

ENVIRONMENTAL PROTECTION DIVISION
 DRINKING WATER PROGRAM
 GROUND WATER OPERATION REPORT

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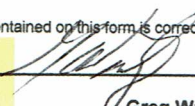
System Name: Surfside Club Estates **WSID #:** 1390016
Source Well/ Plant Name: _____ **Plant ID# :** _____
County: Hall **Permit # :** _____
Summary of (MONTH): November **(YEAR):** 2024

Day of Month	Water Pumped from Groundwater Sources				Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
	(Gallons)					Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
	Well #1	Well #3	Well #4	Well #5					
1	1094683	905	3465117	14687030		1.2			
2						0.9			
3						0.8			
4						0.8			
5						0.7			
6						0.9			
7						1.0			
8						1.1			
9						1.0			
10						0.9			
11						0.9			
12						0.8			
13						0.9			
14						0.7			
15						0.9			
16						0.7			
17						0.7			
18						0.9			
19						1.0			
20						1.0			
21						1.1			
22						1.2			
23						0.9			
24						0.8			
25						0.7			
26						0.8			
27						0.9			
28						0.8			
29						0.9			
30	1094683	905	3678079	15156026		1.0			
31									
Total Prod	0	0	212962	468996	0	0	0	0	Total 681958
Days	31	31	30	30	0	30	0	0	
Avg.	0	0	7098	15663	0	0	0	0	
Max.					0	1.2	0	0	
Min.					0	0.7	0	0	

*Water pumped values should be reported as a total for a 24 hour period beginning 0000-2400.
 (e.g., Take reading at same time each day so that it is for 24 hours)

Type Fluoride Compound Used: _____
 Type Chlorine Compound Used: 10% NSF

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

Signature:  **Title:** _____ **Operator**
Print Name: Greg Wulz **Certification Class:** IV **Phone #:** (678) 617-2898