FEB 13 2024

NAME OF WATER UTILITY KINGSTON WATER DEPARTMENT
NAME OF WATER TREATMENT PLANT: KINGSTON WATER PLANT
COUNTY ROANE PWSID # 360

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
Division of Water Supply
COMPREHENSIVE MONTHLY OPERATION REPORT

MONTH OF January YEAR 2024

PHYSICAL AND CHEMICAL CHARACTERISTICS

DATE	RAW WATER TREATED - 1,000 GALLONS	FINISHED WATER PUMPED TO SYSTEM - 1,000 GALLONS	RAW WATER TEMPERATURE C°	TURBIDITY RAW	TURBIDITY FINISHED WATER (TURBIDITY MUST BE MEASURED EVERY 4 HOURS AND RECORDED) AM 12-4	AM 4-8	AM 8-12	PM 12-4	PM 4-8	PM 8-12	CHLORINE RESIDUAL MG/L ON TOP OF FILTER	CHLORINE LOWEST PLANT EFFLUENT	ALKALINITY MG/L TOTAL RAW	ALKALINITY PHENOLPHTHALEIN FINISHED	ALKALINITY TOTAL FINISHED	pH RAW	pH FINISHED	HARDNESS MG/L RAW	HARDNESS FINISHED	PO4 MG/L FINISH	PO4 DISTRIBUTION	H2O2 MG/L mL/min	H2O2 ENDPOINT RESIDUAL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	413	413	11	3.42		0.06	0.06	0.06			1.1	2.9	68.0		71.0	7.6	7.6	70.0	72.0	0.1	0.2	3.8	0.2
2	443	439	11	3.21		0.06	0.07				1.0	2.9	70.0		70.0	7.4	7.5	70.0	70.0	0.1	0.2	3.8	0.2
3	569	473	11	3.26		0.07	0.09				0.8	3.0	70.0		65.0	7.4	7.5	70.0	70.0	0.2	0.1	3.8	0.2
4	504	502	11	2.81		0.10	0.07				0.9	3.0	74.0		76.0	7.5	7.6	80.0	78.0	0.2	0.2	3.8	0.2
5	545	544	11	3.02		0.07	0.06	0.06			1.1	2.5	73.0		74.0	7.4	7.6	80.0	80.0	0.1	0.2	3.8	0.2
6	428	425	11	3.21		0.08	0.07				1.1	2.7	72.0		74.0	7.5	7.7	78.0	76.0	0.1	0.1	3.8	0.2
7	464	465	11	3.42		0.06	0.06				0.9	2.6	74.0		73.0	7.4	7.6	78.0	80.0	0.1	0.1	3.8	0.2
8	436	431	10	3.14		0.06	0.06				0.6	2.9	70.0		75.0	7.4	7.5	70.0	80.0	0.2	0.1	3.8	0.2
9	585	483	11	3.31		0.06	0.08	0.06			1.2	2.8	70.0		70.0	7.5	7.6	70.0	80.0	0.1	0.1	3.8	0.2
10	425	422	10	5.45		0.06	0.06				0.6	2.9	80.0		85.0	7.5	7.5	80.0	80.0	0.1	0.2	3.8	0.2
11	506	505	10	10.70		0.05	0.06	0.06			1.0	2.8	60.0		55.0	7.3	7.4	50.0	60.0	0.1	0.1	3.8	0.2
12	416	410	10	5.33		0.06	0.05				0.7	2.9	62.0		62.0	7.5	7.4	80.0	70.0	0.1	0.1	3.8	0.2
13	426	425	10	4.65		0.07	0.07	0.08			1.0	2.9	60.0		62.0	7.3	7.4	75.0	72.0	0.1	0.2	3.8	0.2
