

**PREPARED BY AND
RETURN TO:**
Attn: Chelsi Hill
SHAPIRO PENDERGAST & HASTY, LLP
211 Perimeter Center Parkway, N.E.
Suite 300
Atlanta, GA 30346
770-220-2535
Tax ID# 019-115

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DATE: 11/13/2018
TIME: 2:24 PM
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PAGE: 00484 - 00485
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PARTICIPANT ID: 6646558108
CLERK: David C Wall
HABERSHAM County, GA

LIMITED WARRANTY DEED

STATE OF Michigan
COUNTY OF Washtenaw

SPH NO.18-069560

THIS INDENTURE, between Quicken Loans Inc., whose address is 1050 Woodward Avenue, Detroit, Michigan 48226 (hereinafter called Grantor); and FEDERAL HOME LOAN MORTGAGE CORPORATION, its successors and assigns, whose address is 2839 Paces Ferry Road, Ste. 700, Overlook 2 Bldg., Atlanta, Georgia 30339 (hereinafter called Grantee):

WITNESSETH: That the said Grantor, in consideration of the sum of TEN DOLLARS (\$10.00) and other valuable consideration, in hand paid at and before the sealing and delivery of these presents, the receipt of which is hereby acknowledged, hereby grants, bargains, sells and conveys unto the said Grantee, and unto his successors in such office, as such, and his or their assigns, the following described property, to wit:

Land situated in the County of Habersham in the State of GA.
ALL THAT TRACT OR PARCEL OF LAND LYING AND BEING IN LAND LOT 81 OF THE 3RD LAND DISTRICT OF HABERSHAM COUNTY, GEORGIA, BEING DESIGNATED AS LOT 4 AND LOT 4-A, OF WINDING CREEK SUBDIVISION, PHASE ONE, SUBDIVISION, CONTAINING 3.77 ACRES, MORE OR LESS, BEING SHOWN ON PLAT OF SURVEY PREPARED BY SCOTT STROUD GRLS, DATED MARCH 15, 2016 AND RECORDED IN PLAT BOOK 67, PAGE 149, OF THE HABERSHAM COUNTY, GEORGIA PLAT RECORDS. SAID PLAT IS INCORPORATED HEREIN BY REFERENCE FOR A MORE COMPLETE DESCRIPTION.

TOGETHER WITH A NON-EXCLUSIVE EASEMENT FOR INGRESS AND EGRESS TO AND FROM THE ABOVE DESCRIBED PROPERTY VIA SWEETWATER DRIVE, ROCKY SPRINGS ROAD, WINDING CREEK LANE AND WINDING CREEK DRIVE AS SHOWN ON THE ABOVE REFERENCED. PLAT AND PLAT OF SUBDIVISION RECORDED IN PLAT BOOK 21, PAGE 303

NOTE: The Company is prohibited from insuring the area or quantity of the land. The Company does not represent that any acreage or footage calculations are correct. References to quantity are for identification purposes only.

**Commonly known as; 368 Winding Creek Lane, Clarkesville GA 30523-2882
THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER USED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES**

Said property is known as 368 Winding Creek Lane, Clarkesville, GA 30523, together with all fixtures and personal property attached to and constituting a part of said property, if any.

SPH #: 18-069560 / Jeffery Lee Joslin

This conveyance is subject to any outstanding ad valorem taxes (including taxes which are a lien, but not yet due and payable), any matters which might be disclosed by an accurate survey and inspection of the property, any assessments, liens, encumbrances, zoning ordinances, easements, restrictions, covenants, and matters of record superior to the Security Deed.

All rights of Grantor under the Security Deed and the judgment, if any, confirming and approving foreclosure sale of the above property are transferred by this conveyance.

Grantor also assigns and transfers to Grantee herein all of Grantor's claims and notes, and the judgment, if any, thereon representing the indebtedness heretofore secured by liens on the property hereinabove described.

TO HAVE AND TO HOLD the herein granted and transferred property, together with all and singular the rights, members and appurtenances thereof, to the same being, belonging, or any wise appertaining, to the only proper use, benefit, and behoof of the said Grantee, and his successor in such office, as such forever, IN FEE SIMPLE.

