



MONTHLY STATUS REPORT

FOR

PUBLIC WORKS

FOR THE

**TOWN OF
THUNDERBOLT**

MARCH 2025





Water Treatment Reports

Coastal H 2 O
Laboratory: 600
115 Oglethorpe Professional Ct. Suite 8
Savannah, Ga. 31406
912.352.4311
coastalh2o@comcast.net
Water Report

Water System: GA 0510006 Thunderbolt Water System 1	Collected by Oscar Crosby
Sampling Location: Thompson Park	Sample Collected: 3/12/2025 9:15
Sample Type: Routine	Lab Received: 3/12/2025 10:54
Lab Sample No.: 125157	Chlorine Residual: 0.0

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	3/12/2025 10:54	3/13/2025 13:00

Results:

Total Coliform: Absent
E. Coli: Absent

Detection limits: Absent

Absent - Total Coliform Absent indicates this sample is suitable for consumer usage. No further action required.

Present- Total Coliform Present indicates that disease-causing microbes may be present.

Report Date: 3/13/2025

By: 
Laboratory Director

Coastal H 2 O
Laboratory: 600
115 Oglethorpe Professional Ct. Suite 8
Savannah, Ga. 31406
912.352.4311
coastalh2o@comcast.net

Water Report

Water System: GA 0510006 Thunderbolt Water System 2	Collected by Oscar Crosby
Sampling Location: Downing St. LS	Sample Collected: 3/12/2025 9:20
Sample Type: Routine	Lab Received: 3/12/2025 10:54
Lab Sample No.: 125158	Chlorine Residual: 1.62

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	3/12/2025 10:54	3/13/2025 13:00

Results:

Total Coliform: Absent
E. Coli: Absent

Detection limits: Absent

Absent - Total Coliform Absent indicates this sample is suitable for consumer usage. No further action required.

Present- Total Coliform Present indicates that disease-causing microbes may be present.

Report Date: 3/13/2025

By: 
Laboratory Director

Coastal H 2 O
Laboratory: 600
115 Oglethorpe Professional Ct. Suite 8
Savannah, Ga. 31406
912.352.4311
coastalh2o@comcast.net
Water Report

Water System: GA 0510006 Thunderbolt Water System 3		Collected by Oscar Crosby
Sampling Location: <i>Fire Department</i>		Sample Collected: 3/12/2025 9:30
Sample Type: <i>Routine</i>		Lab Received: 3/12/2025 10:54
Lab Sample No.: 125159		Chlorine Residual: 0.29

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	3/12/2025 10:54	3/13/2025 13:00

Results:

Total Coliform: Absent
E. Coli: Absent

Detection limits: Absent

Absent - Total Coliform Absent indicates this sample is suitable for consumer usage. No further action required.

Present- Total Coliform Present indicates that disease-causing microbes may be present.

Report Date: 3/13/2025

By: 
Laboratory Director



Water Distribution Reports



Thunderbolt Meter

Public Works	_____	1,900 gals.
Fire Department	_____	4,800 gals.
Senior Citizens	_____	2,760 gals.
Town Hall	_____	8,500 gals.
Thompson Park	_____	0 gals.
Honey Park	_____	10 gals.
Nellie Johnson Park	_____	5,280 gals.
Cesoroni Ball Field	_____	10 gals.
Downing St. Lift Station Gross Pumped	_____	6,136,270 gals
Savannah Water Usage	_____	Forthcoming
Line Flushing	_____	0 gals.

