/L
2046	Carbofuran	531.1	0.0009 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.04 mg/L
2050	Atrazine		0.0001 mg/L	<input type="checkbox"/>	_____ mg/L	0.003 mg/L
2051	Alachlor		0.0002 mg/L	<input type="checkbox"/>	_____ mg/L	0.002 mg/L
2065	Heptachlor		0.00004 mg/L	<input type="checkbox"/>	_____ mg/L	0.0004 mg/L

*Note: If result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.



Pace Analytical Services, Inc.
 8 East Tower Circle
 Ormond Beach, FL 32174
 Phone: (386) 672-5668
 Fax: (386) 673-4001

LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID#: 0 1 - 5 7 - 1 5 5 County: MACON

Name of Water System: EL SHADDAI

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: 266 Lake Vista

Facility ID No. (Distribution): D 0 1

Sample Point: L C R

Location Code: 1 3 P

Collected By: DAVID JENKINS

(Please Print)

Collection Date	Collection Time
<u>0 8 / 0 7 / 1 7</u> (MM/DD/YY)	<u>1 0 : 5 5 , A M</u> (Specify AM or PM)

Mail Results to (water system representative):

John Miller

PO Box 567 Hayesville 28904, 5787 Hwy. 64 West

Brasstown, NC 28902

Phone #: (828) 837-2997

Fax #: (828) 389-0828

Responsible Person's email:

john@millerwelldrilling.com

LABORATORY ID #: 1 2 7 1 0

SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ACTION LEVEL
1022	Copper	200.8	0.050 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	1.300 mg/L
1030	Lead	200.8	0.003 mg/L	<input checked="" type="checkbox"/>	_____ mg/L	0.015 mg/L

*Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

	DATE:	TIME:
ANALYSES BEGUN:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 4 , A M</u> (Specify AM or PM)
ANALYSES COMPLETED:	<u>0 8 / 1 6 / 1 7</u> (MM/DD/YY)	<u>0 1 : 1 4 , A M</u> (Specify AM or PM)

Laboratory Log #: 92350527001

Certified By: Angela Baioni

Angela M. Baioni
 (Print and sign name)

COMMENTS: _____

Month : SEPTEMBER
 Year : 2017

TREATMENT FACILITY (Ground Water or Supplemental) MONTHLY OPERATING REPORT (Chlorine)

PUBLIC WATER SYSTEM NAME EI Shaddai

PWS ID #: N C 01-57-155

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: 1

COUNTY NAME : Macon

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: EO1


IF NO, ENTER SOURCE WSF ID: _____

D A T E	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	12:00	2,175,013	4,555	0.80					
2									
3									
4									
5	12:00	2,185,549	10,536	1.00					
6									
7	12:00	2,191,305	5,756	0.90					
8									
9									
10									
11									
12	12:00	2,201,370	10,065	1.20					
13									
14	12:00	2,206,629	5,259	1.10					
15									
16									
17									
18									
19	12:00	2,217,278	10,649	0.80					
20									
21	12:00	2,223,290	6,012	1.20					
22									
23									
24									
25	12:00	2,233,243	9,953	0.90					
26									
27	12:00	2,239,740	6,497	0.70					
28									
29									
30									
31									

MONTHLY WATER TREATED (see instructions)
 TOTAL: 0.069282 (MG)
 DAILY MAXIMUM: 2234.903226 (gallons)
 TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:
 Chemical Name : Sodium Hypochlorite Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Jonathan Miller (Please Print) ORC Signature : 

Certification: B-Well Cert. No: 030389

DENR 3396A (10/2010) ORC's Telephone Number : 828-837-2997 (Daytime Number) Date: 10/4/17

Cherokee County Health Department
 228 Hilton Street
 Murphy NC 28906

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC 01 - 57 - 155 County: Macon
 Name of Water System: EI Shadelai System Type: CWS Water Source: GLW

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
 Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
 Location Code: 12P Tap Location: Outdoor faucet Street Address: 99 Lake View Circle City: Tipton
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
 Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
 Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD)*
 Facility ID: Sample Point:
 * for systems with a population ≤ 1,000

