

MAY 09 2024

TENNESSEE DEPARTMENT OF ENVIRONMENT  
 DIVISION OF WATER SUPPLY  
 COMPREHENSIVE MONTHLY OPERATION REPORT

NAME OF WATER UTILITY  
 NAME OF WATER TREATMENT PLANT

KINGSTON WATER DEPARTMENT  
 KINGSTON SPRING SUPPLY

PWSID 360

MONTH OF April Year 2024

DATE	WATER TREATED GALLONS	FINISHED TURBIDITY NTU	CHLORINE		FLUORIDE		ALKALINITY MGL		pH		HARDNESS MGL		PO4		Iron			Manganese		CORROSION CONTROL		
			POUNDS OR GALLONS USED	FREE RESIDUAL MGL	POUNDS OR GALLONS USED	CALCULATED DOSAGE MGL	TOTAL RAW	TOTAL FINISHED	RAW	FINISHED	RAW	FINISHED	SPRING	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	465	1.51	60.0	3.5	12	0.56	0.46		100		7.4		106.00	0.2	0.2							
2	473	1.52	60.0	3.1	10	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	60.0	3.1	12	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	17	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	13	0.64	0.53		95		7.2		100.00	0.1	0.1	0.03	0.03		0.012	0.00		
8	455	3.17	60.0	3.0	11	0.53	0.51		102		7.3		104.00	0.2	0.2							
9	433	3.00	60.0	3.0	11	0.55	0.59		105		7.2		110.00	0.2	0.2							
10	447	2.88	60.0	2.0	11	0.54	0.46		107		7.2		106.00	0.1	0.1							
11	418	2.94	60.0	3.3	10	0.52	0.59		100		7.2		110.00	0.2	0.2							
12	437	2.27	60.0	3.4	11	0.55	0.54		105		7.3		110.00	0.1	0.2							
13	436	2.63	60.0	3.4	11	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	12	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	13	0.60	0.45		104		7.2		112.00	0.1	0.2							
16	447	2.55	60.0	3.4	11	0.54	0.48		100		7.2		104.00	0.1	0.1							
17	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	0.53		117		7.2		114.00	0.2	0.2							
19	434	1.73	60.0	3.5	11	0.55	0.49		101		7.3		106.00	0.1	0.2							
20	415	1.66	60.0	3.3	10	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	10	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	12	0.65	0.56		108		7.2		112.00	0.1	0.1							
23	431	1.56	60.0	3.0	12	0.61	0.56		111		7.2		114.00	0.1	0.2							
24	439	1.47	60.0	3.0	11	0.55	0.65		110		7.2		100.00	0.2	0.1							
25	430	1.64	60.0	3.5	12	0.61	0.55		115		7.2		110.00	0.1	0.1							
26	438	1.54	60.0	3.8	11	0.55	0.62		110		7.3		116.00	0.2	0.2							
27	425	1.36	60.0	3.0	12	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	12	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	11	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																						
TOTAL	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
AVE.	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	0.00	0.04	0.03	0.00	0.011	0.01	0.00
MAX.	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	0.049	0.01	0.00
MIN.	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

REMARKS

Certified Operator John M. Poole  
 Signature



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

MAY 09 2024

MONTHLY MICROBIOLOGICAL and DISINFECTANT MONITORING REPORT

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

**Bacteriological Monitoring <sup>(1)</sup>**

PWSID	Contaminant ID	Analysis Method	Sample Period Begin	Sample Period End
0 0 0 0 3 6 0	3 1 0 0	9 2 2 3	0 4 0 1 2 4	0 4 3 0 2 4
Total Number Of Routine Distribution Samples Analyzed	Total Number Of Positive Samples Analyzed <sup>(2)</sup>	Total Number Of Repeat Samples Analyzed <sup>(2)</sup>	Laboratory ID	Laboratory Name
0 1 0	0 0 0	0 0 0	0 3 1 2 1	<u>KINGSTON WTP</u> <u>1318 S.KENTUCKY ST</u> <u>KINGSTON, TN 37763</u>
Date of First Sample		Date of Last Sample		
0 4 0 4 2 4		0 4 1 8 2 4		

**Disinfectant Residual Monitoring <sup>(3)</sup>**

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 . 3 0	2 . 6 0	0 0 0	1 0 0 . 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, 6<sup>th</sup> 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 <sup>(1)</sup>

PUBLIC WATER SYSTEM NAME AND ADDRESS  
KINGSTON WATER DEPARTMENT

MAY 09 2024

900 WATERFORD PLACE

KINGSTON, TN 37763

PWSID #			ENTRY POINT	SAMPLE PERIOD			END DATE			TOTAL HOURS PLANT OPERATED THIS MONTH	LABORATORY ID																
0	0	0	0	3	6	0	A	0	4	0	1	2	4	0	4	3	0	2	4	1	9	8	0	0	3	4	2
REPORTABLE SAMPLES <sup>(2)</sup>			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>			HIGHEST FINISHED WATER TURBIDITY THIS MONTH															
REQUIRED			TAKEN						(LIST DATES ON BACK)																		
0	5	0	0	7	4	0	7	4	1	0	0	0	1	0	0	0	0	0	1	3	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	<input checked="" type="checkbox"/> Y	<b>B. FOR ANY FILTER AT THIS FACILITY <sup>(5)</sup></b>				
<b>A. FOR ALL FILTERS AT THIS FACILITY</b>			Were any 2 consecutive filter effluent measurements taken 15 minutes apart:				
1. Was turbidity monitored continuously and the results recorded for each filter effluent line?	Y or N	<input checked="" type="checkbox"/> Y	Y or N	Filter Numbers (maximum of four filters)			
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?		<input type="checkbox"/> N		1	2		
3. If the answer to question number 2 is yes, was grab sampling conducted for more than 5 consecutive days on any individual filter?		<input type="checkbox"/> N		1	2		
				1	2		
				1	2		
				1	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.

