

P.O. Box 954, Cullowhee, NC 28723
50 West Sylva Shopping Center
Sylva, North Carolina 28779



Phone: (828) 586-5588
Fax: (828) 586-0800
Environmental@nc.gov

LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____ County: _____

Name of Water System: BLUE RIDGE SCHOOL

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: WELLS ENTRY

Facility ID No. (Distribution): D 0 1

Sample Point: LCR

Collection Date

Collection Time

Location Code: _____

08/15/17

1:40 P M

Collected By: MARK TEAGUE

(MM/DD/YY)

(Specify AM or PM)

(Please Print)

Mail Results to (water system representative):

Phone #: () _____

Fax #: () _____

Responsible Person's email: _____

LABORATORY ID #: 37754

SAMPLE UNSATISFACTORY

RESAMPLE REQUIRED

| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIRED REPORTING LIMIT (R.R.L.) | NOT DETECTED (ie < R.R.L.) (X) | QUANTIFIED RESULT | ACTION LEVEL |
|-------------|-------------|----------------------------|-----------------------------------|-------------------------------------|-------------------|--------------|
| 1022 | Copper | SM 3111 B 18 th | 0.050 mg/L | <input checked="" type="checkbox"/> | _____ mg/L | 1.300 mg/L |
| 1030 | Lead | SM 3113 B 18 th | 0.003 mg/L | <input checked="" type="checkbox"/> | _____ mg/L | 0.015 mg/L |

* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

DATE:

TIME:

ANALYSES BEGUN:

08/22/17

5:49 P M

(Specify AM or PM)

ANALYSES COMPLETED:

08/23/17

5:38 P M

(Specify AM or PM)

Laboratory Log #: M7547

Certified By: Anthony Tirona
(Print and sign name)

Anthony Tirona

COMMENTS: _____

2008

Laboratory should Mail Results to:
Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax: 919.715.6637

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LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____ County: _____

Name of Water System: BLUE RIDGE SCHOOL

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: TOWER

Facility ID No. (Distribution): D01

Sample Point: LCR

Location Code: _____

Collected By: MARK TEAGUE
(Please Print)

Collection Date: 08/18/17
(MM/DD/YY)

Collection Time: 1:50 P M
(Specify AM or PM)

Mail Results to (water system representative):

Phone #: (____) _____
 Fax #: (____) _____
 Responsible Person's email: _____

LABORATORY ID #: 37754 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIRED REPORTING LIMIT (R.R.L) | NOT DETECTED (i.e. < R.R.L) (X) | QUANTIFIED RESULTS* | ACTION LEVEL |
|-------------|-------------|----------------------------|----------------------------------|-------------------------------------|---------------------|--------------|
| 1022 | Copper | SM 3111 B 18 th | 0.050 mg/L | <input checked="" type="checkbox"/> | _____ mg/L | 1.300 mg/L |
| 1030 | Lead | SM 3113 B 18 th | 0.003 mg/L | <input checked="" type="checkbox"/> | _____ mg/L | 0.015 mg/L |

* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours

DATE: _____ TIME: _____

ANALYSES BEGUN: 08/22/17 5:49 P M
(MM/DD/YY) (Specify AM or PM)

ANALYSES COMPLETED: 08/23/17 5:38 P M
(MM/DD/YY) (Specify AM or PM)

Laboratory Log #: M7849 Certified By: Anthony Tirona
(Print and sign name)

COMMENTS: _____

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LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____ County: _____

Name of Water System: BLUE RIDGE SCHOOL

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: KITCHEN

Facility ID No. (Distribution): D01

Sample Point: LCR

Location Code: _____

Collected By: MARK TEAGUE
(Please Print)

Collection Date

08/18/17
(MM/DD/YY)

Collection Time

2:50 P M
(Specify AM or PM)

Mail Results to (water system representative):

Phone #: () _____

Fax #: () _____

Responsible Person's email: _____

LABORATORY ID #: 37754 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIRED REPORTING LIMIT (R.R.L.) | NOT DETECTED (i.e. < R.R.L.) (X) | QUANTIFIED RESULTS* | ACTION LEVEL |
|-------------|-------------|----------------------------|-----------------------------------|----------------------------------|---------------------|--------------|
| 1022 | Copper | SM 3111 B 18 th | 0.050 mg/L | X | | 1.00 mg/L |
| 1030 | Lead | SM 3113 B 18 th | 0.003 mg/L | X | | 0.015 mg/L |

* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

DATE: _____ TIME: _____
 ANALYSES BEGUN: 08/22/17 5:49 P M
(MM/DD/YY) (Specify AM or PM)
 ANALYSES COMPLETED: 08/23/17 5:38 P M
(MM/DD/YY) (Specify AM or PM)

Laboratory Log #: M7848

Certified By: Anthony Tirona
(Print and sign name)

COMMENTS: _____

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LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

