

Ga. EPD Drinking Water Program
205 Butler St., SE, Suite 1362
Atlanta, Ga. 30334
FAX Number: (404) 651-9590

WATER SYSTEM NAME: Auburn Water System

COUNTY: Barrow

WSID#: 013000

WATER DISTRIBUTION SYSTEM MONTHLY OPERATION/MONITORING REPORT

MONTH November, YEAR 2019

I. GENERAL

- (a). List the names of Water Systems that you purchase water from, and the amount of water purchased during the month:

<u>SYSTEM NAME</u>	<u>AMOUNT PURCHASED (MG)</u>
<u>Barrow County</u>	<u>12,892,545</u>
<u>Gwinnett County</u>	<u>0</u>
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- (b). Number of monthly coliform samples required by your permit. : 8

II. CHLORINE RESIDUAL

- (a). Total number of free available chlorine residual measurements performed in the distribution system. This must be equal to or greater than the number of coliform samples required per month. : 32
- (b). Total number of distribution system chlorine residual measurement with a detectable free available chlorine residual, including those samples that demonstrated detectable residual disinfectant by the use of heterotrophic plate count (HPC) measurements. : 32
- (c). Total number of distribution system chlorine residual measurements without a detectable free available chlorine residual. : 0
- (d). Percentage of the distribution system chlorine residual measurements with a detectable disinfectant residual. [b/a x100] : 100

NOTE: The system must demonstrate detectable disinfectant residuals or HPC levels of 500 or fewer colonies/ml in at least 95 percent of the samples from the distribution system each month. Failure to comply with this rule for any two consecutive months is a violation of the Rules for Safe Drinking Water that will require issuance of a Public Notification.

I certify that all information contained on this form is correct and true to the best of my knowledge.

D Blackstock
Signature

ELBERT D. Blackstock
Print Name

Operator
Title

12-9-19
Date

Certification No.: w1-014397

Certification Class: 1

Phone No.: (404) 218-1836

**ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT**

System Name: City of Auburn
Plant Name: Auburn Water System
County: Barrow

ID #: 0130000
Source #: 105 Entry Points #: 305A & 305 B
Permit #: CP0130000

Summary of operation for November (month), 2019 (year)

Day Of Month	Purchase Water Source # 105 / EP # 305A (Barrow Co. TM - County Line Rd.) (Water Meter Reading)*	Purchase Water Source # 105 / EP # 305B (Barrow Co. TM - Carl Bethlehem Rd.) (Water Meter Reading)*	Pounds of Fluoride Used	Finished Water Analysis			Time Of Sample	Remarks
				Chlorine Free Available (mg/l)	Fluoride (mg/l)	pH Value		
1	361070110	284385927		1.20/1.31	.81 / .78	8.03 / 7.83	9:30AM/5:23AM	
2				1.03	.88	6.95	7AM	1703 ATL Hwy
3				.85	.82	7.11	7AM	378 MT MORIAH Rd
4				.90	.80	8.03	5AM	1673 SUMMIT Ridge
5				.80	.69	7.10	3AM	378 MT MORIAH Rd
6				1.05	.73	7.10	1AM	82 PEYTON Lane
7				1.11	.73	7.12	7AM	1334 SIXTH Ave
8				.85	.78	6.90	7AM	326 MT MORIAH Rd
9				.80	.80	6.98	7AM	1417 ATL Hwy
10				.80	.75	6.99	7AM	1427 ATL Hwy
11				.73	.77	7.00	7AM	33 CANYON ST
12				.80	.73	6.95	7AM	1703 ATL Hwy
13				1.12	.73	6.95	3PM	1334 SIXTH Ave
14				1.08	.74	7.01	7AM	1226 CABOTS DR
15				1.00	.80	7.00	8AM	1220 CABOTS DR
16				.91	.75	7.03	7AM	1533 OAKLEAF DR
17				1.10	.75	7.02	7AM	219 CARTER Rd
18				1.10	.88	7.15	7AM	356 SCENIC Lane
19				.80	.85	7.23	7AM	1417 ATL Hwy
20				.83	.84	7.15	7AM	1425 ATL Hwy
21				1.10	.85	6.85	7AM	141 CREST POINT
22				.90	.83	6.93	4AM	275 OAK Ridge
23				.82	.85	6.90	3AM	326 MT MORIAH rd
24				.85	.84	7.05	3AM	356 SCENIC Lane
25				.85	.80	6.93	7AM	1649 UNION GROVE ch rd
26				.91	.81	6.90	7AM	82 PEYTON Lane
27				.93	.80	6.91	7AM	219 CARTER Rd
28				1.04	.80	6.99	7AM	1649 UNION GROVE ch rd
29				1.02	.80	7.11	7AM	275 OAK Ridge
30	363 950780	294 397882		1.10/1.22	.75/.81	7.20/7.12	9:30AM/7AM	
31								
Total	2,880,590	10,011,955		38.91	25.35	22.16		
# Days	30	30		30	30	30		
Avg.	96,019.67	333,731.83		.97	.79	7.11		
Max.	N/A	N/A		1.31	.88	8.03		
Min.	N/A	N/A		.73	.69	6.85		