Collected — BY: Jeff Allison DATE: 09 / 05 / 17 TIME: 11 : 30 , A m

Mail Results to (water system representative):
MILLER WELL DRILLING
 PO BOX 567
 HAYESVILLE, NC 28904
 Phone #: 828 537 2447
 Fax #: 828 389 0528
 Responsible Person's email:
water.systems@millerwelldrilling.com

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
 Previous Positive Laboratory ID Number:
 " Positive Laboratory Log Number:
 " Positive Location Code:
 " Positive Collection Date: / /

Disinfectant Used: Sodium Hypochlorite
 Total Chlorine Residual (chloramines): — mg/L
 Free Chlorine Residual (chlorine): 1.0 mg/L

Laboratory ID Number: Repeat Samples Required from Client Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present ^{1,2}	Absent	
3100	Total Coliform		RTCR/GWR		<input checked="" type="checkbox"/>	
3014	E. coli		RTCR/GWR		<input checked="" type="checkbox"/>	
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3001	Heterotrophic P.C. ³				cfu/mL or MPN	

- INVALID CODES:
- 1 Confluent Growth / No Coliform Growth Found
 - 2 TNTC/No Coliform Growth Found
 - 3 Turbid Culture / No Coliform Growth Found
 - 4 Over 30 Hours Old
 - 5 Improper Sample or Analysis⁴

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: 09 / 05 / 17 TIME: 01 : 00 , 0 m (Date as: mm/dd/yy)
 Analyses Completed — DATE: 09 / 06 / 17 TIME: 01 : 00 , 0 m (Time as: h:mm am/pm)

Laboratory Log Number: 006567 Certified By: Julie Shilwell
 (Print and sign name)

COMMENTS: _____

Month : August
 Year : 2017

TREATMENT FACILITY (Ground Water or Supplemental) MONTHLY OPERATING REPORT (Chlorine)

PUBLIC WATER SYSTEM NAME EI Shaddai

PWS ID #: NC 01-57-155

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: _____ 1

COUNTY NAME : Macon

COLUMN (3) READING IS FROM MASTER METER (Yes or No) : Yes

TREATMENT WSF ID: EO1

IF NO, ENTER SOURCE WSF ID: _____

D A T E	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1	12:00	2,074,832	9,141	1.40					
2									
3									
4	12:00	2,084,853	10,021	1.60					
5									
6									
7	12:00	2,098,465	13,612	2.20					
8									
9									
10	12:00	2,108,318	9,853	2.00					
11									
12									
13									
14									
15	12:00	2,122,177	13,859	1.80					
16									
17	12:00	2,130,741	8,564	1.60					
18									
19									
20									
21									
22	12:00	2,144,226	13,485	1.40					
23									
24									
25	12:00	2,155,523	11,297	1.30					
26									
27									
28									
29	12:00	2,170,458	14,935	1.00					
30									
31									

MONTHLY WATER TREATED (see instructions)
 TOTAL: 0.104767 (MG)
 DAILY MAXIMUM: 3379.580645 (gallons)
 TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:
 Chemical Name : Sodium Hypochlorite Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____
 Chemical Name : _____ Chemical Name : _____

COMMENTS: _____

ORC Name : Jonathan Miller (Please Print) ORC Signature : 

Certification: B-Well Cert. No: 030389

DENR 3396A (10/2010) ORC's Telephone Number : 828-837-2997 (Daytime Number) Date: 9/7/17

Cherokee County Health Department
228 Hilton Street
Murphy NC 28906

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC 01-57-155 County: macon
Name of Water System: El Shaddai System Type: CWS Water Source: Gr

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
Location Code: 05P Tap Location: outside faucet Street Address: 601 Rhododendron Dr City: Top-ten
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD) *
Facility ID: Sample Point:
* for systems with a population ≤ 1,000

Collected — BY: DAVID JENKINS DATE: 08/07/17 TIME: 11:10, A m

Mail Results to (water system representative):
Miller Well Drilling
PO BOX 567
Hayesville NC 28904
Phone #: 828 837 2997
Fax #: 828 389 0828

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
Previous Positive Laboratory ID Number:
" Positive Laboratory Log Number:
" Positive Location Code:
" Positive Collection Date: / /