Grantor will warrant and forever defend the right and title to the above described property unto the said Grantee, and his successors and assigns, against the lawful claims of all persons claiming or to claim the same or any part thereof, by, through or under Grantor

IN WITNESS WHEREOF, the Grantor has caused this deed to be executed by its duly authorized officers this 6 day of November, 2018.

Quicken Loans Inc.

By: *Samantha Miller*

Print Name: Samantha Miller

Title: Loss Mitigation Officer

By: *Madonna Kalanquin*

Print Name: Madonna Kalanquin

Title: Loss Mitigation Officer

(CORPORATE SEAL)

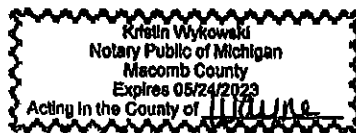
Signed, sealed and delivered in the presence of:

Julie Pawelczyk
Julie Pawelczyk
Loss Mitigation Officer

Witness

Kristin Wykowski
Notary Public

My Commission Expires: 5/24/23



(Notary Seal)

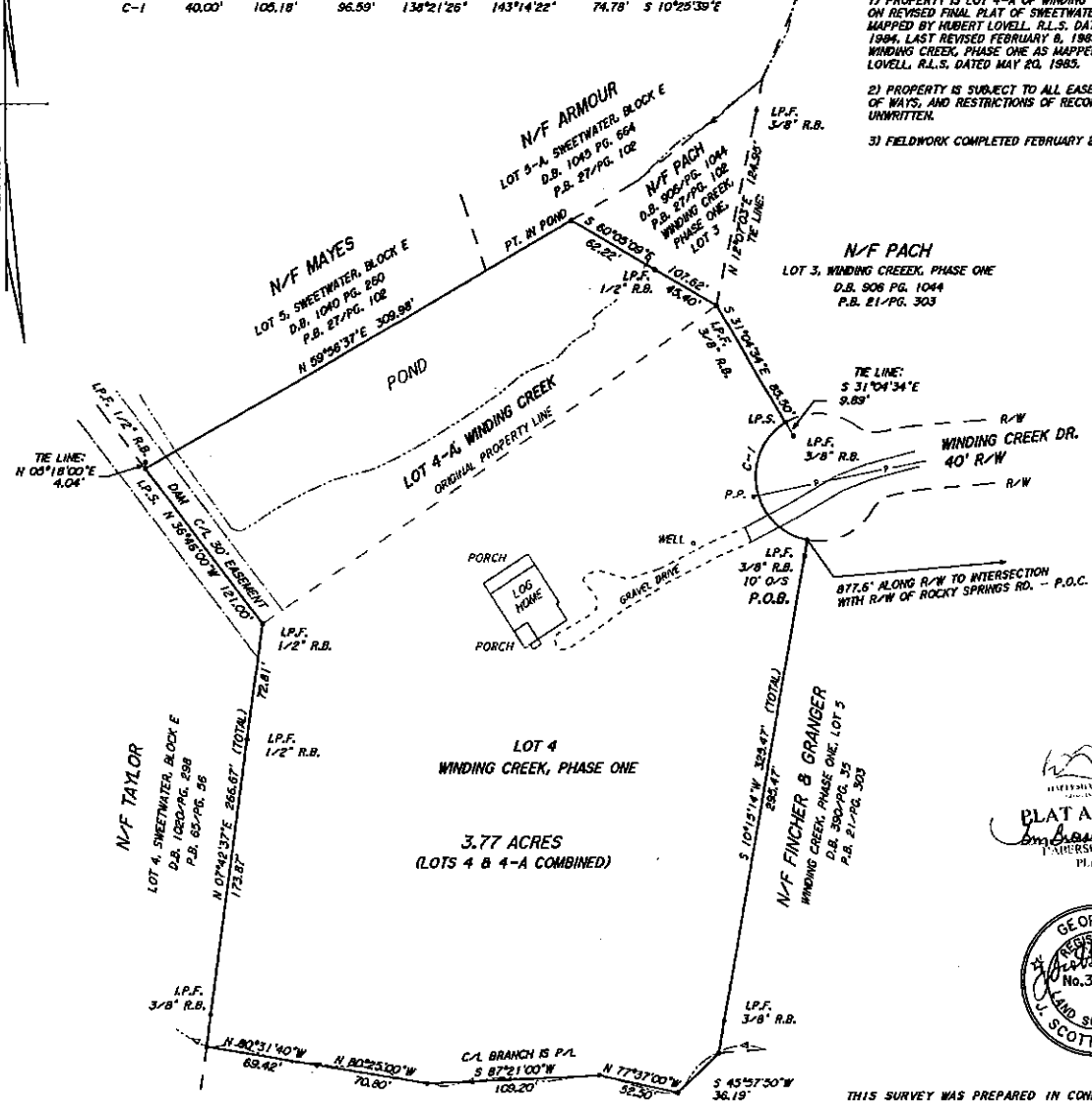
SPH #: 18-069560 / Jeffery Lee Joslin

N
BEARING BASIS
P.B. 21 PG. 303

CURVE	RADIUS	TANGENT	LENGTH	DELTA	DEGREE	CHORD	CHLBEARING
C-1	40.00'	105.18'	96.59'	134°21'26"	143°14'22"	74.78'	S 10°25'39"E

NOTES:

- 1) PROPERTY IS LOT 4-A OF WINDING CREEK AS SHOWN ON REVISED FINAL PLAT OF SWEETWATER, BLOCK E AS MAPPED BY HUBERT LOVELL, R.L.S. DATED JUNE 27, 1994, LAST REVISED FEBRUARY 8, 1989 AND LOT 4 OF WINDING CREEK, PHASE ONE AS MAPPED BY HUBERT LOVELL, R.L.S. DATED MAY 20, 1985.
- 2) PROPERTY IS SUBJECT TO ALL EASEMENTS, RIGHTS OF WAYS, AND RESTRICTIONS OF RECORD, WRITTEN AND UNWRITTEN.
- 3) FIELDWORK COMPLETED FEBRUARY 22, 2016.



FILED & RECORDED
DATE: 03/21/2016
TIME: 12:55pm
BOOK: 67
PAGE: 149
HABERSHAM COUNTY, GEORGIA
DAVID WALL SUPERIOR COURT CLERK