14	631	518	10	4.89		0.09	0.12	0.07			0.8	3.2	62.0		58.0	7.4	7.4	62.0	70.0	0.1	0.1	3.8	0.2
15	525	525	10	4.85		0.05	0.06	0.05			1.0	3.1	50.0		55.0	7.3	7.5	50.0	54.0	0.0	0.1	3.8	0.2
16	476	472	8	4.54		0.05	0.06	0.06			0.8	3.2	50.0		50.0	7.3	7.5	60.0	60.0	0.1	0.2	3.8	0.2
17	839	708	8	4.33			0.05	0.06	0.06		0.6	2.9	55.0		50.0	7.3	7.4	60.0	60.0	0.1	0.7	3.8	0.2
18	778	552	8	6.63		0.10	0.10	0.10			1.1	2.5	57.0		53.0	7.5	7.5	62.0	60.0	0.1	0.1	3.8	0.2
19	1036	934	8	8.19		0.06	0.06	0.25	0.25		1.0	2.5	60.0		56.0	7.4	7.6	64.0	62.0	0.1	0.1	3.8	0.2
20	691	608	8	11.30		0.12	0.12	0.07			0.8	2.5	60.0		58.0	7.4	7.4	74.0	74.0	0.1	0.1	3.8	0.2
21	1130	1020	6	14.60		0.08	0.25	0.11	0.08		0.9	2.4	60.0		60.0	7.3	7.5	72.0	74.0	0.1	0.2	3.8	0.2
22	1419	1279	7	7.21		0.07	0.08	0.06	0.07	0.13	1.0	2.6	63.0		62.0	7.4	7.5	70.0	70.0	0.1	0.2	3.8	0.2
23	1362	1178	8	5.90		0.06	0.07	0.08	0.11		0.9	2.7	68.0		60.0	7.0	7.5	60.0	62.0	0.1	0.1	3.8	0.2
24	504	506	8	5.66		0.11	0.07	0.06			0.8	3.0	72.0		62.0	7.4	7.5	60.0	61.0	0.1	0.2	3.8	0.2
25	700	697	8	16.50		0.06	0.06	0.10			0.7	2.9	64.0		60.0	7.3	7.5	57.0	62.0	0.1	0.1	3.8	0.2
26	1248	1182	8	8.91		0.10	0.06	0.05	0.06	0.07	0.9	2.4	55.0		55.0	7.4	7.5	56.0	60.0	0.2	0.1	3.8	0.2
27	790	690	9	8.75		0.08	0.05	0.08			0.7	2.6	45.0		50.0	7.3	7.5	50.0	60.0	0.1	0.1	3.8	0.2
28	994	943	9	9.04		0.10	0.07	0.05	0.06		0.9	2.5	50.0		55.0	7.3	7.5	55.0	60.0	0.1	0.1	3.8	0.2
29	670	607	8	8.40		0.06	0.06	0.07			0.6	2.8	45.0		50.0	7.3	7.4	50.0	60.0	0.0	0.1	3.8	0.2
30	735	735	8	8.22		0.06	0.09	0.11			0.1	2.7	56.0		112.0	7.3	7.5	50.0	102.0	0.1	0.2	3.8	0.2
31	688	773	8	7.75		0.11	0.08	0.05			1.3	2.8	45.0		52.0	7.3	7.4	47.0	50.0	0.1	0.1	3.8	0.2
TOTAL	21376	19864	285	200.60	0.00	2.22	2.37	1.80	0.69	0.20	26.9	86.1	1920.0		1970.0	228.7	232.1	2010.0	2129.0	3.2	4.5	116.3	6.2
AVE.	690	641	9	6.47	0.00	0.07	0.08	0.08	0.10	0.10	0.9	2.8	61.9		63.5	7.4	7.5	64.8	68.7	0.1	0.1	3.8	0.2
MAX.	1419	1279	11	16.50	0.00	0.12	0.25	0.25	0.25	0.13	1.3	3.2	80.0		112.0	7.6	7.7	80.0	102.0	0.2	0.7	3.8	0.2
MIN.	413	410	6	2.81	0.00	0.05	0.05	0.05	0.06	0.07	0.1	2.4	45.0		50.0	7.0	7.4	47.0	50.0	0.0	0.1	3.8	0.2