Responsible Person's email: watersystems@millerwelldrilling.com
Disinfectant Used: Sodium Hypochlorite
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): 1.6 mg/L

Laboratory ID Number:
 Repeat Samples Required from Client Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present ^{1,2}	Absent	
3100	Total Coliform		RTCR/GWR		X	
3014	E. coli		RTCR/GWR		X	
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3001	Heterotrophic P.C. ³					cfu/mL or MPN

- INVALID CODES:
- 1 Confluent Growth / No Coliform Growth Found
 - 2 TNTC/No Coliform Growth Found
 - 3 Turbid Culture / No Coliform Growth Found
 - 4 Over 30 Hours Old
 - 5 Improper Sample or Analysis⁴

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: 08/07/17 TIME: 01:00, P m (Date as: mm/dd/yy)
Analyses Completed — DATE: 08/08/17 TIME: 01:00, P m (Time as: h:mm am/pm)

Laboratory Log Number: 006531 Certified By: Julie Shilwell
(Print and sign name)

COMMENTS:

**DISTRIBUTION FACILITY (Ground or Purchased Source)
MONTHLY OPERATING REPORT
(Chlorine)**

MONTH / YEAR:

PWSID#: NC

COUNTY:

WATER SYSTEM NAME:

DIST WSF ID:

DISTRIBUTION SYSTEM CLASS: (A,B,C or D)

OF SERVICE CONNECTIONS:

ORC NAME:

ORC SIGNATURE / DATE:

CERTIFICATION:

CERTIFICATE NUMBER:

Sample Number	Collection Date	Location Code	Sample Address	MRT Site Residual Disinfectant
				Free Chlorine (mg/L)
(1)	(2)	(3)	(4)	(5)
1	Mon, 7/3/17	05P		1.10
2	Fri, 7/7/17	13P		0.90
3		17P		2.10
4	Mon, 7/10/17	10F		1.90
5	Fri, 7/14/17	01F		1.30
6		05P		0.90
7	Mon, 7/17/17	13P		1.60
8	Thu, 7/20/17	17P		1.50
9		10F		1.40
10	Mon, 7/24/17	01F		1.30
11	Thu, 7/27/17	05P		1.10
12		13P		0.80
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

*Comments: _____
DENR 3397A (10/2010)

Month: JULY
 Year: 2017

TREATMENT FACILITY (Ground Water or Supplemental) MONTHLY OPERATING REPORT (Chlorine)

PUBLIC WATER SYSTEM NAME EI Shaddai

PWS ID #: N C 01-57-155

NUMBER OF SOURCES PUMPING TO THIS TREATMENT WSF: _____ 1

COUNTY NAME: Macon

COLUMN (3) READING IS FROM MASTER METER (Yes or No): Yes

TREATMENT WSF ID: EO1


IF NO, ENTER SOURCE WSF ID: _____

D A T E	TIME (00:00)	MASTER OR SOURCE METER READING (gallons)	SOURCE WATER PUMPED (gallons)	FREE CHLORINE (mg/L)	pH	Phosphate (PO4) (mg/L)	HARDNESS (mg/L)	IRON (mg/L)	MANGANESE (mg/L)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1									
2									
3	12:00	1,999,815	9,718	1.40					
4									
5									
6									
7	12:00	2,005,025	5,210	1.00					
8									
9									
10	12:00	2,016,010	10,985	2.00					
11									
12									
13									
14	12:00	2,030,705	14,695	1.40					
15									
16									
17	12:00	2,036,437	5,732	1.00					
18									
19									
20	12:00	2,049,895	13,458	1.80					
21									
22									
23									
24	12:00	2,065,690	15,795	1.50					
25									
26									
27	12:00	2,065,691	12,879	1.30					
28									
29									
30									
31									

MONTHLY WATER TREATED (see instructions)
 TOTAL: 0.088472 (MG)
 DAILY MAXIMUM: 2853.935484 (gallons)
 TOTAL BACKWASH WATER: _____ (gallons)

CHEMICALS APPLIED:
 Chemical Name: Sodium Hypochlorite Chemical Name: _____
 Chemical Name: _____ Chemical Name: _____
 Chemical Name: _____ Chemical Name: _____

COMMENTS: major leak on water system distribution

ORC Name: Jonathan Miller (Please Print) ORC Signature: 

Certification: B-Well Cert. No: 030389

DENR 3396A (10/2010) ORC's Telephone Number: 828-837-2997 (Daytime Number) Date: 8/7/17

Cherokee County Health Department
228 Hilton Street
Murphy NC 28906

BACTERIOLOGICAL ANALYSIS

Note: All applicable information must be supplied for compliance credit.

