MATHEWS WATER TREATMENT

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC [ ][ ] - [ ][ ] - [ ][ ][ ] **County:** Franklin

Name of Water System: 108 Lake View Drive **System Type:** Private **Water Source:** TCR

[ ] **Distribution System — Total Coliform Rule (TCR)**

Sample Type: [ ] Routine (RT) [ ] Repeat (RP) [x] Special / Non-compliance (SP)

OR

Facility ID: D 0 1 **Location Code:** 0 0 1 **Location Where Collected:** Spigot

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 (TG) *

* for systems with a population ≤ 1,000

Facility ID: [ ][ ][ ] **Sample Point:** [ ][ ][ ]

Collected – **BY:** Water Wizards **DATE:** 0 9 : 0 4 / 2 4 **TIME:** 0 1 : 5 0 : p m

Mail Results to (water system representative):

Dale Mathews
3191 Gela Road
Oxford, NC 27565

Phone #: 9 1 9 6 9 1 1 3 0 4

Fax #: 9 1 9 ## 6 9 3 3 0 4 2

Responsible Person's email:

mmwaterservices@yahoo.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: n/a

Total Chlorine Residual (chloramines): [ ][ ][ ][ ] mg/L

Free Chlorine Residual (chlorine):

Laboratory ID Number: 3 7 9 0 3 [ ] **Repeat Samples Required from Client** [ ] **Resample Required from Client**

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS		Invalid Code
				Present	Absent	
3100	Total Coliform	Colitag 3100	TCR / GWR		x	
3014	*E. coli*	Colitag 3014	TCR / GWR		x	
3002	Enterococci		GWR			
3028	Coliphage		GWR			
3013	Fecal Coliform		TCR			
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]

[1]If fecal, *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: 0 9 / 0 4 / 2 4 **TIME:** 0 3 : 0 7 : p m (Date as: mm/dd/yy)

Analyses Completed — DATE: 0 9 / 0 5 / 2 4 **TIME:** 0 1 : 5 2 : p m (Time as: h:mm am/pm)

Laboratory Log Number: 11732- 108 Lakeview Drtive

COMMENTS:

Meritech, Inc.

Environmental Laboratory

Laboratory Certification No. 165

Contact: Dale Mathews
Client: M & M Water
3191 Gela D
Oxford, NC 27565

Report Date: 9/9/2024

Date Sample Rcvd: 9/5/2024

Meritech Work Order # 090524106 Sample: 108 Lake View Dr. 9/4/24

Parameters	Result	Analysis Date	Regulatory Limit	Method
Nitrate, Nitrogen	0.66 mg/L	9/6/24	10.0 mg/L	EPA 353.2
Nitrite, Nitrogen	<0.10 mg/L	9/6/24	1.0 mg/L	EPA 353.2
Lead, total	<0.0005 mg/L	9/6/24	0.015 mg/L	EPA 200.8

I hereby certify that I have reviewed and approve these data.

Amanda Hancock
Laboratory Representative

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