CHEMICALS USED

DATE	IRON MG/L FINISH	MANGANESE MG/L RAW	MANGANESE FINISH	MANGANESE DIST. SYSTEM	FLUORIDE MG/L RAW	FLUORIDE FINISHED	FLUORIDE DISTRIBUTION SYSTEM	POUNDS PER 24 HOURS: EC675 COAGULANT - COAGULANT AID	DISINFECTION PRE 12.5% BLEACH	DISINFECTION POST 12.5% BLEACH	pH ADJUSTMENT	FLUORIDE	H2O2 TASTE AND ODOR	MINERALSOFTENING OXIDATION	SeaQuest STABILIZATION AND CORROSION CONTROL PO4	CALCULATED DOSAGE MG/L: COAGULANT - COAGULANT AID	DISINFECTION	pH ADJUSTMENT	FLUORIDE	TASTE AND ODOR	OXIDATION H2O2	STABILIZATION AND CORROSION CONTROL / PO4
1	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
1					0.1	0.61	0.60	31.0	91.0	109.0		9.0	3.0		2.3	9.0	7.3		0.5	0.17	0.87	0.7
2						0.66	0.64	34.0	90.0	111.0		10.0	3.1		2.4	9.2	6.8		0.5	0.17	0.83	0.6
3						0.67	0.63	49.0	123.0	143.0		12.0	4.2		3.2	10.3	7.0		0.6	0.17	0.87	0.8
4						0.54	0.56	38.0	104.0	123.0		11.0	3.5		2.7	9.0	6.8		0.5	0.17	0.82	0.6
5						0.59	0.58	39.0	111.0	139.0		7.0	3.9		3.0	8.6	6.9		0.3	0.17	0.87	0.7
6	0.06	0.00	0.01	0.01		0.56	0.57	33.0	84.0	111.0		6.0	3.0		2.3	9.2	6.8		0.3	0.17	0.83	0.6
7	0.04	0.05	0.00	0.01		0.52	0.57	33.0	95.0	128.0		11.0	3.4		2.6	8.5	7.2		0.5	0.17	0.87	0.7
8					0.1	0.58	0.53	33.0	87.0	113.0		10.0	3.0		2.3	9.1	6.9		0.5	0.17	0.83	0.6
9						0.68	0.63	50.0	124.0	139.0		12.0	4.3		3.3	10.2	6.7		0.5	0.17	0.87	0.8
10						0.71	0.58	36.0	88.0	106.0		9.0	2.9		2.2	10.2	6.8		0.5	0.16	0.82	0.6
11						0.64	0.62	57.0	106.0	126.0		11.0	3.6		2.8	13.5	6.9		0.5	0.17	0.86	0.7
12						0.63	0.62	41.0	85.0	96.0		9.0	2.8		2.2	11.8	6.5		0.5	0.16	0.82	0.6
13	0.00	0.05	0.00	0.01		0.62	0.64	38.0	93.0	115.0		9.0	3.1		2.3	10.7	7.3		0.5	0.17	0.86	0.7
14	0.00	0.05	0.00	0.01		0.57	0.48	51.0	129.0	148.0		13.0	4.4		3.3	9.7	6.6		0.5	0.17	0.83	0.8
15					0.1	0.63	0.62	38.0	111.0	134.0		12.0	3.8		2.9	8.7	7.0		0.5	0.17	0.86	0.7
16						0.66	0.64	32.0	96.0	120.0		10.0	3.3		2.5	8.1	6.8		0.5	0.16	0.82	0.6
17						0.67	0.69	56.0	148.0	169.0		17.0	5.2		4.0	8.0	5.7		0.5	0.15	0.74	0.7
18						0.55	0.55	73.0	121.0	125.0		5.0	4.5		3.4	11.3	4.7		0.2	0.14	0.69	0.7
19						0.59	0.56	179.0	195.0	223.0		21.0	7.4		5.6	20.7	6.0		0.5	0.17	0.85	0.7
20	0.00	0.06	0.01	0.01		0.68	0.62	126.0	142.0	156.0		15.0	5.2		3.9	21.9	6.5		0.5	0.18	0.85	0.8
21	0.00	0.08	0.01	0.01		0.69	0.68	164.0	238.0	290.0		24.0	8.4		6.5	17.4	7.0		0.5	0.18	0.89	0.8
22					0.1	0.64	0.63	222.0	273.0	334.0		21.0	11.2		8.6	18.8	6.4		0.4	0.19	0.95	0.8
23						0.67	0.56	132.0	294.0	329.0		25.0	9.6		7.3	11.6	6.9		0.5	0.17	0.84	0.7
24						0.49	0.51	50.0	116.0	134.0		10.0	3.7		2.8	11.9	7.4		0.4	0.17	0.87	0.7
25						0.67	0.55	72.0	161.0	174.0		14.0	4.8		3.7	12.3	7.2		0.4	0.17	0.83	0.6
26						0.69	0.63	124.0	292.0	304.0		22.0	9.0		6.9	11.9	7.2		0.4	0.17	0.87	0.7
27	0.00	0.05	0.00	0.01		0.56	0.62	98.0	175.0	171.0		10.0	4.2		4.2	14.9	6.6		0.3	0.13	0.83	0.7
28	0.00	0.04	0.00	0.01		0.58	0.67	126.0	239.0	251.0		19.0	7.2		5.5	15.2	7.4		0.4	0.17	0.87	0.7
29					0.0	0.57	0.66	88.0	153.0	157.0		12.0	4.6		3.7	15.7	6.9		0.4	0.17	0.83	0.7
30						0.51	0.50	30.0	96.0	89.0		14.0	5.3		4.1	4.9	3.8		0.4	0.17	0.87	0.7
31						0.53	0.56	81.0	180.0	146.0		14.0	5.4		4.1	14.1	7.1		0.4	0.19	0.82	0.6
TOTAL	0.10	0.37	0.04	0.08	0.4	19.0	18.5	2254.0	4440.0	5013.0		404.0	150.7	0.0	116.3	366.4	207.0	0.0	13.9	5.2	26.1	21.5
AVE.	0.01	0.05	0.00	0.01	0.1	0.61	0.60	72.7	143.2	161.7		13.0	4.9	0.0	3.8	11.8	6.7	0.0	0.4	0.2	0.8	0.7
MAX.	0.06	0.08	0.01	0.01	0.1	0.71	0.69	222.0	294.0	334.0		25.0	11.2	0.0	8.6	21.9	7.4	0.0	0.6	0.2	1.0	0.8
MIN.	0.00	0.00	0.00	0.01	0.0	0.49	0.48	30.0	84.0	89.0		5.0	2.8	0.0	2.2	4.9	3.8	0.0	0.2	0.1	0.7	0.6

CHEMICAL USED	BRAND	ANALYSIS	COST PER LB.	COST PER MONTH

I certify that the data provided accurately represents the water quality, quantity, treatment, operational practices, and other activities for the reporting period specified herein.

