

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION



DIVISION OF WATER SUPPLY  
L & C TOWER, 6TH FLOOR  
401 CHURCH STREET  
NASHVILLE, TN 37243-1549

WATER PUMPAGE DATA REPORT

PWSID: TN0004415 Month: April Year: 2024

Water System Name: Bush Brothers #3

Address: 3304 Chestnut Hill Rd

City/State/Zip: Dandridge, TN 37725

Source Name	Source Types*	Emerg.	Monthly Average	Maximum Day
1. <u>Springs</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.5807</u>	<u>1.4625</u>
2. <u>Whaley Wells</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.7200</u>	<u>0.7200</u>
3. <u>AJ Well</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.1440</u>	<u>0.1440</u>
4. <u>Dickey Rd Wells</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>
5. <u>#4 Warehouse Well</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>
6. <u>Old office Well</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>
7. <u>Lake Wells</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>
8. <u>Cornhusker Well</u>	S <input checked="" type="radio"/> G P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>
9. <u>Sevierville, Water</u>	S G <input checked="" type="radio"/> P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>
10. _____	S G P	<input checked="" type="radio"/> E	<u>0.0000</u>	<u>0.0000</u>

\*SOURCE TYPE KEY: S=Surface Water, G=Ground Water, P=Purchased Water, E=Emergency Source

Print Name: Earl Matheny, Jr.

Signature: Earl Matheny, Jr.

Phone: (865) 509-2361

E-mail: ematheny@bushbros.com

Report water data in MGD as examples below:

1,900 gallons = 0.0019 MGD

15,255 gallons = 0.0153 MGD

154,427 gallons = 0.1544 MGD

Each source must report monthly. If there is no pumpage or purchase, still list all sources. No pumpage = 0.0000 MGD. Keep sources in the same numerical order.

\* Circle source type (S, G, P) and Circle (E) if it is an emergency connection.



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER RESOURCES, COMPLIANCE AND ENFORCMENT UNIT**

**INTERIM ENHANCED SURFACE WATER TREATMENT RULE  
FILTER PERFORMANCE REPORT <sup>(1)</sup>**

PUBLIC WATER SYSTEM NAME AND ADDRESS

Bush Brothers #3  
3304 Chestnut Hill Rd.  
Dandridge, TN. 37725

PWSID #	ENTRY POINT	START DATE	END DATE	TOTAL HOURS PLANT OPERATED THIS MONTH	LABORATORY ID
0004415	<input type="checkbox"/>	040124	043024	552	00053
REPORTABLE SAMPLES <sup>(2)</sup> REQUIRED	NUMBER OF REPORTABLE SAMPLES LESS THAN OR EQUAL TO THE LOWER NTU STANDARD <sup>(3)</sup>	PERCENT OF REPORTABLE SAMPLES LESS THAN OR EQUAL TO THE LOWER NTU STANDARD	NUMBER OF REPORTABLE SAMPLES EXCEEDING THE UPPER NTU STANDARD <sup>(4)</sup> (LIST DATES ON BACK)	HIGHEST FINISHED WATER TURBIDITY THIS MONTH	
138	138	100.01	000	00.18	2

**Notes:**

- (1) This form applies to filtration systems utilizing either a surface water supply or a source that has been designated groundwater under the direct influence of surface water.
- (2) Systems utilizing cartridge filtration must at a minimum, measure turbidity once per day while treating water. Systems required to measure and record finished water turbidity every 4 hours that the plant is in operation, shall report the highest value measured during each 4-hour period. Systems utilizing continuous monitoring turbidimeters shall report the highest recorded value for every 4 hour period.
- (3) NTU standards vary depending on the type of filtration treatment provided, and include a lower limit that must be met in 95% of the reportable samples, and an upper limit that cannot be exceeded without receiving a treatment technique violation. Use the lower NTU standard applicable to this facility for this calculation.
- (4) Indicate the number of reportable samples that exceeded the upper NTU standard. On the back of this form, indicate the dates when a sample exceeded the upper NTU standard, and the date the state was notified of the exceedance.

Did this facility meet the CT requirements for each day it was in operation?  Y or N

**A. FOR ALL FILTERS AT THIS FACILITY**

1. Was turbidity monitored continuously and the results recorded for each filter effluent line?  Y or N

2. If the answer to question number 1 is no, was grab sampling conducted for every 4 hours the continuous monitor was out of service?

3. If the answer to question number 2 is yes, was grab sampling conducted for more than 5 consecutive days on any individual filter?

**B. FOR ANY FILTER AT THIS FACILITY <sup>(5)</sup>**

Were any 2 consecutive filter effluent measurements taken 15 minutes apart:

	Y or N	Filter Numbers (maximum of four filters)			
1. Greater than 0.5 NTU after the first 4 hours of operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Greater than 1.0 NTU?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Greater than 1.0 NTU in each of 3 consecutive months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Greater than 2.0 NTU in two consecutive months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:**

(5) If this facility answered "Yes" to any question listed in Section B. above, then the system must submit a "Monthly Turbidity Exceedance Report" (CN-1196) for the individual filter that met at least one of the conditions listed.