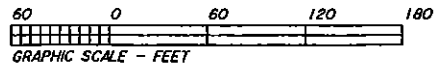
THIS SURVEY WAS PREPARED IN CONFORMITY WITH THE TECHNICAL STANDARDS FOR PROPERTY SURVEYS IN GEORGIA AS SET FORTH IN CHAPTER 180-7 OF THE RULES OF THE GEORGIA BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS AND LAND SURVEYORS AND AS SET FORTH IN THE GEORGIA PLAT ACT O.C.G.A. 15-6-87.

LOT COMBINATION SURVEY

LOT 4-A, WINDING CREEK & LOT 4, WINDING CREEK, PHASE ONE
D.B. 688/PG. 927, D.B. 652/PG. 682
P.B. 21/PG. 303, P.B. 21/PG. 102

THE FIELD DATA UPON WHICH THIS PLAT IS BASED WAS COLLECTED FROM AN OPEN-ENDED TRAVERSE AND WAS NOT ADJUSTED.

THIS MAP OR PLAT HAS BEEN CALCULATED FOR CLOSURE AND WAS FOUND TO BE ACCURATE TO WITHIN ONE FOOT IN 465,446 FEET.



SURVEYORS:
LOVELL, STROUD AND ASSOCIATES, LLC
P.O. BOX 906
CLARKESVILLE, GA. 30523
R.L.S. #1593, #3094
CERTIFICATE OF AUTHORIZATION NUMBER - LSF 000298
TELEPHONE - (706) 754-9422
FAX - (706) 754-7168
EMAIL ADDRESS - ldmh1@windsirreem.net

MAP PREPARED FOR
LISA CAROL YOUNG
HABERSHAM COUNTY
GEORGIA

DATE: MARCH 15, 2016
REVISED:
LAND LOT: #1
DISTRICT: JRD
COUNTY OF HABERSHAM
FILE # 53621 YP
FIELD BOOK # 575
INSTRUMENTS USED:
TOPCON GTS-211D
SCALE - 1" = 60'
SYMBOLS:
O.T.P. = OPEN TOP PIPE
I.P.F. = IRON PIN FOUND
I.P.S. = IRON PIN SET
(5/8" RE-BAR)
C.M. = CONCRETE MONUMENT



Total REO, LLC

118 Scogin Road
Colbert, Ga 30628
(706)255-2497
License #BT-0090425

11/19 /18

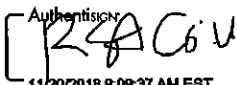
To Whom It May Concern,

A HVAC inspection was performed on the above date at **368 Winding Creek Lane, Clarkesville, Ga.**

Filters were changed and coil was cleaned. All is in good working order.