CERTIFIED OPERATOR

SIGNATURE

John M. Poole
PRINT

FEB 1 3 2024

DATE	RAW WATER TREATED 1,000 GALLONS	JAR TEST DATA: COAGULANT MG/L	JAR TEST DATA: pH ADJUSTMENT MG/L	JAR TEST DATA: pH	JAR TEST DATA:	FILTER DATA: COMPLETE APPLICABLE BLANKS **EACH** MONTH.	FILTER OPERATION DATA: NUMBER OF FILTERS USED	FILTER HOURS= COL 54 x HOURS RUN	AVERAGE LENGTH FILTER RUN - HOURS	RATE-OF-FLOW GAUGES WORKING	LOSS-OF-HEAD GAUGES WORKING	TURNIDIMETERS WORKING	BACKWASH RATE gpm/ft2	BACKWASH WATER USED - 1,000 gallons		DINSINFECTION AND CT VALUES: FIRST DISINFECTION SEQUENCE: FREE CHLORINE END OF SEQUENCE C	CONTACT TIME IN MINUTES T	END OF SEQUENCE pH	CALCULATED CT	REQUIRED CT	SECOND DISINFECTION SEQUENCE: FREE CHLORINE END OF SEQUENCE C	CONTACT TIME IN MINUTES T	END OF SEQUENCE pH	CALCULATED CT	REQUIRED CT	CT CALC. / CT REQ TOTAL INACTIVATION RATIO	MICROBIOLOGICAL EXAMINATION AND SYSTEM PRESSURE: RAW	PLANT EFFLUENT	DISTRIBUTION SYSTEM	FREE CHLORINE MG/L AT POINT OF SAMPLING & DISTRIBUTION SYSTEM	BT Results	Location of sampling point in distribution system. **Must vary within system.**
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	
1	413						2	11.14	5.57	ok	ok	ok	18								2.9	74.4	7.6	215.8	27	7.99	56	0				
2	443					(a) Type of Filters - Gravity (x) gravity g	2	11.40	5.70	ok	ok	ok	18								2.9	74.4	7.5	215.8	27	7.99	125	0		2.2	N	1008 Brentwood Way
3	569					Pressure ( )	2	12.76	6.38	ok	ok	ok	18	50							3.0	74.4	7.5	223.2	28	7.97	179	0		2.1	N	1004 north Bridge Close
4	504					(b) Number of Filters -	2	12.96	6.48	ok	ok	ok	18								3.0	74.4	7.6	223.2	28	7.97	116	0		2	N	1249 Gallaher Rd
5	545						2	14.60	7.30	ok	ok	ok	18								2.5	74.4	7.6	186.0	28	6.64	131	0		2.3	N	Arowhead @ Old James Ferry
6	428					(c) Filter Area - Sq. Ft. (Each) 174sqft 1	2	11.00	5.50	ok	ok	ok	18								2.7	74.4	7.7	200.9	27	7.44	166	0		2.2	N	Kingston Hght. Tank
7	464						2	12.50	6.25	ok	ok	ok	18								2.6	74.4	7.6	193.4	27	7.16	127	0				
8	435					(d) Filter Area - Sq. Ft. (Each) 1/4sqft 1	2	11.24	5.62	ok	ok	ok	18								2.9	74.4	7.5	215.8	28	7.71	121	0				
9	585						2	15.80	7.90	ok	ok	ok	18	50							2.8	74.4	7.6	208.3	27	7.72	313	0				
10	425					(e) Total Area - Sq. Ft. - 348sqft 3	2	10.80	5.40	ok	ok	ok	18								2.9	74.4	7.5	215.8	28	7.71	309	0				
11	506						2	13.44	6.72	ok	ok	ok	18								2.8	74.4	7.4	208.3	27	7.72	1986	0				
12	416					(f) Filter Rate gpm/ft2 4gpm/ft2 4	2	10.54	5.27	ok	ok	ok	18								2.9	74.4	7.4	215.8	27	7.99	1733	0		2.3	N	121 Lakewood
13	426						2	11.34	5.67	ok	ok	ok	18								2.9	74.4	7.4	215.8	27	7.99	1733	0		2.3	N	Waterford across / City Hall
14	631					(g) Filter Rate gpm/ft2 4gpm/ft2 4	2	13.70	6.85	ok	ok	ok	18	60							3.2	74.4	7.4	238.1	28	8.50	727	0		2	N	2623 Lawnville Rd
15	525						2	14.00	7.00	ok	ok	ok	18								3.1	74.4	7.5	230.6	28	8.24	261	0		2.1	N	Bonneyview Tank
16	476					(h) Total Rated Filter Capacity 700gpm 7	2	12.10	6.05	ok	ok	ok	18								3.2	74.4	7.5	238.1	37	6.43	326	0		2	N	Kingston Hgts Pump Station
17	839					GPM - 700gpm 7	2	19.20	9.60	ok	ok	ok	18								2.9	74.4	7.4	215.8	36	5.99	249	0				
18	778					(i) Ion Exchange Unit Regenerate	2	16.64	8.32	ok	ok	ok	18	51							2.5	74.4	7.5	186.0	35	5.31	411	0				
19	1036					With: Salt ( )	2	25.86	12.93	ok	ok	ok	18	29							2.5	74.4	7.6	186.0	36	5.17	866	0				
20	691					KMnO4 ( )	2	15.76	7.88	ok	ok	ok	18	50							2.5	74.4	7.4	183.8	36	5.10	770	0				
21	1130					Acid ( )	2	28.44	14.22	ok	ok	ok	18	49							2.4	74.4	7.5	181.5	35	5.19	261	0				
22	1419						2	33.64	16.82	ok	ok	ok	18	76							2.6	74.4	7.5	193.4	35	5.53	548	0				
23	1362						2	33.26	16.63	ok	ok	ok	18	50							2.7	74.4	7.5	200.9	36	5.58	770	0				
24	504						2	13.60	6.80	ok	ok	ok	18								3.0	74.4	7.5	223.2	37	6.03	411	0				
25	700						2	17.90	8.95	ok	ok	ok	18								2.9	74.4	7.5	215.8	36	5.99	411	0				
26	1248						2	33.46	16.73	ok	ok	ok	18	40							2.4	74.4	7.5	178.6	35	5.10	613	0				
27	790						2	20.26	10.13	ok	ok	ok	18	40							2.6	74.4	7.5	193.4	36	5.37	816	0				
28	994						2	26.76	13.38	ok	ok	ok	18	40							2.5	74.4	7.5	186.0	36	5.17	579	0				
29	670						2	17.24	8.62	ok	ok	ok	18	40							2.8	74.4	7.4	208.3	36	5.79	980	0				
30	735						2	19.60	9.80	ok	ok	ok	18								2.7	74.4	7.5	200.9	37	5.43	1203	0				
31	688						2	18.88	9.44	ok	ok	ok	18	49							2.8	74.4	7.4	208.3	37	5.63	435	0				
TOTAL	21376							539.8	269.9					674																21.5		
AVE.	690							17.4	8.7					48																2.2		
MAX.	1419							18.9	9.4					76																2.3		
MIN.	413							10.5	5.7					29																2.0		

