			CH	LORINE		FLUORIDE	7	ALKALI	NITY MG/L		рH	HARDN	IESS MG/L	P	04		Iron			Manganes	\$0 50	
DATE	WATER TREATED GALLONS	FINISHED TURBIDITY NTU	POUNDS OR GALLONS USED	FREE RESIDUAL MG/L	POUNDS OR GALLON USED	CALCULATED DOSAGE MG/L	DISTRIBUTION SYSTEM MG/L	TOTAL	TOTAL	RAW	FINISHED	RAW	FINSIHED	SPRING	DISTRIBUTION	RAW	FINISHED	DIST. SYSTEM	GRAVITY FED LINE	SPRING	DIST. SYSTEM	CORROSION CONTROL
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	465	1.51	60.0	3.	5 1	2 0.56	0.46		100		7.4		106.00	0.2	0.2							İ
2	473	1.52	60.	3.	1 1	0 0.46	0.45		98		7.4		100.00	0.2	0.1							
3	413	1.64	60.0	3.	0	9 0.48	0.52		104		7.2		106.00	0.2	0.2							
4	442	2.30	60.6	3.	1 1	2 0.59	0.49		102		7.2		110.00	0.2	0.1							
5	441	1.98	60.0	3.	0	5 0.25	0.61		100		7.1		100.00	0.1	0.2							
6	400	2.26	60.0	3.	0 1	7 0.93	0.56		105		7.1		110.00	0.1	0.1		0.03	0.04		0.001	0.00	
7	441	2.34	60.0	2.	9 1	3 0.64	0.53		95		7.2		100.00	0.1	0.1		0.03	0.03		0.012	0.00	Г
8	455	3.17	60,0	3.	0 1	1 0.53	0.51		102		7.3		104.00	0.2	0.2							
9	433	3.00	60.0	3.	0 1	1 0.55	0.59		105		7.2		110.00	0.2	0.2							
10	447	2.88	60.0	2.) 1	1 0.54	0.46		107		7.2		106.00	0.1	0.1							Г
11	418	2.94	60.0	3.	3 1	0 0.52	0.59		100		7.2		110.00	0.2	0.2							Г
12	437	2.27	60.0	3.4	1 1	1 0.55	0.54		105		7.3		110.00	0.1	0.2							Г
13	436	2.63	60.0	3.4	1 1	1 0.55	0.53		110		7.1		110.00	0.1	0.2		0.02	0.03		0.000	0.01	
14	407	2.89	60.0	3.4	1 1	2 0.64	0.57		100		7.2		96.00	0.1	0.1		0.01	0.02		0.009	0.00	
15	471	1.83	60.0	3.4	1 1	3 0.60	0.45		104		7.2		112.00	0.1	0.2							
16	447	2.55	60.0	3.4	1 1	1 0.54	0.48		100		7.2		104.00	0.1	0.1							
17	417	2.25	60.0	3.3	3 1	0.58	0.43		105		7.3		110.00	0.2	0.2							
18	439	1.78	60.0	3.2	2 1	2 0.60	0.53		117		7.2		114.00	0.2	0.2							
19	434	1.73	60.0	3.5	1	1 0.55	0.49		101		7.3		106.00	0.1	0.2							
20	415	1.66	60.0	3.3	1	0.53	0.55		105		7.3		102.00	0.1	0.2		0.04	0.03		0.000	0.01	
21	490	1.62	60,0	3.3	3 1	0.45	0.59		102		7.3		106.00	0.1	0.1		0.04	0.03		0.007	0.01	
22	404	1.56	60.0	3.4	1	0.65	0.56		108		7.2		112.00	0.1	0.1							
23	431	1.56	60.0	3.0	1	0.61	0.56		111		7.2		114.00	0.1	0.2							_
24	439	1.47	60.0	3.0	1	0.55	0.65		110		7.2		100.00	0.2	0.1							
25	430	1.64	60.0	3.5	1.	0.61	0.55		115		7.2		110.00	0.1	0.1							
26	438	1.54	60.0	3.8	1	0.55	0.62		110		7.3		116.00	0.2	0.2							
27	425	1.36	60.0	3.0	1.	0.62	0.58		114		7.3		108.00	0.1	0.1		0.06	0.02		0.012	0.01	
28	441	1.34	60.0	2.7	1.	0.59	0.51		112		7.2		106.00	0.1	0.1		0.07	0.05		0.049	0.01	
29	444	1.39	60.0	2.9	1	0.54	0.59		110		7.5		120.00	0.1	0.2							
30	414	1.20	30.0	3.1		0.00	0.66		120		7.3		120.00	0.1	0.1							
31																						_
DTAL	13087	59.81	1770.00	94.90	326.0	16.36	16.21	0.00	3177.00	0.00	217.19	0.00	3238.00	4.10	4.68	0.00	0.30	0.25	0.00	0.090	0.05	0
VE.	436	1.99	59.00	3.16	11.24	0.55	0.54	0.00		0.00	7.24	0.00	107.93	0.14	0.16	-	0.04	0.03	0.00	0.011	0.01	0
IAX.	490	3.17	60.00	3.80	17.00	0.93	0.66	0.00	120.00	0.00	7.45	0.00	120.00	0.24	0.22	0.00	0.07	0.05	0.00	_	0.01	0
AIN.	400	1.20	30.00	2.00	5.00	0.00	0.43	0.00	95.00	0.00	7.12	0.00	96.00	0.06	0.06	0.00	0.01	0.02	0.00	$\overline{}$	0.00	0.

