

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

MONTH / YEAR:	OCTOBER
PWSID#:	NC 157155
COUNTY:	Macon
WATER SYSTEM NAME:	El Shaddai
DIST WSF ID:	E01
DISTRIBUTION SYSTEM CLASS:	(A,B,C or D)
# OF SERVICE CONNECTIONS:	53
ORC NAME:	John Miller
ORC SIGNATURE / DATE:	
CERTIFICATION:	B-Well
CERTIFICATE NUMBER:	30389

Sample Number	Collection Date	Location Code	Sample Address	MRT Site Residual Disinfectant
				Free Chlorine (mg/L)
(1)	(2)	(3)	(4)	(5)
1	Mon, 10/1/18	17P		0.30
2	Thu, 10/4/18	10F		1.00
3		01F		0.90
4	Tue, 10/9/18	05P		0.80
5	Thu, 10/11/18	13P		1.00
6		17P		0.90
7	Tue, 10/16/18	10F		1.10
8	Thu, 10/18/18	01F		0.90
9		05P		0.70
10	Tue, 10/23/18	13P		0.80
11	Thu, 10/25/18	17P		0.60
12		10F		0.50
13	Tue, 10/30/18	01F		1.00
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

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

Month : OCTOBER

Year : 2018

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

PUBLIC WATER SYSTEM NAME El 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	2,890,006	9,075	0.40					
2									
3									
4	12:00	2,896,646	6,640	1.10					
5									
6									
7									
8									
9	12:00	2,906,194	9,548	0.90					
10									
11	12:00	2,911,212	5,018	1.20					
12									
13									
14									
15									
16	12:00	2,920,671	9,459	1.20					
17									
18	12:00	2,925,929	5,258	1.00					
19									
20									
21									
22									
23	12:00	2,934,907	8,978	0.90					
24									
25	12:00	2,940,754	5,847	0.70					
26									
27									
28									
29									
30	12:00	2,950,239	9,485	1.00					
31									

MONTHLY WATER TREATED (see instructions)

TOTAL: 0.069308 (MG)

DAILY MAXIMUM: 2235.741935 (gallons)

TOTAL BACKWASH WATER: _____ (gallons)

COMMENTS: _____

CHEMICALS APPLIED:

Chemical Name : Sodium Hypochlorite Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

Chemical Name : _____ Chemical Name : _____

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: 11/12/18

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 011-57-155 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: 77P Tap Location: outside faucet Street Address: 99 Maplewood Dr City: Toplen
 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: 10/01/18 TIME: 11:00 AM

Mail Results to (water system representative):
MILLER WELL DRILLING
PO BOX 567
HAYESVILLE, NC 28904
Phone #:
Fax #:
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: 12.5% Sodium hypochlorite
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): 1.0 mg/L

Laboratory ID Number: 37513 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	9223B	RTCR/GWR		X	
3014	E. coli	9223B	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: 10/01/18 TIME: 01:00 PM (Date as: m/m/dd/yy)
Analyses Completed — DATE: 10/02/18 TIME: 01:00 PM (Time as: h:mm am/pm)

Laboratory Log Number: 005747 Certified By: Julie Peterson Julie Peterson
(Print and sign name)

COMMENTS:
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