Exterior unit- RUUD model UPMD-036JAZ
Serial # 7045M290405733

Please feel free to call with any questions.

Authentisign

11/20/2018 9:09:37 AM EST
Sincerely,
Scott Coile
President
Total REO, LLC

OFFICIAL GEORGIA WOOD INFESTATION INSPECTION REPORT

COMPANY NAME MIKES PEST CONTROL LICENSE NO. 99831
ADDRESS 1876 MASSEY RD.---BOWMAN GA 30624
TELEPHONE NO. 706-255-4354 DATE OF ISSUANCE 10-19-2018
SELLER HOMESTEPS INSPECTOR MICHAEL LITTLE
FILE NO. FORT REALTY PURCHASER(S) UNKNOWN

SCOPE OF INSPECTION

AN INSPECTION OF THE BELOW LISTED STRUCTURE(S) WAS PERFORMED BY A QUALIFIED INSPECTOR EMPLOYED BY THIS FIRM TO DETERMINE THE PRESENCE OR PREVIOUS PRESENCE OF AN INFESTATION OF THE LISTED ORGANISMS AND IS NOT INTENDED TO BE A STRUCTURAL REPORT. NEITHER IS THIS A WARRANTY AS TO ABSENCE OF WOOD DESTROYING ORGANISMS. THIS REPORT IS SUBJECT TO ALL CONDITIONS ENUMERATED ON THE REVERSE SIDE AND IS ISSUED WITHOUT WARRANTY OR GUARANTEE EXCEPT AS PROVIDED IN RULE 820-6-.03 OF THE RULES OF THE GEORGIA STRUCTURAL PEST CONTROL ACT OR SUBJECT TO ANY TREATMENT GUARANTEE SPECIFIED BELOW.

MAIN STRUCTURE SINGLE FAMILY HOME
OTHER STRUCTURES (SPECIFY) N/A
ADDRESS OF STRUCTURE(S) 368 WINDING CREEK LN.---CLARKESVILLE GA 30523

FINDINGS

INSPECTION REVEALS VISIBLE EVIDENCE OF:	ACTIVE INFESTATION		PREVIOUS INFESTATION	
	YES	NO	YES	NO
SUBTERRANEAN TERMITES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
POWDER POST BEETLES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BORING BEETLES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRY WOOD TERMITES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD DECAYING FUNGUS (Not Molds and Mildews)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

WERE ANY AREAS OF THE STRUCTURE OBSTRUCTED OR INACCESSIBLE? YES NO
IF YES, LIST THESE AREAS (SEE ITEM 3 ON REVERSE SIDE OF FORM)

1. INSIDE ALL WALLS & VOID AREAS, UNDER FLOOR COVERINGS & BEHIND INSULATION.

THE FOLLOWING CONDITIONS CONDUCTIVE TO INFESTATION FOR WOOD DESTROYING ORGANISMS WERE FOUND AT THE TIME OF INSPECTION. THE LOCATION OF THESE CONDITIONS CONDUCTIVE TO INFESTATION ARE INDICATED ON THE ATTACHED DIAGRAM:

1. WOOD TO EARTH CONTACT ON FRONT DECK & BACK DECK COMPONENTS--POST/STEPS

REMARKS/ADDITIONAL FINDINGS:

NOTE: IF VISIBLE EVIDENCE OF ACTIVE OR PREVIOUS INFESTATION IS REPORTED IT SHOULD BE ASSUMED THAT SOME DEGREE OF DAMAGE IS PRESENT AND A DIAGRAM IDENTIFYING THE STRUCTURE(S) INSPECTED AND SHOWING THE LOCATION OF SUCH EVIDENCE MUST BE ATTACHED TO THIS FORM. EVALUATION OF DAMAGE AND ANY CORRECTIVE ACTION SHOULD BE PERFORMED BY A QUALIFIED INSPECTOR IN THE BUILDING TRADE APPROVED BY THE PURCHASER AND LENDING AGENCY.

