

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

MONTH / YEAR:	NOVEMBER
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	Thu, 11/1/18	17P		1.00
2		10F		0.90
3	Mon, 11/5/18	01F		1.20
4	Thu, 11/8/18	05P		0.90
5		13P		0.70
6	Tue, 11/13/18	17P		1.10
7	Thu, 11/15/18	10F		1.00
8		01F		0.90
9	Tue, 11/20/18	05P		0.80
10	Thu, 11/22/18	13P		1.20
11		17P		1.10
12	Tue, 11/27/18	10F		1.00
13	Thu, 11/29/18	01F		1.10
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

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

Month: NOVEMBER

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

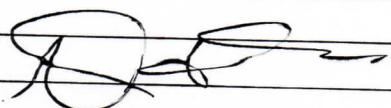
TREATMENT WSF ID: EO1

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	2,958,698	8,459	1.10					
2									
3									
4									
5	12:00	2,968,903	10,205	1.30					
6									
7									
8	12:00	2,970,557	1,654	1.00					
9									
10									
11									
12									
13	12:00	2,976,149	5,592	1.20					
14									
15	12:00	2,977,990	1,841	1.10					
16									
17									
18									
19									
20	12:00	2,984,165	6,175	0.90					
21									
22	12:00	2,986,140	1,975	1.30					
23									
24									
25									
26									
27	12:00	2,992,070	5,930	1.10					
28									
29	12:00	2,993,555	1,485	1.20					
30									
31									

MONTHLY WATER TREATED (see instructions)
TOTAL: 0.043316 (MG)
DAILY MAXIMUM: 1397.290323 (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: 12/5/18

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 01-57-155 County: Macon
Name of Water System: El Shaddai 2+3 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: 13P Tap Location: outside faucet Street Address: 266 Lake Vista Circle City: Topton
 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: SEDN DUMPSER DATE: 11/05/18 TIME: 11:45 AM

Mail Results to (water system representative):
MILLER WELL DRILLING
P.O. BOX 367
HAYESVILLE, NC 28904
Phone #: 828 837 2997
Fax #: 828 835 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: 12.9% hypochlorite
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): 1.3 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		<input checked="" type="checkbox"/>	
3014	E. coli	9223B	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

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

Analyses Begun — DATE: 11/05/18 TIME: 01:00 PM (Date as: mm/dd/yy)
Analyses Completed — DATE: 11/06/18 TIME: 01:00 PM (Time as: h:mm am/pm)

Laboratory Log Number: 0160 Certified By: Julie Peterson
(Print and sign name)

COMMENTS: