Earth Environmental Services
Murphy, NC

PO BOX 1410
ANDREWS, NC 28901
LAB: 828-360-3966
MOBILE: 828-360-6402

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC 10 - 20 - 016 **County:** Cherokee

Name of Water System: Deer Ridge At Pardise Cove Well 1 **System Type:** NP **Water Source:** GW

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

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

Facility ID: D01 **Location Code:** 081 **Location Where Collected:** 81 Confederate Circle - Bathroom

Sample Point: [ ] Routine Original (RTOR) [ ] Repeat-Original Tap (RPOR) [ ] Repeat-Upstream (RPUP) [ ] Repeat-Downstream (RPDN)

OR

[ ] **Source Water — Ground Water Rule (GWR)**

Sample Type: [ ] Triggered (RT) [ ] Additional/Confirmation (CO) [ ] Assessment (RT) [ ] Triggered/Distribution Repeat (RPOT) *

* for systems with a population ≤ 1,000

Facility ID: **Sample Point:**

Collected – BY: Sherry Kimsey **DATE:** 7 / 14 / 25 **TIME:** 12 : 40 , P M

Mail Results to (water system representative):

Deer Ridge/Kevin Powers

Phone #: 847 - 877 - 8901

Fax #: - -

Responsible Person's email:

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:

Total Chlorine Residual (chloramines): mg/L

Free Chlorine Residual (chlorine): mg/L

Laboratory ID Number: 37760 [ ] Repeat Samples Required from Client [ ] Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS Present [1,2]	RESULTS Absent	Invalid Code
3100	Total Coliform	COLISURE	TCR		X	
3014	*E. coli*	COLISURE	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 fax results to the State on day test completed. [2]If total coliform bacteria is present, lab must fax results to the State within 24 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: 07 / 14 / 25 **TIME:** 04 : 31 , P M (Date as: mm/dd/yy)

Analyses Completed — DATE: 07 / 15 / 25 **TIME:** 04 : 31 , P M (Time as: h:mm am/pm)

Laboratory Log Number: 25458 **Certified By:** Mark C. Bentley (Print and sign name)

COMMENTS:

2009

Laboratory should mail results to:
Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax #: (919) 715-6637

Earth Environmental Services
Murphy, NC

PO BOX 1410
ANDREWS, NC 28901
LAB: 828-360-3966
MOBILE: 828-360-6402

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC 10 - 20 - 017 **County:** Cherokee

Name of Water System: Deer Ridge At Pardise Cove Well 2 **System Type:** NP **Water Source:** GW

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

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

OR

Facility ID: D01 **Location Code:** 265 **Location Where Collected:** 265 Confederate Circle - Sink

Sample Point: [ ] Routine Original (RTOR) [ ] Repeat-Original Tap (RPOR) [ ] Repeat-Upstream (RPUP) [ ] Repeat-Downstream (RPDN)

[ ] **Source Water — Ground Water Rule (GWR)**

Sample Type: [ ] Triggered (RT) [ ] Additional/Confirmation (CO) [ ] Assessment (RT) [ ] Triggered/Distribution Repeat (RPOT) *

* for systems with a population ≤ 1,000

Facility ID: **Sample Point:**

Collected – BY: Sherry Kimsey **DATE:** 7 / 14 / 25 **TIME:** 12 : 52 , P M

Mail Results to (water system representative):

Deer Ridge/Kevin Powers

Phone #: 847 - 877 - 8901

Fax #: - -

Responsible Person's email:

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:

Total Chlorine Residual (chloramines): mg/L

Free Chlorine Residual (chlorine): mg/L

Laboratory ID Number: 37760 [ ] Repeat Samples Required from Client [ ] Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS Present [1,2]	RESULTS Absent	Invalid Code
3100	Total Coliform	COLISURE	TCR		X	
3014	*E. coli*	COLISURE	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 fax results to the State on day test completed. [2]If total coliform bacteria is present, lab must fax results to the State within 24 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: 07 / 14 / 25 **TIME:** 04 : 31 , P M (Date as: mm/dd/yy)

Analyses Completed — DATE: 07 / 15 / 25 **TIME:** 04 : 31 , P M (Time as: h:mm am/pm)

Laboratory Log Number: 25459 **Certified By:** Mark C. Bentley (Print and sign name)

COMMENTS:

2009

Laboratory should mail results to:
Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax #: (919) 715-6637

Earth Environmental Services
Murphy, NC

PO BOX 1410
ANDREWS, NC 28901
LAB: 828-360-3966
MOBILE: 828-360-6402

BACTERIOLOGICAL ANALYSIS

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

Water System Number: NC 10 - 20 - 018 **County:** Cherokee

Name of Water System: Deer Ridge At Pardise Cove Well 3 **System Type:** NP **Water Source:** GW

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

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

— OR —

Facility ID: D01 **Location Code:** 215 **Location Where Collected:** 215 Confederate Circle - Tap

Sample Point: [ ] Routine Original (RTOR) [ ] Repeat-Original Tap (RPOR) [ ] Repeat-Upstream (RPUP) [ ] Repeat-Downstream (RPDN)

[ ] **Source Water — Ground Water Rule (GWR)**

Sample Type: [ ] Triggered (RT) [ ] Additional/Confirmation (CO) [ ] Assessment (RT) [ ] Triggered/Distribution Repeat (RPOT) *

Facility ID: **Sample Point:** * for systems with a population ≤ 1,000

Collected – BY: Sherry Kimsey **DATE:** 7 / 14 / 25 **TIME:** 01 : 01 , P M

Mail Results to (water system representative):

Deer Ridge/Kevin Powers

Phone #: 847 - 877 - 8901

Fax #: - -

Responsible Person's email:

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:

Total Chlorine Residual (chloramines): mg/L

Free Chlorine Residual (chlorine): mg/L

Laboratory ID Number: 37760 [ ] Repeat Samples Required from Client [ ] Resample Required from Client

CONTAM CODE	CONTAMINANT	METHOD CODE	RULE	RESULTS Present [1,2]	RESULTS Absent	Invalid Code
3100	Total Coliform	COLISURE	TCR		X	
3014	*E. coli*	COLISURE	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 fax results to the State on day test completed. [2]If total coliform bacteria is present, lab must fax results to the State within 24 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: 07 / 14 / 25 **TIME:** 04 : 31 , P M (Date as: mm/dd/yy)

Analyses Completed — DATE: 07 / 15 / 25 **TIME:** 04 : 31 , P M (Time as: h:mm am/pm)

Laboratory Log Number: 25460 **Certified By:** Mark C. Bentley (Print and sign name)

COMMENTS:

2009

Laboratory should mail results to:
Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax #: (919) 715-6637