Remarks: _____

FEB 13 2024

TENNESSEE DEPARTMENT OF ENVIRONMENT

DIVISION OF WATER SUPPLY

COMPREHENSIVE MONTHLY OPERATION REPORT

NAME OF WATER UTILITY KINGSTON WATER DEPARTMENT PWSID 360

NAME OF WATER TREATMENT PLANT KINGSTON SPRING SUPPLY COUNTY Roane

MONTH OF January Year 2024

DATE	WATER TREATED GALLONS	FINISHED TURBIDITY NTU	CHLORINE		FLUORIDE			ALKALINITY MG/L		pH		HARDNESS MG/L		PO 4		PLATE COUNT			CL2 MG/L			CORROSION CONTROL
			POUNDS OR GALLONS USED	FREE RESIDUAL MG/L DIST. SYSTEM	POUNDS OR GALLON USED	CALCULATED DOSAGE MG/L	DISTRIBUTION SYSTEM MG/L	TOTAL RAW	TOTAL FINISHED	RAW	FINISHED	RAW	FINSIHED	SPRRING	DISTRIBUTION	RAW	FINISHED	DIST. SYSTEM	GRAVITY FED LINE	SPRING	DIST. SYSTEM	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	450	0.86	60.0	3.0	10	0.49	0.48		138		7.4		144.00	0.18	0.17							
2	456	0.83	60.0	3.0	9	0.43	0.46		135		7.2		136.00	0.18	0.18							
3	424	0.89	60.0	3.4	10	0.52	0.48		135		7.2		140.00	0.06	0.14							
4	452	1.07	60.0	3.0	10	0.48	0.47		138		7.3		142.00	0.07	0.17							
5	467	1.01	60.0	3.4	11	0.51	0.54		137		7.3		140.00	0.12	0.16							
6	447	0.89	60.0	3.6	10	0.49	0.48		135		7.3		142.00	0.14	0.11		0.06	0.03		0.011	0.01	
7	455	0.81	60.0	2.8	10	0.48	0.48		137		7.2		142.00	0.12	0.13		0.04	0.03		0.013	0.01	
8	457	1.43	60.0	2.9	10	0.48	0.51		135		7.3		140.00	0.15	0.10							
9	431	0.90	60.0	3.0	10	0.51	0.49		135		7.2		130.00	0.05	0.14							
10	441	0.87	60.0	2.9	9	0.45	0.42		130		7.2		130.00	0.06	0.15							
11	464	0.21	60.0	2.9	10	0.47	0.50		115		10.0		120.00	0.15	0.13							
12	439	4.92	60.0	2.8	10	0.50	0.48		109		9.9		122.00	0.15	0.14							
13	453	4.92	60.0	3.0	10	0.48	0.48		112		6.9		124.00	0.10	0.15		0.02	0.03		0.010	0.01	
14	455	4.13	60.0	3.0	9	0.43	0.43		105		6.9		120.00	0.14	0.13		0.00	0.03		0.013	0.01	
15	460	3.33	60.0	2.7	9	0.43	0.41		105		6.8		110.00	0.06	0.07							
16	474	2.45	60.0	2.3	9	0.41	0.64		110		6.9		120.00	0.06	0.16							
17	463	2.71	60.0	2.8	9	0.42	0.69		108		6.9		110.00	0.05	0.07							
18	419	2.07	60.0	3.0	11	0.57	0.57		107		7.2		112.00	0.14	0.08							
19	447	1.94	60.0	2.8	9	0.44	0.56		110		7.1		124.00	0.10	0.10							
20	452	2.26	60.0	2.5	9	0.43	0.62		113		7.1		126.00	0.18	0.08		0.03	0.02		0.011	0.01	
21	456	1.80	60.0	2.3	10	0.48	0.68		115		7.1		126.00	0.18	0.22		0.03	0.02		0.014	0.01	
22	374	1.31	60.0	2.3	12	0.70	0.63		116		7.1		122.00	0.16	0.15							
23	442	1.49	60.0	2.1	11	0.54	0.55		116		7.2		126.00	0.05	0.06							
24	457	1.28	60.0	2.1	11	0.53	0.51		110		7.3		120.00	0.12	0.16							
25	455	1.38	60.0	2.9	10	0.48	0.55		121		7.1		110.00	0.05	0.08							
26	452	1.38	60.0	2.9	10	0.48	0.72		100		7.1		110.00	0.05	0.08							
27	464	3.83	60.0	2.9	10	0.47	0.62		90		6.9		100.00	0.05	0.06		0.03	0.01		0.022	0.01	
28	483	4.90	60.0	2.7	9	0.41	0.66		100		6.9		110.00	0.09	0.07		0.04	0.02		0.012	0.01	
29	479	4.51	60.0	2.8	9	0.41	0.66		80		7.0		80.00	0.04	0.14							
30	475	4.21	60.0	2.6	9	0.41	0.50		112		7.5		102.00	0.09	0.15							
31	464	3.44	60.0	2.8	9	0.42	0.56		52		7.4		50.00	0.15	0.08							
TOTAL	14007	68.0	1860.0	87.20	304.0	14.76	16.8	0.00	3561.00	0.00	226.5	0.00	3730.00	3.29	3.81	0.00	0.25	0.19	0.00	0.106	0.08	0.00
AVE.	452	2.19	60.00	2.81	9.81	0.48	0.54	0.00	114.87	0.00	7.31	0.00	120.32	0.11	0.12	0.00	0.03	0.02	0.00	0.013	0.01	0.00
MAX.	483	4.92	60.00	3.60	12.00	0.70	0.72	0.00	138.00	0.00	9.96	0.00	144.00	0.18	0.22	0.00	0.06	0.03	0.00	0.022	0.01	0.00
MIN.	374	0.21	60.00	2.10	9.00	0.41	0.41	0.00	52.00	0.00	6.78	0.00	50.00	0.04	0.06	0.00	0.00	0.01	0.00	0.010	0.01	0.00