*Note: All information must be supplied for compliance credit

WATER SYSTEM ID #: _____ County: _____

Name of Water System: SMOKEY MTN ELEM

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: WELL

Facility ID No. (Distribution): D01

Sample Point: LCR

Location Code: _____

Collected By: MARK TERRELL
(Please Print)

Collection Date

08/18/17
(MM/DD/YY)

Collection Time

11:50 AM
(Specify AM or PM)

Mail Results to (water system representative):

Phone #: () _____

Fax #: () _____

Responsible Person's email: _____

LABORATORY ID #: 37754 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIRED REPORTING LIMIT (R.R.L) | mg/L | NOT DETECTED (i.e. <R.R.L) (X) | QUANTIFIED RESULTS* | mg/L | ACTION LEVEL | mg/L |
|-------------|-------------|----------------------------|----------------------------------|------|-------------------------------------|---------------------|------|--------------|------|
| 1022 | Copper | SM 3111 B 18 th | 0.050 | mg/L | <input checked="" type="checkbox"/> | _____ | mg/L | 1.300 | mg/L |
| 1030 | Lead | SM 3113 B 18 th | 0.003 | mg/L | <input checked="" type="checkbox"/> | _____ | mg/L | 0.015 | mg/L |

* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours

ANALYSES BEGUN:
DATE: 08/22/17
(MM/DD/YY)
TIME: 5:49 P M
(Specify AM or PM)

ANALYSES COMPLETED:
DATE: 08/23/17
(MM/DD/YY)
TIME: 5:35 P M
(Specify AM or PM)

Laboratory Log #: M7650 Certified By: Anthony Tirona
(Print and sign name)

COMMENTS: _____

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LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____ County: _____

Name of Water System: SMOKEY Mtn Elem

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: TOWER

Facility ID No. (Distribution): D01

Sample Point: LCR

Location Code: _____

Collected By: MARK TEAGUE
(Please Print)

Collection Date: 08/18/17
(MM/DD/YY)

Collection Time: 11:55 AM
(Specify AM or PM)

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email: _____

LABORATORY ID #: 37754 SAMPLE UNSATISFACTORY RESAMPLE REQUIRED

| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIRED REPORTING LIMIT (R.R.L) | NOT DETECTED (i.e. < R.R.L) (X) | QUANTIFIED RESULTS* | ACTION LEVEL |
|-------------|-------------|----------------------------|----------------------------------|-------------------------------------|---------------------|--------------|
| 1022 | Copper | SM 3111 B 18 th | 0.050 mg/L | <input type="checkbox"/> | <u>0.07</u> mg/L | 1.300 mg/L |
| 1030 | Lead | SM 3113 B 18 th | 0.003 mg/L | <input checked="" type="checkbox"/> | _____ mg/L | 0.015 mg/L |

* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

ANALYSES BEGUN: DATE: 08/22/17 TIME: 5:49 PM
(MM/DD/YY)

ANALYSES COMPLETED: DATE: 08/23/17 TIME: 5:35 PM
(MM/DD/YY)

Laboratory Log #: M7852 Certified By: Anthony Tirona
(Print and sign name)

COMMENTS: _____

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LEAD AND COPPER - DISTRIBUTION SYSTEM - ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM ID #: _____ County: _____

Name of Water System: SMOKEY Mtn KLEM

Sample Type: Routine Distribution Special/Non-compliance

Sample Site Type: Tier 1 Tier 2 Tier 3 Other

Location Where Collected: KITCHEN

Facility ID No. (Distribution): D01

Sample Point: LCR

Location Code: _____

Collected By: _____

(Please Print)

Collection Date

08/18/17

(MM/DD/YY)

Collection Time

12:05, P M

(Specify AM or PM)

Mail Results to (water system representative):

Phone #: (____) _____

Fax #: (____) _____

Responsible Person's email: _____

LABORATORY ID #: 37754

SAMPLE UNSATISFACTORY

RESAMPLE REQUIRED

| CONTAM CODE | CONTAMINANT | METHOD CODE | REQUIRED REPORTING LIMIT (R.R.L) | NOT DETECTED (i.e. < R.R.L) (X) | QUANTIFIED RESULTS* | ACTION LEVEL |
|-------------|-------------|----------------------------|----------------------------------|-------------------------------------|---------------------|--------------|
| 1022 | Copper | SM 3111 B 18 th | 0.050 mg/L | <input type="checkbox"/> | <u>0.08</u> mg/L | 1.300 mg/L |
| 1030 | Lead | SM 3113 B 18 th | 0.003 mg/L | <input checked="" type="checkbox"/> | _____ mg/L | 0.015 mg/L |

* Note: If result exceeds action level, the laboratory must fax analytical results to the State within 48 hours.

ANALYSES BEGUN: DATE: 08/22/17 TIME: 5:49, P M
(MM/DD/YY) (Specify AM or PM)

ANALYSES COMPLETED: 08/23/17 TIME: 5:38, P M
(MM/DD/YY) (Specify AM or PM)

Laboratory Log #: M7551

Certified By: Anthony Tirona
(Print and sign name)

COMMENTS: _____