

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

MONTH / YEAR:	June / 2024	
PWSID#:	NC 04-27-103	
COUNTY:	Currituck	
WATER SYSTEM NAME:	Carolina Village	
DIST WSF ID:	D01	
DISTRIBUTION SYSTEM CLASS:	B	A, B, C, D
# OF SERVICE CONNECTIONS:	120	
ORC NAME:	David Pharr	
ORC SIGNATURE / DATE:		
CERTIFICATION:	A DISTRIBUTION	
CERTIFICATE NUMBER:	975486	

OFFICIAL COPY

Jul 09 2024

Sample Number	Collection Date	Location Code	Sample Address	MRT Site Residual Disinfectant	PO4	IRON	MANGANESE
				Free Chlorine (mg/L)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	Tue, 6/4/24	008	Office	0.26			
2		016	107 Moon Circle	0.19			
3		020	103 Ratcliff	0.15			
4							
5	Tue, 6/11/24	008	Office	0.28			
6		016	107 Moon Circle	0.16			
7		020	103 Ratcliff	0.19			
8							
9	Sun, 6/16/24	008	Office	0.23			
10		016	107 Moon Circle	0.18			
11		020	103 Ratcliff	0.14			
12							
13	Fri, 6/21/24	008	Office	0.36			
14		016	107 Moon Circle	0.21			
15		020	103 Ratcliff	0.19			
16							
17	Fri, 6/28/24	008	Office	0.36			
18		016	107 Moon Circle	0.24			
19		020	103 Ratcliff	0.18			
20							
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*Comments: _____
DENR 33147A (10/2010)

Purpose: To report results of distribution facility monitoring for a system with ground water or purchased water sources disinfected with chlorine.

Preparation: This report shall be completed each month, signed by the operator in responsible charge (ORC) and submitted to the Public Water Supply Section by the tenth (10th) day of the following month.

Distribution: One copy must be sent to the appropriate regional office (see below).

One copy must be filed at the water system

Instructions for Completing the Form: At the top of the form in the appropriate spaces, fill in the month and year, public water system identification number (PWSID), name of the county in which the water system is located, name of the water system, distribution system classification [see 15A NCAC 18D .0205], number of service connections, ORC name, ORC signature and date form was completed, ORC certification, and ORC certificate number.

Column (1) The number of samples taken is shown in this column. Each row contains the results of one sample.

Column (2) Record the date of each sample taken.

Columns (3) & (4) Record the unique three-digit location code, as specified on the bacteriological sample siting plan, that identifies the site used for the sample collection in column (3). Record the sample site address in column (4).

Column (5) Record the residual disinfectant concentration measured at the MRT site or other location of high water age. The residual disinfectant concentration measured should be reported as free chlorine.

*Any unusual issues or problems should be reported in the "Comments" section and/or contact the appropriate Regional Office.

Copies of this form may be obtained via the Public Water Supply Section web site at <http://www.deh.enr.state.nc.us/pws/index.htm> or from the following Public Water Supply Section locations:

Asheville Regional Office	20140 U.S. Highway 70, Swannanoa, NC 28778	Phone: (828) 2146-4500
Fayetteville Regional Office	285 Green Street, Suite 714, Fayetteville, NC 28301	Phone: (410) 433-3300
Mooresville Regional Office	610 East Center Avenue, Suite 301, Mooresville, NC 28125	Phone: (704) 663-211414
Raleigh Regional Office	3800 Barrett Drive, Raleigh, NC 276014	Phone: (41114) 7141-4200
Washington Regional Office	1443 Washington Square Mall, Washington, NC 278814	Phone: (252) 1446-6481
Wilmington Regional Office	127 Cardinal Drive Extension, Wilmington, NC 28405-3845	Phone: (410) 7146-7215
Winston-Salem Regional Office	585 Waughtown Street, Winston-Salem, NC 27107-2841	Phone: (336) 771-5000