REMARKS

Certified Operator

John A Poole
Print

Signature

PH-0342
Rev 8/86

This form must be received by the appropriate field office by the 10th of the following

DATE	BACTERIOLOGICAL EXAMINATION		
	DATE SAMPLE COLLECTED	FREE CHLORINE MG/L AT POINT OF SAMPLING	LOCATION OF SAMPLING POINT FROM DISTRIBUTION SYSTEM
24	25	26	27
1	1-Jan	2.90	# 1 Pump Station
2	2-Jan	2.10	1503 James Ferry Rd
3	3-Jan	3.00	Lakeside Dr.
4	4-Jan	2.80	Ladd Landing Tank
5	5-Jan	2.80	300 W Race St
6	6-Jan	2.40	# 2 Pump Station
7	7-Jan	2.60	614 N. Kentucky St.
8	8-Jan	2.90	Popular Springs Pump Station
9	9-Jan	2.70	900 Waterford Place
10	10-Jan	2.00	Ridgecrest Tank
11	11-Jan	2.50	Kingston Heights Tank
12	12-Jan	2.50	HWY 70 & Gallaher
13	13-Jan	2.90	# 1 Pump Station
14	14-Jan	2.30	# 2 Pump Station
15	15-Jan	2.40	1503 James Ferry Rd
16	16-Jan	2.30	614 N. Kentucky St.
17	17-Jan	2.70	Morrison Hill Tank
18	18-Jan	2.40	308 W. Race Street
19	19-Jan	2.50	Lakeside Dr.
20	20-Jan	2.00	# 2 Sewer Pump Station
21	21-Jan	2.00	HWY 70 & Gallaher
22	22-Jan	2.10	1503 James Ferry Rd
23	23-Jan	2.00	Popular Springs Pump Station
24	24-Jan	2.10	Morrison Hill Tank
25	25-Jan	2.20	Kingwood Tank
26	26-Jan	2.50	935 N Kentucky St -
27	27-Jan	2.50	# 2 Sewer Pump Station
28	28-Jan	2.40	# 1 Pump Station
29	29-Jan	2.60	Ridgecrest Tank
30	30-Jan	2.30	430 Ladd Landing
31	31-Jan	2.60	Ladd landing Pump Station
TOTAL		76.00	
AVE.		2.45	
MAX.		3.00	
MIN.		2.00	

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES – WATER SUPPLY SECTION
6th Floor, L & C Tower, 401 Church Street
Nashville, Tennessee 327243

FEB 13 2024

MONTHLY DISTRIBUTION SYSTEM FLUORIDE SAMPLING SUMMARY and QUARTERLY CHECK SAMPLE REPORTING

PUBLIC WATER SYSTEM NAME & ADDRESS
KINGSTON WATER DEPARTMENT
900 WATERFORD PLACE
KINGSTON, TN 37763
Contact Person: John M. Poole

PWS ID Number: TN0000360 **County:** ROANE

	Month (1)	Average for Month mg/L (2)	Highest Fluoride Measurement mg/L (3)	Lowest Fluoride Measurement mg/L (4)	Number of Days Fluoride Measured (5)
1.	January	0.60	0.69	0.48	31
2.	February				
3.	March				
4.	April				
5.	May				
6.	June				
7.	July				
8.	August				
9.	September				
10.	October				
11.	November				
12.	December				

Instructions:
This form is to be completed by all community water systems that add fluoride to their finished water. It may be submitted monthly or quarterly to the Division of Water Supply at the address listed below.