																00	AY (0 9	202	4		
								TENNESS	SEE DEP/	V ETME	NT OF EA	IVIDONI#	FNT			878	יות	, ,	6.VL	,g		
									IVISION (ENI									
				14					NSIVE M	ONTHL	Y OPERA	TION RE	PORT									
	NAME OF WATE		IENT PLANT	<u>K</u>	INGST	ON WAT			SUPPLY	/			COUNTY	Roan	_	PWSI					360	
	TOWNE OF WATE	ar merin	IGNI I CANI			MINOC		NTH OF	April				Year	2024				_				
			CHL	ORINE		FLUORIDE			NITY MG/L	T	рH	HARDN	ESS MG/L	-	04		Iron	_	T -	Manganes	Se Se	_
				L		Ī .			T											T	Ï	₽ Z
DATE	WATER TREATED GALLONS	FINISHED TURBIDITY NTU	POUNDS OR GALLONS USED	FREE RESIDUAI MG/L DIST. SYSTEM	POUNDS OR GALLON USED	CALCULATED DOSAGE MG/L	DISTRIBUTION SYSTEM MG/L	TOTAL	TOTAL	RAW	FINSHED	RAW	FINSIHED	SPRING	DISTRIBUTION	RAW	FINISHED	DIST. SYSTEM	GRAVITY FED LINE	SPRING	DIST. SYSTEM	CORROSION CONTROI
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
1	465	1.51	60.0	3.5	_		_	_	100		7.4		106.00	0.2	+	-						
2	473	1.52	60.0	3.1	 	+	_		98	_	7.4		100.00	0.2	_	-						
3	413	2.30	60.0 60.0	3.0	-	0.4	+	-	104		7.2		106.00	0.2	-	_						
4 5	442	1.98		3.0	1-	1	+		102	-	7.2 7.1		110.00	0.2	_	_	-	_				_
	400	2.26	60.0		_		_		105		7.1		110.00	0.1	-	_	0.03	0.04		0.001	0.00	
	441	2.34	60.0	-	_		+-	_	95		7.2		100.00	0.1	-		0.03	0.03		0.012		
В	455	3.17	60.0	3.0	11	0.5	3 0.51		102		7.3		104.00	0.2	-							
9	433	3.00	60.0				-		105		7.2		110.00	0.2	0.2							
10	447	2.88	60.0				_		107	_	7.2		106,00	0.1	-	_						
11	418	2.94	60.0	3.3 3.4			_		100		7.2		110.00	0.2	_							
3	436	2.63	60.0	3.4		_	_		105	-	7.3 7.1		110.00 110.00	0.1	_	_	0.02	0.03		0.000	0.04	
14	407	2.89	60.0	3.4			+		100	†	7.2		96.00	0.1	_	-	0.02	0.03		0.000	-	
5	471	1.83	60.0	3.4		_	_		104		7.2		112.00	0.1	-	_	0.01	0.02		0.000	0.00	
6	447	2.55	60.0	3.4	11	0.54	0.48		100		7.2		104.00	0.1	0.1							
7	417	2.25	60.0	3.3	11	0.58	0.43		105		7.3		110.00	0.2	0.2							
18	439	1.78	60.0	3.2	12	0.60	_		117		7.2		114.00	0.2	_	_						
19	434	1.73	60.0	3.5		0.55	_	-	101	-	7.3		106.00	0.1	_	_						
20	415 490	1.66 1.62	60.0 60.0	3.3			_		105 102	-	7.3 7.3		102.00		_	_	0.04	0.03		0.000		
2	404	1.56	60.0	3.4	-	_	_		102		7.3		106.00 112.00	0.1	_		0.04	0.03		0.007	0.01	
23	431	1.56	60.0	3.0	12		_		111		7.2		114.00	0.1	_							-
4	439	1.47	60.0	3.0	11				110		7.2		100.00	0.2	_							
25	430	1.64	60.0	3.5	12	0.61	_		115		7.2		110.00	0.1	0.1							
26	438	1.54	60.0	3.8	11	0.55	_		110		7.3		116.00	0.2	-							
7	425	1.36	60.0	3.0	12		-		114		7.3		108.00	0.1	_		0.06	0.02		-	0.01	
8	441 444	1.34	60.0	2.7 2.9	12 11	0.59	_		112 110		7.2		106.00	0.1	_		0.07	0.05		0.049	0.01	
29 30	414	1.20	30.0	3.1	- 11	0.00	-		120		7.5 7.3		120.00 120.00	0.1					-			
1			55.5	0.1		0,00	0.00		120		7.0		120,00	0.1	0.1				_			_
TAL	13087	59.81	1770.00	94.90	326.00	16.36	16.21	0.00	3177.00	0.00	217.19	0.00	3238.00	4.10	4.68	0.00	0.30	0.25	0.00	0.090	0.05	0.00
VE.	436	1.99	59.00	3.16	11.24	0.55	0.54	0.00	105.90	0.00	7.24	0.00	107.93	0.14	0.16		0.04	0.03	-	0.011		0.00
AX.	490	3.17	60.00	3.80	17.00	0.93		0.00			7.45	0.00	120.00	0.24	0.22	0.00	0.07	0.05	0.00	0.049	0.01	0.00
N.	400	1.20	30.00	2.00	5.00	0.00	0.43	0.00	95.00	0.00	7.12	0.00	96.00	0.06	0.06	0.00	0.01	0.02	0.00	0.000	0.00	0.00
VIAI	RKS											Certified	l Operato	or		6		ohp N	1.00	le		
1-0342 v 8/86								1) _	₹.	Thie form	ol ho zoock **	butter :-:	norial C	1		Sigr	nature			
v 1100										5		i nis totm mu:	st be received	by the appr	opriate fiel	d office by	the 10th o	if the follo	wing			



Public Water System Name KINGSTON WATER DEPARTMENT

TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER SUPPLY

L & C Tower, 6th Floor 401 Church Street Nashville, Tennessee 37243 MAY 0 9 2024

Phone: (865) 376-7187

MONTHLY MICROBIOLOGICAL and DISINFECTANT MONITORING REPORT

Add	Address 900 WATERFORD PLACE, KINGSTON, TN 37763 County: ROANE														
		Bac	teriolog	ical M	onitorin	g ⁽¹⁾	Ŋ,	Legn	r el					ALC:	Į.
PWSID	Cont	aminant ID		alysis thod			E	Begin	Sam	ple P	eriod		End		
0 0 0 0 3	6 0 3 1	0 0	9 2	2	3	0	4	0 3	L 2	4		0 4	3	0 2	4
Total Number Of Routine Distribution Samples Analyzed 0 1 0	Total Nu Positive Analyz	Samples zed ⁽²⁾		epeat Analy	umber C Sample zed ⁽²⁾	-		Lat	orato 1		1	KIN	GST	tory Na ON W	TP
		te of First Sar	mple			D:	ate o	of Last	Samp 3 2	1 4		KING	STON	I, TN 37	763
		Disinfe	tant Re	sidua	Monito	oring	(3)	10	100						
	owest Residual easured (mg/L)	Avera Resid Measured	ual		Sample 0.2	ber of the best being the best best best best best best best bes	low			of Sam 2 mg/l highe	or				
Notes Notes					, un										
(2) All positive and repeat	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														
	Administrative Information														
I certify the information liste	ed on this form accurate	ely correspond	s to the o	peratio	n of this f	acility	for t	he repo	rting p	eriod s	pecifie	d herei	n.		
Responsible Official:	John M. Poole			Phone:	(865)	376-7	7187	_							
Program Contact:	John M. Poole			Phone:	(865)	376-7	7187	7_							
Technical Contact	John M. Poole			Phone:	(865)	376-7	7187	7_							

CN – 0780 (Rev. 09-10)

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



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

INTERIM ENHANCED SURFACE WATER TREATMENT RULE FILTER PERFORMANCE REPORT (1)

PUBLIC WATER SYSTEM NAME AND ADDRESS MAY 0 9 2024 KINGSTON WATER DEPARTMENT 900 WATERFORD PLACE KINGSTON, TN 37763 **SAMPLE PERIOD TOTAL HOURS PLANT LABORATORY PWSID# ENTRY POINT** START DATE END DATE **OPERATED THIS MONTH** 0 4 0 1 2 4 3 0 2 4 0 0 0 0 3 6 0 A 0 9 8 0 0 3 4 4 PERCENT OF REPORTABLE **NUMBER OF REPORTABLE NUMBER OF REPORTABLE** SAMPLES LESS THAN **SAMPLES LESS THAN SAMPLES EXCEEDING THE** HIGHEST FINISHED REPORTABLE SAMPLES (2) UPPER NTU STANDARD (4) OR EQUAL TO THE OR EQUAL TO THE **WATER TURBIDITY** LOWER NTU STANDARD (3) REQUIRED TAKEN **LOWER NTU STANDARD** (LIST DATES ON BACK) THIS MONTH 0 | 5 | 0 0 0 0 0 0 0 0 0

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) 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 turbit.

(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, 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	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)
A. FOR ALL FILTERS AT THIS FACILITY Was turbidity monitored continuously and the results recorded for each filter effluent line? 	YOFN	1. Greater than 0.5 NTU after the first 4 hours of operation?	N	0 1 0 2
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	2. Greater than 1.0 NTU?	N	0 1 0 2
If the answer to question number 2 is yes,		3. Greater than 1.0 NTU in each of 3 consecutive months?	N	0 1 0 2
was grab sampling conducted for more than 5 consecutive days on any individual filter?	N	4. Greater than 2.0 NTU in two consecutive months?	N	0 1 0 2

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.

John M. Poole DATE: 05/02/24 PHONE: (865) 376-7187 John M. Poole DATE: 05/02/24_PHONE: (865) 376-7187 PREPARED BY: APPROVED BY:



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

MAY 0 9 2024

		P	WSIE)#		
0	0	0	0	3	6	0

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Α		A	

PUBLIC WATER SYSTEM NAME AND ADDRESS	
Kingston Water Departmen	r

REPORTING PERIOD START DATE

END DATE

900	Waterford	Place
-----	-----------	-------

0	1	0	1	2	4	1	2	3	ŀ
m	m	có:	d	У	У	m	m	d	-

Kingston, TN 37763

TOC and Enhanced Coagulation Calculations

	Treate	A ed Water		B Source Wate	er	С	0	E	Alternative	F
Sample Date	тос	Magnesium Hardness (as CaCO3)	тос	Alkalinity	Magnesium Hardness (as CaCO3)	Reduction of TOC as a Percent	Required TOC Removal (%)	Column C Divided by Column D	Compliance Criteria Used	
03/06/24	1.06		1.66	68		36%	25%	1.44		
										Sum of
										Column E
										Divided by the
										Number of
										Paired Samples
										Or
										Alternative
										Compliance
										Value
Average									/	
			Paired Samp	les		(1-A/B) x 100	(See TOC Removal table on back of form)			Compliance achieved if value >= 1.0

I certify that U.S.E.P.A. approved methods were used to conduct TOC a	nalysis performed by:	Pace Analytical / ES	3C Labs an	d 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 knowled	ige and belief, true, ar	ccurate, and complete. I am			
aware that there are significant penalties for submitting false information	, including the possibility of	fine and imprisonment. As	specified in Tenness	ee Code Annotated Section			
39-16-702(a)(4), this declaration is made under penalty of perjury.							
PREPARED BY: John M. Poole DATE: 05/02/24 PHONE: (86	5) 376-7187 APPROVED	_{BY:} John M. Poole	DATE: 05/02/24	PHONE: (865) 376-7187			
CN - 1198 (Rev. 9-12)		RDA 2410					



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER SUPPLY

DISINFECTANT MONITORING AND MRDL COMPLIANCE REPORT 0 9 2024

	ENTRY	PUBLIC WATER SYS	STEM NAME AND ADDRES	S
PWSID#	A	KINGSTON	WATER DEPART	MENT
SAMPLE PE START DATE	RIOD END DATE	900 WA	TERFORD PLAC	E
	0 4 3 0 2 4 n m d d y y	KING	STON, TN 37763	
I. SYSTEMS USING CHLOR	RINE OR CHLORAMINES	(1)		
A. Distribution System				
Number of Samples Sample Taken 0 1 0 0 1 0	of s Lowest Residual Measured (mg/L)	Average Residual Measured (mg/L 2 _ 6 0	Number of Samples below 0.2 mg/L 0 0 0	% of Samples 0.2 mg/L or higher 0
B. Entry Point Monitoring	ng (For Sub Part H Syste	ms ⁽²⁾ Only)		
Number of Days Residual Measurements Required (3) Taken 3 0 3 0	Conducted		Was the Continuous Chloservice more than 5 cons while this facility w	secutive days
II. SYSTEMS USING CHLOR	RINE DIOXIDE			
A. Entry Point Monitoring	ng			
Number of Days Residence Measurements Required T B. Distribution System I	Measured Entering the D	Residual	Measured Days R	er of Consecutive Residual Measured > MRDL
		· Ctations		
	ing Disinfection Booster		T: (0)	
Date E.P. Sample Exceeded MRDL	Date of Follow-Up Sampling ⁽⁴⁾	Time of First Sample	Time of Second Sample	Time of Third Sample
2 Sustana Hallinian I	DisInfection Booster Sta	Result (mg/L)	Result (mg/L)	Result (mg/L)
z. Systems Otmanig i	Disililection Dooster Sta	uons	Sample Results (mg/L)	at:
Date E.P. Sample Exceeded MRDL	Date Follow-Up Sampling ⁽⁵⁾	Closest Customer	Average Point	Maximum Residence Time
Notes: (1) Disinfection residuals must be meas number of routine and repeat total or (2) Subpart H Systems are public water (3) Disinfection residuals must be meas operation. Grab sampling may be or (4) For systems using chlorine dioxide, a set of measurements must be taken residence time, and, 3) a point reflection.	oliform samples taken during the repo systems that treat surface water and ured continuously for chlorine for system and not utilizing booster chlorination the day after the exceedance at a po and which utilize booster chlorination the day after the exceedance at the	orting period. /or ground water under the directors serving more than 3,330 egulations for systems serving facilities in the distribution system to the first custome facilities in the distribution system facilities in the	ect influence of surface water. Dersons at the entry point to the less than 3,300. Item, if an entry point sample exert six-hour intervals. Analysis a stem, if an entry point sample exert it and entry point sample exert it a	e distribution system each day of ceeds the MRDL, a three-sample must be by Ion Chromatography. ceeds the MRDL, a three-sample
I CERTIFY THAT THE INFORMATION THE REPORTING PERIOD SPECIFICATION OF THE PROPERTY OF THE PROPE	ED HEREIN.			
PREPARED BY John M. Po	oole DATE 05/02/24	APPROVED BYJ	ohn M. Poole	DATE 05/02/24
CN-1201 (Rev. 04/04)	Effective Date	e: February 2004	된	RDA 2854

(continued on reverse)



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF WATER SUPPLY

DISINFECTANT MONITORING AND MRDL COMPLIANCE REPORT

Transfer.	ENTRY	PUBLIC WATER SY	STEM NAME AND ADDRESS				
PWSID# 0 0 0 0 3 6 0	B	KINGSTON WA	TER DPT. SPRING S	UPPLY			
SAMPLE PERIOD START DATE	END DATE	900 WA	ATERFORD PLACE				
	4 3 0 2 4 n d d y y	KING	SSTON, TN 37763	(1 			
I. SYSTEMS USING CHLORINE	OR CHLORAMINES	S (1)					
A. Distribution System Mor	nitoring						
Number of Samples Samples Taken 0 1 0	Lowest Residual Measured (mg/L)	2 . 6 0	Number of Samples below L) 0.2 mg/L 0 0 0	% of Samples 0.2 mg/L or higher 1 0 0 0			
B. Entry Point Monitoring (For Sub Part H Syst	ems ⁽²⁾ Only)					
Number of Days Tyl Residual Measurements Required (3) Taken Gra	Conducted	Lowest Residual Measured Entering the D.S. 2 0 0 mg/L	Was the Continuous Chlorine service more than 5 consecutive while this facility was in the continuous ("Y" for yes, or "I	tive days n operation?			
II. SYSTEMS USING CHLORINE	DIOXIDE						
A. Entry Point Monitoring							
Number of Days Residual Measurements	Highest Resi Measured	d Residual		f Consecutive Jual Measured			
Required Taker	Entering the	D.S. > MF] mg/L	RDL >M	RDL			
B. Distribution System Mon	itoring						
1. Systems Not Utilizing		r Stations					
Date E.P. Sample Exceeded MRDL	Date of Follow-Up Sampling ⁽⁴⁾	Time of First Sample Result (mg/L)	Time of Second Sample Result (mg/L)	Time of Third Sample Result (mg/L)			
2. Systems Utilizing Disi	nfection Booster Sta	ations	Comple Besults (maril) etc				
Date E.P. Sample	Date Follow-Up	Closest	Sample Results (mg/L) at:	Maximum			
Exceeded MRDL	Sampling (5)	Customer	Average Point	Residence Time			
Notes: (1) Disinfection residuals must be measured at the same frequency and locations for all total colliform samples that are taken. The number of required samples is the total number of routine and repeat total colliform 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 lon 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 lon 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 05/02/24	APPROVED BY	John M. Poole DATI	05/02/24			
CN-1201 (Rev. 04/04)		te: February 2004 ed on reverse)	4	RDA 2854			

Chromatography. DL, a three-sample ecting the average
FACILITY FOR
02/24
RDA 2854



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION **DIVISION OF WATER RESOURCES – WATER SUPPLY SECTION**

6th Floor, L & C Tower, 401 Church Street Nashville, Tennessee 327243

MAY 0 9 2024

MONTHLY DISTRIBUTION SYSTEM FLUORIDE SAMPLING SUMMARY and QUARTERLY CHECK SAMPLE REPORTING

PUBLIC WATER	SYSTEM NAME & ADDRESS	
KINGSTO	N WATER DEPARTMENT	
900 V	VATERFORD PLACE	
KIN	IGSTON, TN 37763	
John M. Poole		
	County: ROANE	
	KINGSTO 900 V KIN	

	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	0.53	0.63	0.46	29
3.	March	0.52	0.62	0.42	31
4.	April	0.53	0.66	0.43	30
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 belong 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)
02/06/24	181 High Street	0.63	Pace Analytical / ESC Labs	0.35
			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.		,,,,	/	111 ///		
Certified Operator:	John M. Poole	Signature:_	6	Lut!	Date:	05/02/24
		Phone:	1	865-376-7187		

CN-1258 (rev 09-12) **RDA 2853**

NAME OF WATER UTILITY	KINGSTON	WATER DEPARTMENT	TH
NAME OF WATER TREATMENT		KINGSTON WATER PLANT	-/-
COUNTY ROANE	PW	SID#	360

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

MONTH OF April YEAR 2024

			1			_	_		_			PHYS	ICAL AND	CHE	MICAL	CHAR	RACTE	RISTI	CS	_			_	_				=		T						CHE	MICAL	SUSED						
				T .							LORINE	AL	KALINITY				HARD	NESS	P	04		1202	IRON	MAN		SE		JORIL	DE			PO	UNDS P	ER 24	HOLIB				CAL	CULAT	ED DO)SAGE		MG/L
						TUR	BIDIT	Υ		RESI	DUAL MG	/L	MG/L		pН		MG	3/L	М	G/L	l N	/IG/L	MG/L		/IG/L			MG/L					ONDS F	_1\ 24	HOOK					COLAI		JOAGI		IVIGIL
DATE	RAW WATER TREATED - 1,000 GALLONS	FINISHED WATER PUMPED TO SYSTEM 1,000 GALLONS	RAW WATER TEMPERATURE C°			RBIDITY N 4 HOI AN		MEASUREI RECORDE PM		ON TOP OF FILTER	LOWEST PLANT	TOTAL RAW	PHENOLPHTHALEIN FINISHED TOTAL	FINISHED	RAW	FINISHED	RAW	FINISHED	FINISH	DISTRIBUTION	mUmin	ENDPOINT RESIDUA	FINISH	RAW	FINISH	DIST. SYSTEM	RAW	FINISHED	DISTRIBUTION	COAGULANT - 73	DISINFECTION PRE 125% BI FACH	DISINFEC POST 12.5	pH ADJUSTMENT	_	TASTE AND HODOR	MINERAL/SOFT OXIDATION STABILIZATION	AND CORROSIOND CONTROL PO4	COAGULANT - COAGULANT AID	DISINFECTION	pH ADJUSTMENT	FLUORIDE	TASTE AND ODOR		STABILIZATION AND CORROSION CONTROL / P04
1]	2	3	1 4		6		THE REAL PROPERTY.	9	10 11			14			-		19	20		_	-	24	The state of	26	27	28	29		31							38	39	40	41	42		44	45	46
1	400	398	17	4.63		0.06				1.1	2.9	60.0					76.0	72.0	0.2			0.2					0.01	_		60.0				8.0	2,8		2.1	18.0	6.6		0.4	0.17		
2	426	428	18	5.14			0.06			0.8	3.1	61.0		_		8.2	70.0	64.0	0.2	0.2		0.2						0.4	0.5	67.0				9,0	2,9		2.2	18.9	6.3		0,5	0.16		
3	650	547	17	5.85			0.12			1:1	2.9	68.0		_	-	7.9	76.0	66.0	0.1	0.2		0.2			\perp			0.5	0.5	109.0				12.0	4.5		3.5	20.1	6,4		0,5	0.17		
4	416	420	16	4.82	-		0,06	0.06		1.4	3.2	67.0				7.9	76.0	72.0	0_1	0.1		0.2						0.6	0.5	71.0				8.0	2,9		2.2	20,5	6.5		0,4	0,17		
5	410	409	16	5.42		0.05				1.5	3.0	70.0		_		7.7	70.0	70.0	0.2	0.2	_	_	_					0,6	_	65.0		_		9.0	2,9		2.2	19.0	6,3		0,5	0,17		
6	396	399	17	6.07		0.05				1,6	2,9	70.0			-	7.7	70.0	70.0	0.1	0.1		0.2	_		$\overline{}$			0,5	0.5	63.0				8,0	2.7		2.1	19.1	6.2		0.4	0.17	_	
7	627	538	17	5,29		0.07				1.4	2.7	65.0					68.0	60.0	0.1	0.1	_		0.00	0.05	0.01	0,00		0,5		102,0		_		11.0	4.4		3.3	19,5	5,8		0.4	0.17		
8	466	470	17	4,65			0,06			1.4	2.6	56.0			7.9	7.8	64.0	68.0	0.2	0.2		0.2					0.00	0.5	0,5	58.0	107,0	88.0		9.0	3.2		2.5	14,9	6,3		0.4	0.17		
9	498	497	16	5.67		0.07	0.07	0.07		1,2	2.5	73.0	70	0.0	8.1	7.8	76.0	72.0	0.2	0.2	3.8	0.2						0,5	0,6	70.0	115,0	107.0		10,0	3,5		26	16.9	6.7		0.4	0.17		
10	518	420	17	4.65		0.07	0.08	0.08		0.6	2.9	72.0	74	1.0	8.0	79	74 0	78.0	0.2	0.1	3.8	0.2						0.5	0.5	70.0	117.0	102.0		11.0	3.6		2.7	16.2	6.3	Ü.	0.6	0.17	0.83	3 0.8
11	377	380	17	4 90		0.08				1.1	2.8	70_0	6:	5.0	8.3	79	80.0	80.0	0.2	0.2	3.8	0.2						0.5	0.6	54.0	85.0	82.0		7.0	2.6		2.6	17.2	6,6		0.4	0,17	0.83	3 0.8
12	459	464	17	5.55		0.07	0.07			1,5	2.8	70.0	70	0.0	7.8	7.9	70.0	70.0	0_1	0.2	3.8	0.2						0,5	0,5	49.0	105.0	107_0		9.0	3.2		2.4	12.8	6.9		0.4	0.17	0.83	3 0.6
13	411	406	17	6.65		0.10	0.09			1.5	3.1	80.0	70	0.0	7.8	7.8	70.0	60.0	0.2	0.2	3.8	0.2	0.02	0.02	0.00	0.01		0.6	0.5	50_0	94.0	110.0		8,0	2,8		2.2	14,6	7,4		0.4	0.17	0.83	3 0,6
14	639	538	17	5.89		0.09	0.09	0.09		1.4	3.0	70.0	6:	5.0	8.0	8.0	70.0	70.0	0.1	0.1	3.8	0.2	0.02	0.04	0.01	0,00		0.6	0.6	72.0	142,0	132.0		11,0	4.4		3.4	13,5	6.4		0.4	0.16	0.82	2 0.7
15	660	660	18	4.25		0.08	0,08	0.09		1.3	3.0	65.0	6'	7.0	8.6	8.1	70.0	76.0	0.2	0.2	3.8	0.2					0.03	0.4	0.5	97.0	146.0	150.0		13.0	4.6		3,5	17.6	6,7		0.4	0.17	0,83	3 0.6
16	648	521	19	4.95		0.09	0.09	0.09		1.5	2.8	60.0	6:	5.0	8.6	8.1	64.0	70.0	0.1	0.1	3.8	0.2						0,5	0.5	85.0	136,0	124.0		11.0	4.4		3.4	15,7	6,0		0,5	0,16	0.82	2 0.8
17	662	468	20	4.58		0.09	0.09			1.2	2.9	60_0	60	0.0	8.9	8.2	60.0	70.0	0.1	0.2	3.8	0.2						0.5	0.4	150.0	98.0	103.0		9.0	4.5		3.5	27.2	4.6		0.4	0.16	0.82	2 0.9
18	546	550	19	3.57		0.09	0.08	0.08		1.4	2.7	63.0	6	0	8.3	8.1	70.0	68.0	0.2	0.2	3.8	0.2						0.4	0.5	101.0	127.0	125.0		11.0	3.7		29	22.2	6,9		0.4	0.16	0.82	2 0.6
19	799	688	21	3.43		0.13	0.13			1,1	2.9	59.0	59	0.0	8.7	8.0	60.0	66.0	0.1	0,2	3.8	0.2	\Box		\neg			0.5	0.5	166,0	183,0	161.0		15.0	5,5		4.2	24,9	6,5		0.5	0.17	0.82	2 0.7
20	485	491	20	3.49			0.08	0.08		1.5	3.0	58.0	55	3.0	8.1	8.1	60.0	60.0	0.2	0.2	3.8	0.2	0.02	0.03	0.00	0.01		0.5	0.6	68.0	111.0	112.0		9.0	3.3		2.6	16.8	6,9		0.4	0.16	0.82	2 0.6
21	397	396	19	4.29		0.08	0.07			1.3	2.8	63.0	60	0.0	8.1	7.8	62.0	64.0	0.1	0.1	3.8	0.2	0.04	0.05	0.01	0.01		0.5	0.5	54.0	94.0	84.0		10.0	2.7		2.1	16,3	6.7		0.6	0.17	0.83	3 0.6
22	670	561	19	4.87		0.08	0.08	0.10		1.4	2.8	71.0	60	5.0	8.1	7.7	76.0	70.0	0.1	0.1	3.8	0.2					0.09	0,5	0.6	115.0	152.0	129.0		12.0	4.6		3.5	20,6	6,3		0,5	0.16	0.82	2 0.8
23	529	522	19	5.48						1.5	2.7	69.0	70	0.0	8.4	7.9	76.0	76.0	0.1	0.2	3.8	0.2						0.5	0.6	127.0	118.0	114.0	1	10.0	3.7		2.8	28.8	6,6		0.4	0.17	0.83	3 0.6
24	293	294	19	5.43			0.08	0.10		1.2	2.3	75.0		_	8.5	7.9	80.0	70.0	0.1	0.1		0.2						0.6	0.6	82.0	55.0	62.0		6.0	2.0		1.5	33.6	6.0		0.4	0.16	0.82	2 0.6
25	606	606	20	4 27		0.08	0.08			1.0	3.3	70.0	6:	0.0	8.4	7.9	70.0	70.0	0.1	0.1	3.8	0.2						0.5	0.6	162.0	130.0	111.0		12.0	4.2		3.2	32.1	6.0		0.4	0.17	0.83	3 0.6
26	620	551	20	6.47			0.09	0.09		1.9	2.5	70.0				8.0	70.0	70.0	0.2	0.2			_					0.5	0.5	164.0		\rightarrow		12.0	4.3		3.3	31.7	5.9		0.5	0.16	_	
27	389	388	20	3.50		0.08				1.3	2.5	70.0					76.0	0.1	0.1	3.8	_		_	0.05	0.01	0.01		0.5		105.0			1	7.0	2.7		21	32.4	6,3		0.4	0.17		
28	612	618	21	4.15			0.08	0.08		1.7	2.8	74.0		-	-		76.0	74.0	0.1	0.1	3.8		-	0.05	$\overline{}$			0.5	0.5	182.0				12.0	4.2		3.2	35.7	6.2		0.4	0.16		
29	560	481	21	4.02			0.10			1.9	2.3	80.0					80.0	80.0	0.1	0.2	_					-	0.08	0.5		164.0	_			11.0	3.9		3.0	35.1	5,8		0.5	0.16		
30	541	546	22	3.78		0.09		0,10		1.2	2.2	75.0					80.0	80.0	0.1	0.1						\rightarrow	0,00	0.6		151.0	_			11.0	3.7		2.8	33.5	5,9		0.4	0.16		
31	371	540		5,73		307	5,00	-	_	1 12	2.2	,5,0	† † <u>'</u>	-	5.5	5.0	30,0	00,0	V 1	1 0,1	1	VIZ				\dashv		1 0.0	0.0	1341	115,0	105.0	1	41.0	247				0,0		-	5	1	1
TOTAL	15710	14655	553	145.71	0.00	2 22	2 42	1.33	00 0 00	40.0	83.9	2034.0	105	30 0 2	46.5	37.7	2140.0	2036.1	3.9	8.4	109	1 59	0.23	0.30	0.05	0.05	0.2	15.0	16.0	2933	0 3438	0 3160		301.0	108.2	0.0	83.4	665.1	189.9	0.0	13.5	5.0	24.8	20.4
AVE.	524	489	18	4.86	0.00		0.08		00 0 00		2.8	67.8		_			71.3	67.9	0.1	0.3	3.0		_		$\overline{}$	0.01	0.0	0.5	0.5	97.8				10.0	3,6	0.0	2.8	22.2	6.3	0.0	0.4	0.2		
MAX.	799	688	22	6.65	_		-		00 0 00		3.3	80.0		_		_	80.0	80.0	0.2	3.8	_	_		0.05		0.01	0.1	0.6		182.0			1	15.0	5.5	0.0	4.2	35.7	7.4	0.0	0.6	0.2		
MIN.	293	294	16		_	-	_		00 0 00		2.2	56.0		_			60.0	0.1		0.1			0.00	0.02			0.0			49.0			1	6.0	2.0	0.0	1.5	12.8	4.6	0.0	0.4	0.2		
			† – –	1 5 .5						Ť	C		d	-								1						-		-	- Contraction		the data p			y represents				_	-			

CHEMICAL USED BRAND ANALYSIS COST
PERLIS PERMONTH



operational practices, and other activities for the reporting period specified h

CERTIFIED OPERATOR



JAR TEST DATA					FILTER	DATA	FILTER OPERATION DATA								DINSINFECTION AND CT VALUES												MICR	OBIOL	OGICAL EXA	MINATION AND SYSTEM PRESSURE				
																FIE		INFEC			ŞE		DISIN		ON	l ola				은				
								z	اي								SEQ	UENCE				SE	QUEN	CE		CT CALC. CT REQ			1	INE NT OF DISTRIBUTIO		Location of sampling point in		
					COMPLETE APPLIC	ARIFRIANKS		RUN	AVERAGE LENGTH FILTER RUN - HOURS	G	lσ	TURNIDIMETERS	1	K 2																2		distribution system. Must var		
		l≒	1		EACH MONTH.	ADEL DEAMS		" S	ᇎᇬ	_ =	I₋ ≅	တ္က	I#	ᄩᆌ		ш		1 1		ll	ш					<u> </u>	1			P P P		within system.		
	~ §	宣			EROIT MOITH.			8 RI	ž TI	등 호	뒫호	胎	I≨	\$ 8		N N	ఠ	1 1	-		Ζ	旧		ا ر	.	l 'z	1		z	₹ <u>5</u> ¤		within system.		
	에인 레						땅	줄 위	ا≽ ٿ	필 용	l뽀 용	<u> </u>	표	ᄩᇸ		lig in] ⊑ လ	اببر ا	回日	ا ہ ا	Ö	⊫ ښ	တ္ကု ၂	∐ اب					.[은	6 8 8				
	WATER TED GALLON SULANT	lδ					SIS	포 호[띪 찍	<u> </u>	II S	<u>≥</u> 5	\ <u>\</u>	WASH WATER - 1,000 gallons		II 달	ᆲᇰᄩ	1 일	I≥	IÄI	붗 :	일당	Ĕl., :	ଥା ⊴		'≼	1	2	ے ﷺ۔	로 다 일 등	 ≇			
ш		길	ا،				ᄣᇷ	R 경 :	<u>\$</u> ≝	낊떙	똤쁑	ᄩ	₹ 월	اہٰ کا		ᆲᄚᇜ	네스 볼	ᄬᄬ	悥	Ι≝Ι	S	ᆀᄰ	길[병	쁴	5	# f. c		l⊨ ≞		P. A. E.	<u>8</u>			
DAIE	RAW WATER TREATED 1,000 GALLONS COAGULANT	MG/L pH ADJUSTMENT MG/I	5 -				NUMBER OF FILTERS USED	그 시	빌티	RATE-OF-FLOW GAUGES WORKING	lö ∂	TURNIDIM	BACKWASH RATE	BACKWASH WATER USED - 1,000 gallons		FREE CHLORINE END OF SECHENCE	CONTACT TIME	END OF SEQUENCE	CALCULATED	REQUIRED	FREE CHLORINE END OF	SEQUENCE CONTACT TIME	IN MINUTES END OF	SEQUENCE CALCULATED	REQUIRED	TOTAL INACTIVATION	RAW	PLAN	DISTRIBUTION	FREE CHLORINE MG/L AT POINT C SAMPLING & DIS SYSTEM	똔			
ב ב	55 E ← 10	되호 된	를 표				∥ž ⊑		< ⊑	ഷ ശ	🗅 🗷	F 3	gg g	@ <u> </u>			5 ŏ ≥	<u> </u>				ଜାତ	≅ ¤ ;				2	<u> </u>	o ⊡i	H Z S S	20			
			1													С	T	pH	СТ	СТ	С	ו ו	p⊦											
7	48 4	9 50	1.51	52	53			10.26	5,13	ok	58 ok	59 ok	160	-	62	63	64	65	66	67		_==	9 70	1.1 21					76	77	78			
	426	_	_		(a) Type of Filters - Grevity	(u) amoth	2	10.86	5,43	ok	ok	ok	16	_	_	-	_	\vdash	-	-				12 23			-	_	0		_			
3	650		+	-	***	(x) gravity	2	14.66	7.33	ok	ok	ok	16	_			+	\vdash						7.9 21			-	_	0	2.7	N	1008 Brentwood Way		
,	416	-1-	+		Pressure	()	2	10.7	5,35	ak	ok	ok	16				+	+	_			_		7.9 23			-			2.7	N			
	410	_	+		(b) Number of Filters -		2	10.6	5,35	ok	ok	ok	16				+	\vdash	-			3.0 7		7.7 22		+	-	_		2.4	N	1004 north Bridge Close 1249 Gallaher Rd		
	396		1		(c) Eilter Aren C- Et (FL)	474	1 2	10.16	5.08	ok	ok ok	ok	18	_		-		\vdash	-			2.9 7		7.7 21			_		0	2.3	N	Arowhead @ Old James Ferry		
	627			-	(c) Filter Area - Sq. Ft. (Each)	174sqft	2	16.2	8.1	ak	ok	ok	18	-			_						_	7.7 20	_		_	-	0	3.0	N	Kingston Hght, Tank		
=	466	_			AN COUNTY OF THE SECOND	474ee8	1 2	11,96	5,98	ok	ok	ok	18		_	-	+	-				\rightarrow		7.3 19	_				0	3,0	IV	Kingston right, rank		
	498	_	1		(d) Filler Area - Sq. Ft. (Each)	174sqft	2	12.84	6.42	ok	ok	ok	18	_	-	-	-	\vdash	\rightarrow			2.5 7	_	7.8 180			-	_	0		_			
$\overline{}$	518	_	+		(e) Total Area - Sq. Ft .	249	3 2	11.95	5,95	ok	ok	ok	18	-			-	\vdash	\dashv					7 9 21			4	_	0					
	377		1	-	(e) Iotal Area - Sq. Ft.	348sqft	2	9.66	4.83	ok	ok	ok	18	_	_	-	_	\vdash	-			_		7.9 20				_	0					
2	459	_	+		(f) Filter Rate gpm/ft2.	4gpm/ft2			5.87	ok	ok	ok	18	-	-		+-	\vdash	\rightarrow					7.9 200					0					
3	411	_	1	-	(i) riter ivate gprints.	чдрими	2	10.54	5.27	ok	ok	ok	18	-	_		+		\rightarrow					7.8 230			4	_	0	2.7	N	121 Lakewood Landing		
4	639		+		(g) Filter Rate gpm/ft2	4gpmft2	2	16.3	8.15	ok	ok	ok	18	-			_	\vdash	\rightarrow					3.0 22					0	2.4	N	Waterford across / City Hall		
5	660		\mathbf{T}		(B) I man i vana giptivia.	чдрина	2	16.9	8.45	ok	ok	ok	18	-	_			\vdash					_	3.1 22				_	0	2.5	N	2623 Lawnville Rd		
3	648		-		(h) Total Rated Filter Capacity	700gpm	7 2	16.46	8,23	ok	ok	ok	18	40										3.1 20	_		-		0	2.9	N	Bonneyview Tank		
7	662		\top		GPM -	700gpm	7 2	16.76	8.38	ok	ok	o k	18				1	\vdash						3.2 21			-		0	2.9	N	Kingston Hgts Pump Station		
3	546				(i) Ion Exchange Unit Regenerate	- 01	2	13.86	6.93	ok	ok	ok	18											3.1 200			-		0			and and a series of the series of		
	799				With: Salt	6.1	2	20.4	10.2	ok	ok	ok	-16	44										3.0 21					0					
	485				KMnO4	6.3	2	12.36	6.18	ok	ok	ok	16									-		3.1 22	_	13.1	4		0					
	397				Acid	()	2	10.16	5.08	ok	ok	ok	18											8 20	_		-		0					
2	670					1,7000	2	14.14	7.07	ok	ok	ok	18	51										7.7 201			-		0					
3	529						2	13.54	6.77	ok	ok	ok	18									_		9 200					0					
4	293						2	7.44	3.72	ok	ok	ok	18								2	2.3 7	4.4	7.9 17	1.1 2	8.1	387		0					
5	606						2	15.5	7.75	ok	ok	ok	18										_	.9 24					0					
3	620						2	15.8	7.9	ok	ok	ok	18	50							2	2.5 7	4.4 8	3,0 186	3.0 16				0					
7	389						2	9.94	4.97	ok	ok	ok	16								2	2.5 7	4.4 7	7.9 186	3.0 17	10.9	770		0	91				
3	612						2	15.54	7.77	ok	ok	ok	18									_	_	9 20					0					
)	560						2	14.3	7,15	ok	ok	ok	18	50							2	2.3 7	4.4 8	3.0 17			-		0					
	541						2	13.74	6.87	ok	ok	ok	18								2	2.2 7	4.4 8	3.0 163	3.7 16		4)		0					
1																																		
TAL	15710							395	198					372																26.3				
	524							13	7					47																2.6				
X.	799							10	5					0																3.0				
1.	293							7	5					0																2.3				