TREATMENT

THE ABOVE DESCRIBED STRUCTURE(S) WAS TREATED BY THIS COMPANY AS FOLLOWS:

ORGANISM	TREATMENT DATE	CONTRACT EXPIRATION	TYPE TREATMENT (CHEMICAL BARRIER, BAIT, WOOD TREATMENT)
SUBTERRANEAN TERMITES	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
POWDER POST BEETLES	<u>N/A</u>	<u>N/A</u>	
WOOD BORING BEETLES	<u>N/A</u>	<u>N/A</u>	
DRY WOOD TERMITES	<u>N/A</u>	<u>N/A</u>	
WOOD DECAYING FUNGUS	<u>N/A</u>	<u>N/A</u>	

THE PRESENT TREATMENT WARRANTY(IES) IS:

- TRANSFERABLE TO ANY SUBSEQUENT OWNER OF THE PROPERTY UPON PAYMENT OF A FEE ON OR BEFORE THE EXPIRATION DATE.
- NOT TRANSFERABLE TO ANY SUBSEQUENT OWNER OF THE PROPERTY.
- THE ABOVE STRUCTURE(S) ARE NOT COVERED BY A TREATMENT CONTRACT WITH THIS COMPANY

THIS STRUCTURE HAS A CURRENT OFFICIAL WAIVER FORM ISSUED BY THIS COMPANY YES NO
IF YES, A COPY MUST BE ATTACHED AS PART OF THIS REPORT.

CERTIFICATION

THIS IS TO CERTIFY THAT NEITHER I NOR THE COMPANY HAS HAD OR CONTEMPLATES HAVING ANY INTEREST IN THE PROPERTY INVOLVED, NOR IS ACTING IN ANY ASSOCIATION WITH ANY PARTY TO THE TRANSACTION.

[Signature]
SIGNATURE OF DESIGNATED CERTIFIED OPERATOR
[Signature]
SIGNATURE OF PURCHASER OR LEGAL REPRESENTATIVE ACKNOWLEDGING RECEIPT OF REPORT

COPIES TO: PURCHASER _____ MORTGAGEE _____ REALTOR _____ SELLER _____

Revised 09/17- Replaces all previous editions

CONDITIONS GOVERNING THIS REPORT

1. This report is limited to the five organisms listed.
2. This report covers only those structures listed on the front.
3. Inspection, including sounding and/or probing, was performed in only those areas which were readily accessible. Inaccessible areas not inspected include, but are not limited to areas obstructed by, floor coverings, wall coverings, siding, fixed ceilings, insulation, furniture, appliances or other personal items. The inspection also included a check of company records to determine if the structure has been treated and/or under renewal contract with the company within the past two years for any of the covered organisms. A copy of any current Exemption Form II or Official Waiver form for this structure must be included as part of this report.
4. Reporting of Wood Destroying Fungi on this report is intended to cover only white rot, brown rot or water conducting fungal infestations which occur below the first floor level. This report does not cover the reporting of molds and mildews. Structural Pest Control companies are not responsible for inspecting for molds.
5. The term Wood Boring Beetles as used on the reverse side means only those beetles which are known to establish and maintain a continuing infestation in structures, such as, but not limited to the Old House Borer.
6. Regardless of whether any visible evidence of infestation by any of the listed Wood Destroying Organisms is found during inspection, if an infestation of one or more of these organisms in a which apparent freedom was certified is found within 90 days of issuance of this report the property shall receive, free of charge, a minimum adequate treatment for control of the infestation consistent with Rules 620-6-.03(1)(a), (b), (c), and (d), of the Georgia Structural Pest Control Act.
7. This is not a structural report. A wood destroying organism inspector is not ordinarily a construction or building trade expert and is therefore not expected to assess structural soundness. Evaluation and correction of damage which may have resulted from an active or previous infestation should be performed by a qualified inspector in the building trade, who is approved by the purchaser and the lending agency.
8. This report implies no responsibility on the part of the Georgia Department of Agriculture or the Georgia Structural Pest Control Commission to enforce or require anything other than treatment or retreatment to the minimum adequate treatment requirements specified in Rule 620-6-.04.
9. Conditions Conducive to infestation means conditions that exist in a structure that favor the development of wood destroying organisms. These are limited to: cellulose material underneath a building and wood in contact with the soil which has not been treated with preservatives to a minimum preservative retention designed for ground contact and ventilation of the underlayment space between the bottom of the floor joists and the earth that does not meet the requirements of the International Residential Building Code for one and two family dwellings, the latest edition as adopted and amended by the Georgia Department of Community Affairs. Any condition conducive to infestation as defined as defined above, that is known to have existed at the time of inspection and was not reported and is found within 90 days of the issuance date of this report shall be corrected free of charge by the licensee.