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



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

MAY 09 2024

**Total Organic Carbon (TOC) and Enhanced Coagulation Report**

PWSID #  
 0 0 0 0 3 6 0

ENTRY POINT  
 A

PUBLIC WATER SYSTEM NAME AND ADDRESS

Kingston Water Department

REPORTING PERIOD  
 START DATE      END DATE

0 1 0 1 2 4  
m m d d y y

1 2 3 1 2 4  
m m d d y y

900 Waterford Place

Kingston, TN 37763

TOC and Enhanced Coagulation Calculations

Sample Date	A Treated Water		B Source Water			C	D	E	Alternative Compliance Criteria Used	F
	TOC	Magnesium Hardness (as CaCO <sub>3</sub> )	TOC	Alkalinity	Magnesium Hardness (as CaCO <sub>3</sub> )	Reduction of TOC as a Percent	Required TOC Removal (%)	Column C Divided by Column D		
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										Compliance achieved if value >= 1.0
	Paired Samples					{1-A/B} x 100	(See TOC Removal table on back of form)			

I certify that U.S.E.P.A. approved methods were used to conduct TOC analysis performed by: Pace Analytical / ESC Labs, and 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: 05/02/24    PHONE: ( 865 ) 376-7187    APPROVED BY: John M. Poole    DATE: 05/02/24    PHONE: ( 865 ) 376-7187



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY

DISINFECTANT MONITORING AND MRDL COMPLIANCE REPORT
MAY 09 2024

ENTRY POINT: A
PUBLIC WATER SYSTEM NAME AND ADDRESS: KINGSTON WATER DEPARTMENT
900 WATERFORD PLACE
KINGSTON, TN 37763
PWSID #: 0000360
SAMPLE PERIOD: 040124 to 043024

I. SYSTEMS USING CHLORINE OR CHLORAMINES (1)

A. Distribution System Monitoring

Table with 5 columns: Number of Samples Required, 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.

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

Table with 4 columns: Number of Days Residual Measurements Required, Type of Monitoring Conducted, 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?

II. SYSTEMS USING CHLORINE DIOXIDE

A. Entry Point Monitoring

Table with 4 columns: 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.

B. Distribution System Monitoring

1. Systems Not Utilizing Disinfection Booster Stations

Table with 5 columns: Date E.P. Sample Exceeded MRDL, Date of Follow-Up Sampling, Time of First Sample, Time of Second Sample, Time of Third Sample, and Result (mg/L).

2. Systems Utilizing Disinfection Booster Stations

Table with 5 columns: Date E.P. Sample Exceeded MRDL, Date Follow-Up Sampling, Closest Customer, Sample Results (mg/L) at 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. (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. (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. (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.

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 DATE 05/02/24



TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION  
DIVISION OF WATER SUPPLY

MAY 09 2024

DISINFECTANT MONITORING AND MRDL COMPLIANCE REPORT

PWSID #

ENTRY POINT

PUBLIC WATER SYSTEM NAME AND ADDRESS  
KINGSTON WATER DPT. SPRING SUPPLY

SAMPLE PERIOD  
START DATE   
END DATE

900 WATERFORD PLACE  
KINGSTON, TN 37763

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
<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="0"/>	<input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>	<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>

B. Entry Point Monitoring (For Sub Part H Systems <sup>(2)</sup> Only)

Number of Days Residual Measurements Required <sup>(3)</sup>	Type of Monitoring Conducted	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?
<input type="text" value="3"/> <input type="text" value="0"/>	Grab <input checked="" type="checkbox"/> Continuous <input checked="" type="checkbox"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> mg/L	<input type="text" value="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
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> mg/L	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>

B. Distribution System Monitoring

1. Systems Not Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date of Follow-Up Sampling <sup>(4)</sup>	Time of First Sample	Time of Second Sample	Time of Third Sample
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
		Result (mg/L)	Result (mg/L)	Result (mg/L)
		<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

2. Systems Utilizing Disinfection Booster Stations

Date E.P. Sample Exceeded MRDL	Date Follow-Up Sampling <sup>(5)</sup>	Closest Customer	Average Point	Maximum Residence Time
<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Sample Results (mg/L) at:

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 05/02/24 APPROVED BY John M. Poole DATE 05/02/24



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

6<sup>th</sup> Floor, L & C Tower, 401 Church Street  
Nashville, Tennessee 37243

MAY 09 2024

MONTHLY DISTRIBUTION SYSTEM FLUORIDE SAMPLING SUMMARY  
and QUARTERLY CHECK SAMPLE REPORTING

<b>PUBLIC WATER SYSTEM NAME &amp; ADDRESS</b>	
KINGSTON WATER DEPARTMENT	
900 WATERFORD PLACE	
KINGSTON, TN 37763	
<b>Contact Person:</b>	John M. Poole
<b>PWS ID Number:</b> TN0000360	<b>County:</b> ROANE

	Month <sup>(1)</sup>	Average for Month mg/L <sup>(2)</sup>	Highest Fluoride Measurement mg/L <sup>(3)</sup>	Lowest Fluoride Measurement mg/L <sup>(4)</sup>	Number of Days Fluoride Measured <sup>(5)</sup>
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 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)
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.  
Certified Operator: John M. Poole Signature:  Date: 05/02/24  
Phone: 865-376-7187