Water System Number: NC 01-57-155 County: MACON
Name of Water System: EL SHAADAI System Type: CWS Water Source: GW

Distribution System — Revised Total Coliform Rule (RTCR) Facility ID: D01
Sample Type: Routine (RT) Repeat (RP) Special / Non-compliance (SP)
Location Code: OLF Tap Location: OUTSIDE FAUCET Street Address: 331 HEMLOCK LN City: _____
 Check (✓) if sample site is owned or controlled by water system.
 Check (✓) if sample site is a daycare or a K-12 school.
Sample Point: Routine Original (RTOR) Repeat-Original Tap (RPOR) Repeat-Upstream (RPUP) Repeat-Downstream (RPDN)

Source Water — Ground Water Rule (GWR)
Sample Type: Triggered (TG) Additional/Confirmation (CO) Assessment (RT) Triggered/Distribution Repeat (TD)*
Facility ID: _____ Sample Point: _____
* for systems with a population ≤ 1,000

Collected - BY: DAVID JENKINS DATE: 07/10/17 TIME: 11:00 , Am

Mail Results to (water system representative):
PO Box 567
HAYESVILLE NC 28704
Phone #: 828 837 2997
Fax #: 828 389 0828
Responsible Person's email:
WATERSYSTEMS@MILLERWELLDRILLING.COM

Complete for Repeat, Triggered, or Additional / Confirmation Samples:
Previous Positive Laboratory ID Number: _____
" Positive Laboratory Log Number: _____
" Positive Location Code: _____
" Positive Collection Date: _____
Disinfectant Used: Sodium Hypochlorite
Total Chlorine Residual (chloramines): _____ mg/L
Free Chlorine Residual (chlorine): 1.6 mg/L

Laboratory ID Number: _____ Repeat Samples Required from Client Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present ^{1,2}	Absent	
3100	Total Coliform		RTCR/GWR		X	
3014	E. coli		RTCR/GWR		X	
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3001	Heterotrophic P.C. ³				cfu/mL or MPN	

- INVALID CODES:
- 1 Confluent Growth / No Coliform Growth Found
 - 2 TNTC/No Coliform Growth Found
 - 3 Turbid Culture / No Coliform Growth Found
 - 4 Over 30 Hours Old
 - 5 Improper Sample or Analysis ⁴

¹If E. coli, enterococci or coliphage is present, lab must report results to State on day test completed. ²If total coliform bacteria is present, lab must report results to State within 48 hours. ³If HPC is absent, enter a "0" left of the "cfu/mL or MPN" units; if present, enter a whole number. ⁴Explain invalid code below in comments.

Analyses Begun — DATE: 07/10/17 TIME: 01:00 , Pm (Date as: mm/dd/yy)
Analyses Completed — DATE: 07/11/17 TIME: 01:00 , Pm (Time as: h:mm am/pm)

Laboratory Log Number: 6536 Certified By: Julie Shiwell Julie Shiwell
(Print and sign name)

COMMENTS: _____



INVOICE

Pace Analytical Services, LLC
 2225 Riverside Dr.
 Asheville, NC 28804
 Phone: (828)254-7176

Invoice Number: 1792120541
 Date: 08/28/2017
 Total Amount Due: \$1,095.00

Sold To:

Mr. John Miller
 Miller Well Drilling
 PO Box 567 Hayesville 28904
 5787 Hwy. 64 West
 Brasstown, NC 28902
 828-837-2997

Please Remit To:

