



# MONTHLY STATUS REPORT

FOR

# PUBLIC WORKS

FOR THE

# TOWN OF THUNDERBOLT

JANUARY 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: <b>3213 Pierce</b>		Sample Collected: 1/15/2025 10:10
Sample Type: <b>Routine</b>		Lab Received: 1/15/2025 10:32
Lab Sample No.: <b>124633</b>		Chlorine Residual: <b>1.79</b>

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	1/15/2025 10:32	1/16/2025 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: 1/16/2025

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**

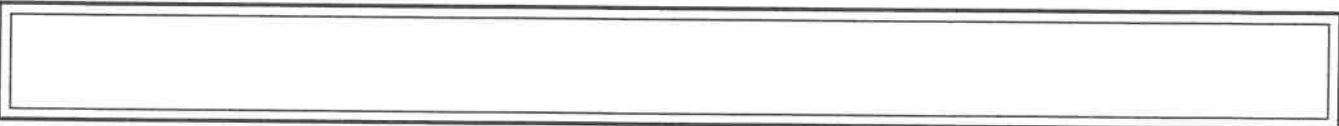
Water System: GA 0510006 Thunderbolt Water System 2	Collected by Oscar Crosby
Sampling Location: <b>2610 Dogwood</b>	Sample Collected: 1/15/2025 8:50
Sample Type: <b>Routine</b>	Lab Received: 1/15/2025 10:32
Lab Sample No.: <b>124634</b>	Chlorine Residual: <b>1.49</b>

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	1/15/2025 10:32	1/16/2025 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: 1/16/2025

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>Nellie Johnson Park</i>		Sample Collected: 1/15/2025 9:15
Sample Type: <i>Routine</i>		Lab Received: 1/15/2025 10:32
Lab Sample No.: <b>124635</b>		Chlorine Residual: <b>1.86</b>

Analyte Date/Time	Method	Start Date /Time	End
Coliform TCR	9223B	1/15/2025 10:32	1/16/2025 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: 1/16/2025

By:   
Laboratory Director



# **Water Distribution Reports**

**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)** JANUARY

**(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	254,321	254,321		0.91		8.0	
2	312,540	312,540		1.99		8.0	
3	333,836	333,836		1.1		8.0	
4	254,579	254,579		1.17		8.0	
5	305,029	305,029		0.86		8.0	
6	284,211	284,211		1.56		8.0	
7	1,975	1,975		0.65		8.0	
8	0	0		0.81		8.0	
9	158,502	158,502		1.26		8.0	
10	187,451	187,451		1.98		8.0	
11	174,243	174,243		0.73		8.0	
12	2,088	2,088		0.94		8.0	
13	0	0		1.87		8.0	
14	182,502	182,502		1.57		8.0	
15	228,115	228,115		1.49		8.0	
16	248,405	248,405		2.14		8.0	
17	208,726	208,726		1.97		8.0	
18	0	0		0.85		8.0	
19	34,078	34,078		1.24		8.0	
20	239,124	239,124		1.09		8.0	
21	366,595	366,595		1.68		8.0	
22	375,653	375,653		1.51		8.0	
23	366,751	366,751		0.68		8.0	
24	366,751	366,751		0.82		8.0	
25	405,847	405,847		0.89		8.0	
26	329,305	329,305		1.38		8.0	
27	322,057	322,057		1.97		8.0	
28	320,429	320,429		1.99		8.0	
29	295,331	295,331		2.19		8.0	
30	345,198	345,198		0.46		8.0	
31	302,711	302,711		1.44		8.0	
<b>Total</b>	7,206,353	7,206,353	0	41.19	0	248.00	
<b>Days</b>	31	31	0	31	0	31	
<b>Avg.</b>	232,463	232,463	0.00	1.33	0.00	8.00	
<b>Max.</b>	405,847	405,847	0	2.19	0	8	
<b>Min.</b>	0	0	0	0.46	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)** JANUARY

**(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					
<b>Total</b>	0	0	0	0.00	0	0.00	
<b>Days</b>	31	31	0	1	1	1	
<b>Avg.</b>	0	0	0.00	0.00	0.00	0.00	
<b>Max.</b>	0	0	0	0	0	0	
<b>Min.</b>	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



---

## Thunderbolt Meter

Public Works	_____	3,800 gals.
Fire Department	_____	6,300 gals.
Senior Citizens	_____	6,840 gals.
Town Hall	_____	18,900 gals.
Thompson Park	_____	0 gals.
Honey Park	_____	33,3400 gals.
Nellie Johnson Park	_____	7,520 gals.
Cesoroni Ball Field	_____	390 gals.
Downing St. Lift Station		
Gross Pumped	_____	8,670,670 gals
Savannah Water Usage	_____	361,239 gals.
Line Flushing	_____	0 gals.

Chlorides: Well #3 10 ppm

Well #4 80 ppm