Statutory Authority: O.C.G.A. Sec. 43-45-8.



Printed as a Service to the Industry
GEORGIA PEST CONTROL ASSOCIATION
 To Recorder Call (770) 417-1881

Miles Pest Control
 Company Name

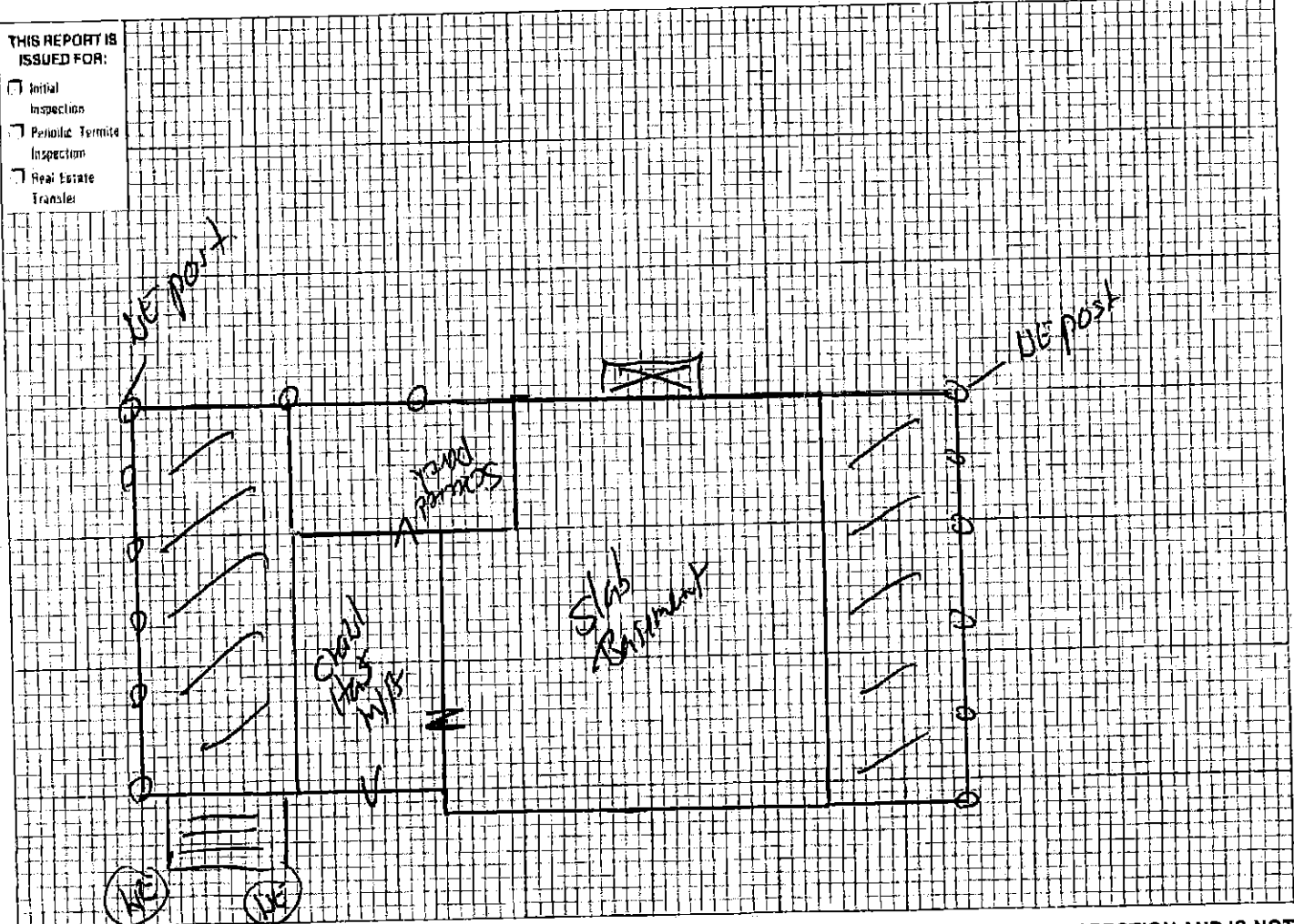
INSPECTION DATE: 10/12/18
 INSPECTORS NAME: Little
 PRICE: _____ RENEWAL FEE: _____
 GUARANTEE: _____ TERMS: _____

