



James & James Environmental Management, Inc.

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BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC 0 1 - 8 1 - 1 0 7 County: RUTHERFORD
Name of Water System: CHIMNEY ROCK VILLAGE System Type: A 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 CRF Tap Location BATHROOM Street Address 109 TERRACE DRIVE City CHIMNEY ROCK
 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: J. TURNER DATE: 1 0 / 1 8 / 2 4 TIME: 1 8 : 1 0 , P M

Mail Results to (water system representative):
CHIMNEY ROCK VILLAGE
PO BOX 300 ATTN: MAYOR PETER O'LEARY
CHIMNEY ROCK, NC 28720
Phone #: 8 2 8 6 2 5 2 4 7 9
Fax #:
Responsible Person's email:
BUBBAOLEARYS@BELLSOUTH.NET

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: CHLORINE
Total Chlorine Residual (chloramines): mg/L
Free Chlorine Residual (chlorine): 0.76 mg/L

Laboratory ID Number: 3 7 9 1 4 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	<i>E. coli</i>		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: 1 0 / 1 9 / 2 4 TIME: 0 9 : 0 0 , A M (Date as: mm/dd/yy)
Analyses Completed — DATE: 1 0 / 2 0 / 2 4 TIME: 1 2 : 1 5 , P M (Time as: h:mm am/pm)

Laboratory Log Number: J1824E Certified By: JUANITA JAMES
(Print and sign name)

COMMENTS: