



MONTHLY STATUS REPORT

FOR

PUBLIC WORKS

FOR THE

TOWN OF THUNDERBOLT

APRIL 2026





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

Sampling Location: **2821 River Dr**

Sample Type: **Routine**

Lab Sample No.: **128694**

Collected by Oscar Crosby

Sample Collected: 4/16/2026 09:15

Lab Received: 4/16/2026 10:32

Chlorine Residual: **0.80**

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	4/16/2026 10:39	4/17/2026 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: 4/17/2026

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: <i>Library</i>	Sample Collected: 4/16/2026 08:35
Sample Type: <i>Routine</i>	Lab Received: 4/16/2026 10:32
Lab Sample No.: 128695	Chlorine Residual: 0.70

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	4/16/2026 10:39	4/17/2026 13:00

Results:

Total Coliform: Absent
E. Coli: Absent

Detection limits: Absent

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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: 4/17/2026

By: 
Laboratory Director



ENVIRONMENTAL PROTECTION DIVISION

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: 423 Bonaventure Rd	Sample Collected: 4/16/2026 08:00
Sample Type: Routine	Lab Received: 4/16/2026 10:32
Lab Sample No.: 128696	Chlorine Residual: 0.70

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	4/16/2026 10:39	4/17/2026 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: 4/17/2026

By: 

Laboratory Director

Drinking Water Compliance Unit, 2 Martin Luther King Jr. Drive, Suite 1152 East, Atlanta, GA 30334



Water Distribution Reports

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

System Name: Thunderbolt Water System
Plant Name: Well # 3
County: Chatham
Summary of (MONTH) APRIL

WSID #: GA- 510006
Plant ID# :
Permit # : 510006
(YEAR): 2026

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	30	30	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	

*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
Plant Name: Well #4
County: Chatham
Summary of (MONTH) APRIL

WSID #: GA- 510006
Plant ID# :
Permit # : 510006
(YEAR): 2026

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		0.48		8.0	
2	0	0		0.6		8.0	
3	0	0		0.72		8.0	
4	0	0		0.52		8.1	
5	0	0		0.5		8.0	
6	0	0		0.67		8.0	
7	0	0		0.42		8.0	
8	0	0		1.31		8.0	
9	0	0		1.26		8.0	
10	121,950	121,950		0.94		8.1	
11	164,697	164,697		1.03		8.0	
12	164,097	164,097		0.41		8.0	
13	205,157	205,157		0.44		8.0	
14	135,740	135,740		0.71		8.0	
15	146,139	146,139		0.99		8.0	
16	175,585	175,585		1.06		8.0	
17	143,971	143,971		0.93		8.1	
18	198,567	198,567		0.91		8.0	
19	264,178	264,178		0.57		8.0	
20	241,842	241,842		0.68		8.1	
21	115,787	115,787		0.5		8.0	
22	125,062	125,062		0.53		8.0	
23	142,481	142,481		0.65		8.1	
24	152,239	152,239		0.82		8.0	
25	110,595	110,595		0.55		8.0	
26	71,613	71,613		0.5		8.0	
27	84,481	84,481		0.91		8.0	
28	256,038	256,038		0.82		8.0	
29	249,243	249,243		0.71		8.1	
30	246,792	246,792		0.69		8.1	
31							
Total	3,516,254	3,516,254	0	21.83	0	240.70	
Days	30	30	0	30	0	30	
Avg.	117,208	117,208	0.00	0.73	0.00	8.02	
Max.	264,178	264,178	0	1.31	0	8.1	
Min.	0	0	0	0.41	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



Thunderbolt Meter

Public Works	_____	2,300 gals.
Fire Department	_____	11,900 gals.
Senior Citizens	_____	3,650 gals.
Town Hall	_____	12,900 gals.
Thompson Park	_____	0 gals.
Honey Park	_____	210 gals.
Nellie Johnson Park	_____	7,774 gals.
Cesoroni Ball Field	_____	10 gals.
Museum	_____	300 gals.
Downing St. Lift Station Gross Pumped	_____	7,108,000 gals.
Savannah Water Usage	_____	4,996,520 gals.
Line Flushing	_____	0 gals.

Chlorides: Well #3 10 ppm Well #4 80 ppm



Comprehensive Work Order Report