OFFICIAL INSPECTION / SERVICE GRAPH

OWNER'S NAME: Dak HM PH: _____ WK PH: _____
 OCCUPANT NAME: _____ HM PH: _____ WK PH: _____
 AGENT'S NAME: Betty Powell HM PH: _____ WK PH: _____
 PROPERTY ADDRESS: 368 Hindry Creek Ln CITY: Clarksville ST: GA ZIP: _____

SCHEDULED SERVICE DATE: 1/1/19 FOR: ST DT FT PPB WB M WDF SCALE USED: Y1
 WELL: YES NO FEET AWAY: _____ FOUNDATION WALLS: BLOCK POURED OTHER: _____
 TYPE OF CONSTRUCTION: DRAWL BASEMENT SLAB: FLOATING SUPPORTED MONOLITHIC
 INFESTATION CODES: SUBTERRANEAN TERMITES = ST DRYWOOD TERMITES = DT FORMOSAN TERMITES = FT
 POWDER POST BEETLES = PPB WOOD BORERS = WB MOISTURE CONDITION = M WOOD DECAY FUNGUS = WDF
 ACTIVE INFESTATION VISIBLE = A POSSIBLE HIDDEN INFESTATION = PHI EXISTING VISIBLE INFESTATION = X
 WOOD TO GROUND CONTACT = WG VENTILATION INADEQUATE = V INACCESSIBLE AREA = *
 GENERAL LOCATION OF "VISIBLE" INFESTATION: Log House

OUTSIDE POWER: YES NO TAKE GENERATOR: YES NO TAKE LETTER: YES NO COLLECT PAYMENT: YES NO
 CUSTOMER AGREES TO HAVE ALL TREATMENT AREAS ACCESSIBLE AT THE TIME OF SERVICE: YES NO _____ CUSTOMER'S INITIALS



NOTE: THIS REPORT IS MADE ON THE BASIS OF WHAT WAS VISIBLE AND ACCESSIBLE AT THE TIME OF THE INSPECTION AND IS NOT A "STRUCTURAL DAMAGE" REPORT. HIDDEN INFESTATION MAY EXIST IN INACCESSIBLE AREAS.

Onsite Wastewater System Report

Homeowners: Home Steps Age of Property: 20+ Date of inspection: 11.20.18
 Occupied: Yes No

368 Winding Creek Lane
Clarkesville GA

Are there any state or local requirements regarding the evaluation/inspection of a septic system? Yes No
 Does this evaluation/inspection meet the requirements of state and local agencies? Yes No N/A

SECTION 1
 Location of the system: East West North South
 Was water run into the system for 30 minutes? Yes No
 Does the septic tank have a visible riser? Yes No
 Estimated size of tank: 1000 gallons
 What is the separation between well and septic? 250 ft.
 Does the separation of the well and septic meet local requirements? Yes No N/A

SECTION 2
 Any evidence of malfunction? Yes No (Please check all observed conditions)
 Wet areas Unusual green/lush vegetation
 Liquid discharges to surface Discharge pipe of unknown origin
 Localized surface settling Other (Describe below)