(1) Enter the month for which the results are being reported.
(2) Enter the arithmetic average of all distribution system fluoride measurements taken during the month.
(3) Enter the highest fluoride value measured during the month in the distribution system.
(4) Enter the lowest fluoride value measured during the month in the distribution system.
(5) Enter the number of days fluoride samples were taken in the distribution system.
(6) **Mail form to the above address**. For assistance or questions call 1-888-891-8332

Quarterly Check Samples:

Collection Date	Address	PWS Result (ppm)	Certified Lab	Certified Lab Result (ppm)
			Pace Analytical / ESC Labs	
			Pace Analytical / ESC Labs	
			Pace Analytical / ESC Labs	
			Pace Analytical / ESC Labs	

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.

n.
Certified Operator: John M. Poole Signature: _____ Date: 02/06/24
Phone: 865-376-7187

CN–1258 (rev 09-12) RDA 2853

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY

DISINFECTANT MONITORING AND MRDL COMPLIANCE REPORT

FEB 13 2024

PWSID # 0 0 0 0 3 6 0

ENTRY POINT: A

PUBLIC WATER SYSTEM NAME AND ADDRESS

KINGSTON WATER DEPARTMENT
900 WATERFORD PLACE
KINGSTON, TN 37763

SAMPLE PERIOD

START DATE (m m d d y y): 0 1 0 1 2 4

END DATE (m m d d y y): 0 1 3 1 2 4

I. SYSTEMS USING CHLORINE OR CHLORAMINES (1)

A. Distribution System Monitoring

Number of Samples Required (1)	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
0 1 0	0 1 0	2 . 0 0	2 . 3 0	0 0 0	1 0 0 . 0

B. Entry Point Monitoring (For Sub Part H Systems (2) Only)

Number of Days Residual Measurements Required (3)	Number of Days Residual Measurements Taken	Type of Monitoring Conducted: Grab	Type of Monitoring Conducted: Continuous	Lowest Residual Measured Entering the D.S.	Was the Continuous Chlorine Analyzer out of service more than 5 consecutive days while this facility was in operation?
3 1	3 1	X	X	2 . 4 0 mg/L	N ("Y" for yes, or "N" for no)

II. SYSTEMS USING CHLORINE DIOXIDE

A. Entry Point Monitoring

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

B. Distribution System Monitoring

1. Systems Not Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date of Follow-Up Sampling (4)	Time of First Sample	Time of Second Sample	Time of Third Sample
		Result (mg/L) .	Result (mg/L) .	Result (mg/L) .

2. Systems Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date Follow-Up Sampling (5)	Sample Results (mg/L) at: Closest Customer	Average Point	Maximum Residence Time
		.	.	.

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) Subpart H Systems are public water systems that treat surface water and/or ground water under the direct influence of surface water.
(3) Disinfection residuals must be measured continuously for chlorine for systems serving more than 3,330 persons at the entry point to the distribution system each day of operation. Grab sampling may be conducted at the rate specified in the regulations for systems serving less than 3,300.
(4) 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.
(5) 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 THAT THE INFORMATION LISTED ON THIS FORM ACCURATELY CORRESPONDS TO THE OPERATION OF THIS FACILITY FOR THE REPORTING PERIOD SPECIFIED HEREIN.

PREPARED BY John M. Poole DATE 02/06/24 APPROVED BY John M. Poole DATE 02/06/24

(continued on reverse)

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES, WATER SUPPLY SECTION

INTERIM ENHANCED SURFACE WATER TREATMENT RULE FILTER PERFORMANCE REPORT [1]

FEB 13 2024

PUBLIC WATER SYSTEM NAME AND ADDRESS

KINGSTON WATER DEPARTMENT
900 WATERFORD PLACE
KINGSTON, TN 37763

PWSID #	ENTRY POINT	SAMPLE PERIOD START DATE	SAMPLE PERIOD END DATE	TOTAL HOURS PLANT OPERATED THIS MONTH	LABORATORY ID
0000360	A	010124	013124	270	00342

REPORTABLE SAMPLES [2] REQUIRED	REPORTABLE SAMPLES [2] TAKEN	NUMBER OF REPORTABLE SAMPLES LESS THAN OR EQUAL TO THE LOWER NTU STANDARD [3]	PERCENT OF REPORTABLE SAMPLES LESS THAN OR EQUAL TO THE LOWER NTU STANDARD	NUMBER OF REPORTABLE SAMPLES EXCEEDING THE UPPER NTU STANDARD [4] (LIST DATES ON BACK)	HIGHEST FINISHED WATER TURBIDITY THIS MONTH
068	093	093	100.01	000	00.252

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.