Chlorides: Well #3 10 ppm Well #4 90 ppm

**ENVIRONMENTAL PROTECTION DIVISION
 DRINKING WATER PROGRAM
 GROUND WATER OPERATION REPORT**

System Name: Thunderbolt Water System

WSID #: GA- 510006

Plant Name: Well #4

Plant ID#:

County: Chatham

Permit #: 510006

Summary of (MONTH) MARCH

(YEAR): 2025

Day of Month	Raw Water Treated* (Gallons)	Treated Water Pumped to Distribution System* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
				Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	279,310	279,310		1.86		8.0	
2	267,035	267,035		1.95		8.0	
3	256,825	256,825		1.34		8.0	
4	273,382	273,382		1.78		8.0	
5	188,835	188,835		1.19		8.0	
6	248,041	248,041		1.57		8.0	
7	254,355	254,355		0.88		8.0	
8	215,404	215,404		0.66		8.0	
9	212,132	212,132		0.63		8.0	
10	221,068	221,068		0.76		8.0	
11	253,371	253,371		1.24		8.0	
12	244,211	244,211		1.87		8.0	
13	273,228	273,228		0.73		8.0	
14	238,385	238,385		0.9		8.0	
15	271,959	271,959		0.54		8.0	
16	284,257	284,257		0.59		8.0	
17	195,868	195,868		0.45		8.0	
18	218,374	218,374		0.55		8.0	
19	301,257	301,257		0.36		8.0	
20	280,966	280,966		0.65		8.0	
21	268,156	268,156		0.45		8.0	
22	269,404	269,404		0.41		8.0	
23	321,974	321,974		0.72		8.0	
24	274,573	274,573		0.61		8.0	
25	329,711	329,711		0.98		8.0	
26	250,668	250,668		1.07		8.0	
27	259,771	259,771		0.8		8.0	
28	422,356	422,356		0.83		8.0	
29	66,761	66,761		1.02		8.0	
30	249,040	249,040		0.95		8.0	
31	220,084	220,084		0.79		8.0	
Total	7,910,761	7,910,761	0	29.13	0	248.00	
Days	31	31	0	31	0	31	
Avg.	255,186	255,186	0.00	0.94	0.00	8.00	
Max.	422,356	422,356	0	1.95	0	8	
Min.	66,761	66,761	0	0.36	0	8	

*Treated and/or Pumped values should be reported as a total for a 24 hour period beginning 0000-2400.

(e.g., Take reading at same time each day so that it is for 24 hours)

Type Fluoride Compound Used: n/a

Type Chlorine Compound Used: Sodium Hypochlorite

I certify that all information contained on this form is correct and true to the best of my knowledge.

Signature: 

Title: Public Works Manager

Print Name: Oscar Crosby II

Certification Class: III

Phone #: 912-644 7999

ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT

System Name: Thunderbolt Water System

WSID #: GA- 510006

Plant Name: Well # 3

Plant ID# :

County: Chatham

Permit # : 510006

Summary of (MONTH) MARCH

(YEAR): 2025

Day of Month	Raw Water Treated* (Gallons)	Treated Water Pumped to Distribution System* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
				Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	0	0		0.00	0.0	0.0	No water withdrawn from the ground.
2	0	0					
3	0	0					
4	0	0					
5	0	0					
6	0	0					
7	0	0					
8	0	0					
9	0	0					
10	0	0					
11	0	0					
12	0	0					
13	0	0					
14	0	0					
15	0	0					
16	0	0					
17	0	0					
18	0	0					
19	0	0					
20	0	0					
21	0	0					
22	0	0					
23	0	0					
24	0	0					
25	0	0					
26	0	0					
27	0	0					
28	0	0					
29	0	0					
30	0	0					
31	0	0					
Total	0	0	0	0.00	0	0.00	
Days	31	31	0	1	1	1	
Avg.	0	0	0.00	0.00	0.00	0.00	
Max.	0	0	0	0	0	0	
Min.	0	0	0	0	0	0	

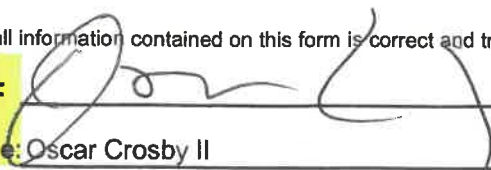
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(e.g., Take reading at same time each day so that it is for 24 hours)

Type Fluoride Compound Used: n/a

Type Chlorine Compound Used: Sodium Hypochlorite

I certify that all information contained on this form is correct and true to the best of my knowledge.

Signature: 

Title: Public Works Manager

Print Name: Oscar Crosby II

Certification Class: III **Phone #:** 912-644 7999