Pace Analytical Services, LLC
 P.O. Box 684056
 Chicago, IL 60695-4056

Client Number/Client ID	Purchase Order No	Pace Project Mgr	Terms**	Page
93-703927 / 93-MillerWel		Angela Baioni	Net 30 Days	1

Client Project: El Shaddai DW Various
 Pace Project No: 92350534
 Report Sent To: John Miller, Miller Well Drilling
 Comments:

Client Name: Miller Well Drilling
 Sample Received: 8/8/2017

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
1	Ea	353.2 Nitrogen, NO2/NO3	EPA 353.2	Water	\$30.00	\$30.00
1	Ea	524.2 MSV	EPA 524.2	Water	\$50.00	\$50.00
1	Ea	5522 Haloacetic Acids	EPA 552.2	Water	\$145.00	\$145.00
1	Ea	NC DW ICA Metals		Water	\$130.00	\$130.00
1	Ea	NC DW ICA Wetchem		Water	\$100.00	\$100.00
1	Ea	NC DW PSOC (minus 508)		Water	\$500.00	\$500.00
1	Ea	NC DW VOC		Water	\$140.00	\$140.00
Analytical Subtotal						\$1,095.00

Total Number of Charges 7

Total Invoice Amount **\$1,095.00**

SHIPPING ADD \$200

Samples Received for analysis:

Lab ID	Client Sample ID	Received
92350534001	Tank House Nitrate	8/8/2017 10:00:00
92350534002	Tank House ICA	8/8/2017 10:00:00
92350534003	Tank House PSOC	8/8/2017 10:00:00
92350534004	Tank House TTHM/HAA5	8/8/2017 10:00:00
92350534005	Tank House VOC	8/8/2017 10:00:00

****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.
 PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.**

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL \$1,095.00

Amount Paid: \$ _____

Check No: _____

Customer No: 93-703927 Invoice No: 1792120541



INVOICE

Pace Analytical Services, LLC
 2225 Riverside Dr.
 Asheville, NC 28804
 Phone: (828)254-7176

Invoice Number: 1792121545
Date: 08/31/2017
Total Amount Due: \$120.00

Sold To:

Mr. John Miller
 Miller Well Drilling
 PO Box 567 Hayesville 28904
 5787 Hwy. 64 West
 Brasstown, NC 28902
 828-837-2997

Please Remit To:

Pace Analytical Services, LLC
 P.O. Box 684056
 Chicago, IL 60695-4056

Client Number/Client ID	Purchase Order No	Pace Project Mgr	Terms**	Page
93-703927 / 93-MillerWel		Angela Baioni	Net 30 Days	1

Client Project: El Shaddai Pb/Cu
Pace Project No: 92350527
Report Sent To: John Miller, Miller Well Drilling
Comments:

Client Name: Miller Well Drilling
Sample Received: 8/8/2017

ANALYTICAL CHARGES

Quantity	Unit	Description	Method	Matrix	Price	Total
5	Ea	NC DW Pb/Cu		Water	\$24.00	\$120.00
					Analytical Subtotal	\$120.00
Total Number of Charges 5					Total Invoice Amount	\$120.00

Samples Received for analysis:

Lab ID	Client Sample ID	Received
92350527001	266 Lake Vista	8/8/2017 10:00:00
92350527002	99 Lake Vista	8/8/2017 10:00:00
92350527003	64 Top Lane	8/8/2017 10:00:00
92350527004	331 Hemlock Lane	8/8/2017 10:00:00
92350527005	601 Rhododenron Dr	8/8/2017 10:00:00

*If you have any questions, please contact Angela Baioni at Pace.
 Phone: (704)875-9092 Email: angela.baioni@pacelabs.com*

****1.5% MONTHLY FINANCE CHARGE ASSESSED AFTER 30 DAYS OR TERMS OF CONTRACT.
 PLEASE REFERENCE THE INVOICE NUMBER ON ALL REMITTANCE ADVICE.**

AN EQUAL OPPORTUNITY EMPLOYER

Please complete and return copy of invoice with your payment.

INVOICE TOTAL \$120.00

Amount Paid: \$ _____

Check No: _____

Customer No: 93-703927 Invoice No: 1792121545