Submit a copy of this completed report to the EPD NE District Office on or before the 10th day of the following month. Type Fluoride Compound Used: _____
* Flow meter readings must be done on the 1st day & last day of the month with total & average reported for each source. Type Chlorine Compound Used: _____

I certify that all information contained on this form is correct and true to the best of my knowledge.

Signature: D Blackstock Title: OPERATOR

Print Name: ELBERT D BLACKSTOCK Certification Class: 1 Phone #: (404) 218-1836

1. Subtract the FIRST (Line 1) meter reading from the LAST (Line 30 or 31) meter reading to get this figure, & enter it in BOTH columns.
2. Divide "Total" by "# Days", & enter the figure in BOTH columns. wsc 6/02

**ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT**

GA EPD - Northeast District Office
745 Gaines School Road
Athens, Georgia 30605
Phone #: (706) 369-6376
Fax #: (706) 369-6398

System Name: City of Auburn
Plant Name: Auburn Water System
County: Barrow

ID #: 0130000
Source #: 103 Entry Points #: 303A & 303 B
Permit #: CP0130000

Summary of operation for November (month), 2019 (year)

Day Of Month	Purchase Water Source # 103 / EP # 303A (Gwinnett Co. WS - Mt. Moriah Rd.) (Water Meter Reading)*	Purchase Water Source # 103 / EP # 303B (Gwinnett Co. WS - Harmony Grove Rd.) (Water Meter Reading)*	Pounds of Fluoride Used	Finished Water Analysis			Time Of Sample	Remarks
				Chlorine Free Available (mg/l)	Fluoride (mg/l)	pH Value		
1	1550120	205550		.51/.47	.85/.81	9.00/8.84	10:30AM/12PM	NOT IN USE
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30	1550120	205550		.45/.43	.80/.80	9.11/9.15	11AM/12PM	NOT IN USE
31								
Total	Ø	Ø		1.86	3.24	35.7		
# Days	30	30		30	30	30		
Avg.	Ø	Ø		.47	.82	8.93		
Max.	N/A	N/A		.51	.85	9.25		
Min.	N/A	N/A		.43	.80	8.34		

Submit a copy of this completed report to the EPD NE District Office on or before the 10th day of the following month.
* Flow meter readings must be done on the 1st day & last day of the month with total & average reported for each source

Type Fluoride Compound Used: _____
Type Chlorine Compound Used: _____

I certify that all information contained on this form is correct and true to the best of my knowledge.

Signature: D Blaustock

Title: OPERATOR

Print Name: ELBERT D BLAUSTOCK

Certification Class: 1

Phone #: (404) 218-1834

1. Subtract the FIRST (Line 1) meter reading from the LAST (Line 30 or 31) meter reading to get this figure, & enter it in BOTH columns.
2. Divide "Total" by "# Days", & enter the figure in BOTH columns. wsc 6/02