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

PREPARED BY: Earl Matheny, Jr. DATE: 5/6/24 PHONE: (865) 509-2361 APPROVED BY: [Signature] DATE: 5/6/24 PHONE: ( )



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER RESOURCES, COMPLIANCE AND ENFORCEMENT UNIT

DISINFECTANT MONITORING REPORT

PUBLIC WATER SYSTEM NAME AND ADDRESS

PWSID # 0004415 FACILITY ID           

SAMPLE PERIOD  
START DATE            END DATE           

m m d d y y m m d d y y

Bush Brothers #3  
3304 Chestnut Hill Rd.  
Dandridge, TN 37725

I. SYSTEMS USING CHLORINE OR CHLORAMINES <sup>(1)</sup>

A. Distribution System Monitoring

Number of Samples Required <sup>(1)</sup>	Number of Samples Taken	Lowest Residual Measured (mg/L)	Average Residual Measured (mg/L)	Number of Samples below 0.2 mg/L	% of Samples 0.2 mg/L or higher
<u>001</u>	<u>001</u>	<u>1.20</u>	<u>1.20</u>	<u>000</u>	<u>100.0</u>

B. Entry Point Monitoring

Number of Days Residual Measurements Required <sup>(2)</sup>	Type of Monitoring Conducted	Lowest Residual Measured (mg/L)	Was the Continuous Chlorine Analyzer out of service more than 5 consecutive days while this facility was in operation?
<u>23</u>	Grab <input checked="" type="checkbox"/> Continuous <input type="checkbox"/>	<u>1.60</u>	<u>Y</u> ("Y" for yes, or "N" for no)
Number of Days Residual Measurements Taken			
<u>23</u>			

II. SYSTEMS USING CHLORINE DIOXIDE

A. Entry Point Monitoring

Number of Days Residual Measurements Required	Highest Residual Measured Entering the D.S.	Number of Days Residual Measured > MRDL	Number of Consecutive Days Residual Measured > MRDL
<u>          </u>	<u>          </u> mg/L	<u>          </u>	<u>          </u>
Number of Days Residual Measurements Taken			
<u>          </u>			

B. Distribution System Monitoring

1. Systems Not Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date of Follow-Up Sampling <sup>(3)</sup>	Time of First Sample	Time of Second Sample	Time of Third Sample
<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
		Result (mg/L)	Result (mg/L)	Result (mg/L)
		<u>          </u>	<u>          </u>	<u>          </u>

2. Systems Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date Follow-Up Sampling <sup>(4)</sup>	Closest Customer	Sample Results (mg/L) at:	Maximum Residence Time
<u>          </u>	<u>          </u>	<u>          </u>	Average Point <u>          </u>	<u>          </u>

Notes:

- (1) Disinfection residuals must be measured at the same frequency and locations for all total coliform samples that are taken. The number of required samples is the total number of routine and repeat total coliform samples taken during the reporting period.
- (2) Each day of operation. Subpart H systems and True Ground Water Systems serving more than 3,330 persons must measure chlorine residuals continuously at the entry point to the distribution system. Grab sampling may be conducted at the rate specified in the regulations for systems serving less than 3,300.
- (3) For systems using chlorine dioxide, and not utilizing booster chlorination facilities in the distribution system, if an entry point sample exceeds the MRDL, a three-sample set of measurements must be taken the day after the exceedance at a point closest to the first customer at six-hour intervals. Analysis must be by Ion Chromatography.
- (4) For systems using chlorine dioxide, and which utilize booster chlorination facilities in the distribution system, if an entry point sample exceeds the MRDL, a three-sample set of measurements must be taken the day after the exceedance at the following locations: 1) a point closest to the first customer 2) a point reflecting the average residence time, and, 3) a point reflecting the maximum residence time. Analysis must be by Ion Chromatography.

I certify under penalty of law that this document and all attachments were prepared by me, or under my direction or supervision. The submitted information is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

PREPARED BY Earl Matheny, Jr. DATE 5/6/24 APPROVED BY [Signature] DATE 5/6/24

# DANDRIDGE WATER MANAGEMENT FACILITY BACTERIOLOGICAL ANALYSIS

PWSID: 0004415	FOR LABORATORY USE ONLY						
Water System Name: Bush Brothers and Co.	Laboratory ID#: 03104		By Whom:				
	Date Received: 4-16-24	Time Received: 11:04 MB					
Mailing Address: 3304 Chestnut Hill Rd. Dandridge, TN 37725	Date Setup: 4-16-24	Analyst:	Date Read: Analyst:				
Phone: (865) 599-3883 Fax:	Time Setup: 1145	Time Read:					
Email: ematheny@bushbros.com (Circle One) <b>EMAIL</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Sample(s) Over 30 Hrs. Old</td></tr> <tr><td>Leaked in Transit</td></tr> <tr><td>Insufficient Volume</td></tr> <tr><td>Volume Range Exceeded</td></tr> </table>			Sample(s) Over 30 Hrs. Old	Leaked in Transit	Insufficient Volume	Volume Range Exceeded
Sample(s) Over 30 Hrs. Old							
Leaked in Transit							
Insufficient Volume							
Volume Range Exceeded							
Sample Collector: Earl Matheny, Jr.							

Sample Reason: M		Reportable to State? YES!				Method Code - 9223			
Sample Date: 4/16/24						Contaminant Code			
	Sample Address	Time Collected	Cl <sub>2</sub> Residual	Sample Type	Sample Notations	3100 (Total)		3014 (E Coli)	
						Neg	Pos	Neg	Pos
1	Warehouse #6	10:06	1.2	D					
2									
3									
4									
5									
6									
7									
8									
9									
10									

Sample Reason: L = Leak    M = Monthly    R = Repair  
 Sample Type: S = Special    D = Distribution    N = New Line(s)    RA = Repeat Above    RS = Repeat Same    RB = Repeat Below

\_\_\_\_\_  
 Sample Collector

\_\_\_\_\_  
 Lab Recipient