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

A. FOR ALL FILTERS AT THIS FACILITY

	Y or N
1. Was turbidity monitored continuously and the results recorded for each filter effluent line?	Y
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?	N
3. If the answer to question number 2 is yes, was grab sampling conducted for more than 5 consecutive days on any individual filter?	N

B. FOR ANY FILTER AT THIS FACILITY [5]

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?	N	01	02		
2. Greater than 1.0 NTU?	N	01	02		
3. Greater than 1.0 NTU in each of 3 consecutive months?	N	01	02		
4. Greater than 2.0 NTU in two consecutive months?	N	01	02		

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: John M. Poole DATE: 02/06/24 PHONE: (865) 376-7187 APPROVED BY: John M. Poole DATE: 02/06/24 PHONE: (865) 376-7187

(continued on reverse)

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY

DISINFECTANT MONITORING AND MRDL COMPLIANCE REPORT

FEB 13 2024

PWSID # 0 0 0 0 3 6 0

ENTRY POINT: B

PUBLIC WATER SYSTEM NAME AND ADDRESS

KINGSTON WATER DPT. SPRING SUPPLY
900 WATERFORD PLACE
KINGSTON, TN 37763

SAMPLE PERIOD

START DATE (mm dd yy): 01 01 24

END DATE (mm dd yy): 01 31 24

I. SYSTEMS USING CHLORINE OR CHLORAMINES (1)

A. Distribution System Monitoring

Number of Samples Required (1)	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
010	010	2.00	2.30	000	100.0

B. Entry Point Monitoring (For Sub Part H Systems(2) Only)

Number of Days Residual Measurements Required (3)	Number of Days Residual Measurements Taken	Type of Monitoring Conducted: Grab	Type of Monitoring Conducted: Continuous	Lowest Residual Measured Entering the D.S.	Was the Continuous Chlorine Analyzer out of service more than 5 consecutive days while this facility was in operation?
31	31	X	X	2.10 mg/L	N ("Y" for yes, or "N" for no)

II. SYSTEMS USING CHLORINE DIOXIDE

A. Entry Point Monitoring

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

B. Distribution System Monitoring

1. Systems Not Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date of Follow-Up Sampling (4)	Time of First Sample	Time of Second Sample	Time of Third Sample
		Result (mg/L) .	Result (mg/L) .	Result (mg/L) .

2. Systems Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date Follow-Up Sampling (5)	Sample Results (mg/L) at: Closest Customer	Average Point	Maximum Residence Time
		.	.	.

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) Subpart H Systems are public water systems that treat surface water and/or ground water under the direct influence of surface water.
(3) Disinfection residuals must be measured continuously for chlorine for systems serving more than 3,330 persons at the entry point to the distribution system each day of operation. Grab sampling may be conducted at the rate specified in the regulations for systems serving less than 3,300.
(4) 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.
(5) 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 THAT THE INFORMATION LISTED ON THIS FORM ACCURATELY CORRESPONDS TO THE OPERATION OF THIS FACILITY FOR THE REPORTING PERIOD SPECIFIED HEREIN.

PREPARED BY John M. Poole DATE 02/06/24 APPROVED BY John M. Poole DATE 02/06/24

(continued on reverse)

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY
L & C Tower, 6th Floor
401 Church Street
Nashville, Tennessee 37243

FEB 13 2024

MONTHLY MICROBIOLOGICAL and DISINFECTANT MONITORING REPORT

Public Water System Name: KINGSTON WATER DEPARTMENT
Phone: (865) 376-7187
Address: 900 WATERFORD PLACE, KINGSTON, TN 37763
County: ROANE

Bacteriological Monitoring (1)

PWSID	Contaminant ID	Analysis Method	Sample Period Begin	Sample Period End
0000360	3100	9223	010124	013124

Total Number Of Routine Distribution Samples Analyzed	Total Number Of Positive Samples Analyzed (2)	Total Number Of Repeat Samples Analyzed (2)	Laboratory ID	Laboratory Name
010	000	000	03121	KINGSTON WTP 1318 S.KENTUCKY ST KINGSTON, TN 37763

Date of First Sample	Date of Last Sample
012324	012924

Disinfectant Residual Monitoring (3)

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
2.00	2.30	000	100.0

Notes

(1) This form is to be submitted for systems reporting 10 or more bacteriological compliance samples during the reporting period.

(2) All positive and repeat samples must be reported on Form CN-0800, Bacteriological Analysis Detail.

(3) Systems supplying chlorinated water must monitor disinfectant residuals at the same locations and frequencies as total coliform sampling is required.

Administrative Information

I certify the information listed on this form accurately corresponds to the operation of this facility for the reporting period specified herein.

Responsible Official: John M. Poole Phone: (865) 376-7187

Program Contact: John M. Poole Phone: (865) 376-7187

Technical Contact: John M. Poole Phone: (865) 376-7187

Return to: Tennessee Division of Water Supply, 6th Floor, L & C Tower, 401 Church Street, Nashville TN, 37243