Based on a visual evaluation only—is system working properly? Yes No

If tank is being opened and pumped please answer the following questions:
 Septic tank material: Concrete Fiberglass Other
 Liquid level in tank: Normal Below Normal Above Normal
 Access openings in tank: One Two Three None
 Number of users: One Two Three None
 Condition of baffles and/or tee:
 Inlet baffle or "T": Present and Functional Not Functional none present Not Visual
 Outlet baffle or "T": Present and Functional Not Functional None present Not Visual
 Tank was pumped? Yes No (if no please explain below)
 System working properly? Yes No (if no please explain below)

Additional comments/repair needed:

Septic systems are subsurface, therefore, it is impossible to determine their overall condition. Also, when no water is entering the field lines, i.e., if the house is vacant, a determination of their status is difficult. No prediction can be made as to when or if a system might fail.
 This report comments on the workability of the system on the day of the inspection only, and is in no way intended to be a warranty.
 Workability can be altered by factors such as excessive rainfall, heavy water usage, faulty plumbing, neglect or physical damage to the system. All tanks require pumping/maintenance.

Inspected by: DRA Cole Date: 11.20.18

Total REO, LLC
 (706) 255-2497

University of Georgia
 Agricultural & Environmental Services Laboratories
Feed and Environmental Water Lab
 2300 College Station Road
 Athens, GA 30602-4356
 (voice) 706-542-7690 (fax) 706-542-1474

Total Coliform and *Escherichia coli* Report

Client Name and Address: Name Street City, State, Zip			County Information: County District Staff Contact																				
Total Reo LLC P.O. Box 81074 Athens, GA 30608			County District Staff Contact																				
Sample Information: Lab # FEW 19 Sample ID Date/Time sampled Date/Time analyzed Date reported			Sample Location (if different from client address): Street City, State, Zip																				
6161 368 Winding Creek Lane 12/06/2018 12:30pm 12/06/2018 01:45pm 12/07/2018			368 Winding Creek Lane Clakesville, GA																				
Results:¹			Client Contact: Phone/Fax E-mail																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Parameter</th> <th>Method²</th> <th>Units³</th> <th>Your Results</th> <th>Standard⁴</th> <th>Interpretation⁴</th> </tr> </thead> <tbody> <tr> <td>Total Coliform</td> <td>APHA 9223 B</td> <td>MPN/100-ml</td> <td><1 (none present)</td> <td>none present</td> <td>acceptable</td> </tr> <tr> <td><i>Escherichia coli</i> (<i>E. coli</i>)</td> <td>APHA 9223 B</td> <td>MPN/100-ml</td> <td><1 (none present)</td> <td>none present</td> <td>acceptable</td> </tr> </tbody> </table>			Parameter	Method ²	Units ³	Your Results	Standard ⁴	Interpretation ⁴	Total Coliform	APHA 9223 B	MPN/100-ml	<1 (none present)	none present	acceptable	<i>Escherichia coli</i> (<i>E. coli</i>)	APHA 9223 B	MPN/100-ml	<1 (none present)	none present	acceptable	706-255-2497 scott@totalreo.biz		
Parameter	Method ²	Units ³	Your Results	Standard ⁴	Interpretation ⁴																		
Total Coliform	APHA 9223 B	MPN/100-ml	<1 (none present)	none present	acceptable																		
<i>Escherichia coli</i> (<i>E. coli</i>)	APHA 9223 B	MPN/100-ml	<1 (none present)	none present	acceptable																		

- 1 Results and interpretations are based on the analysis of a sample collected by the client, delivered to the lab, and analyzed within 30 hours of the collection time provided by the client.
- 2 American Public Health Association, Standard Methods for Examination of Water and Wastewater 20th Edition.
- 3 Most Probable Number (MPN) is the statistical method for enumerating bacteria when using a multiple fermentation tube method and is equivalent to colony forming units (CFU).
- 4 According to the Total Coliform Rule established by the U.S. Environmental Protection Agency (EPA) for small public drinking water systems, total coliform must not be present in more than 5% of samples tested (>1 in 20 samples) and *E. coli* must never be present. Private drinking water wells should conform to this rule and since less than 20 samples will be analyzed each year, total coliform and *E. coli* should not be present (absent).

Analyzed by: _____

Reported by: _____

Reviewed by: _____

