

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID#:** 101
County: Peach **Permit #:** 111-0002
Summary of (MONTH): January **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	129,000	7.5	0.8	0.7	7.1	
2	126,000	6	0.9	0.7	7.0	
3	128,000	7	0.9	0.7	7.0	
4	130,000	6	0.9	0.7	7.1	
5	184,000	9	1.0	0.7	7.0	
6	148,000	8	1.0	0.7	7.0	
7	190,000	10	0.8	0.7	6.9	
8	132,000	7	0.9	0.8	6.9	
9	186,000	10	0.6	0.7	7.1	
10	189,000	10	0.9	0.8	7.0	
11	116,000	7	0.8	0.8	7.1	
12	186,000	9	0.8	0.7	7.1	
13	192,000	11	0.9	0.7	7.0	
14	156,000	8	0.9	0.7	7.0	
15	154,000	8	1.0	0.7	6.9	
16	168,000	9	0.9	0.7	6.9	
17	169,000	9	1.0	0.7	6.8	
18	132,000	7	1.0	0.7	6.7	
19	200,000	12	1.0	0.8	6.7	
20	140,000	7	0.9	0.8	7.0	
21	133,000	9	0.9	0.8	7.1	
22	207,000	9	0.8	0.8	7.1	
23	214,000	11	0.8	0.8	7.1	
24	199,000	6	0.8	0.8	7.2	
25	185,000	15	0.9	0.7	7.3	
26	157,000	8	0.9	0.7	7.3	
27	170,000	9	0.9	0.8	7.2	
28	168,000	10	0.9	0.7	7.2	
29	196,000	10	0.9	0.7	7.2	
30	142,000	8	0.9	0.7	7.0	
31	168,000	9	1.0	0.7	7.0	
Total	5,094,000	271.5	27.6	22.7	218	
Days	31	31	31	31	31	
Avg.	164,323	8.76	0.89	0.73	7.03	
Max.	214,000	15	1	0.8	7.3	
Min.	116,000	6	0.6	0.7	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: Chad Smith **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID#:** 102
County: Peach **Permit #:** 111-0002
Summary of (MONTH): January **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	227,000	9	0.7	0.7	7.2	
2	222,000	7	0.9	0.7	7.0	
3	224,000	8	0.9	0.7	6.9	
4	230,000	7	0.8	0.7	7.0	
5	299,000	9	0.8	0.7	7.0	
6	285,000	12	0.8	0.8	7.1	
7	335,000	10.5	0.9	0.8	7.0	
8	231,000	5.5	1.0	0.8	7.0	
9	347,000	11.5	1.0	0.8	7.0	
10	334,000	10.5	1.0	0.8	7.0	
11	200,000	6	0.9	0.8	6.9	
12	332,000	10	0.8	0.7	7.1	
13	340,000	8	0.8	0.7	7.1	
14	253,000	8	0.8	0.7	7.2	
15	300,000	9	0.6	0.7	7.1	
16	312,000	9	0.8	0.7	7.1	
17	276,000	10.5	0.9	0.7	7.1	
18	233,000	7.5	0.9	0.7	7.1	
19	379,000	15	1.0	0.8	7.0	
20	233,000	8	0.9	0.8	7.0	
21	237,000	13	1.0	0.7	7.0	
22	351,000	14	0.8	0.7	6.8	
23	377,000	16	0.8	0.7	6.8	
24	318,000	14	0.7	0.7	6.9	
25	353,000	13	0.8	0.8	7.0	
26	282,000	11	0.8	0.7	7.0	
27	272,000	12	0.9	0.7	7.0	
28	313,000	14	0.9	0.7	7.0	
29	361,000	15	0.9	0.7	7.3	
30	245,000	10	1.0	0.7	7.3	
31	266,000	11	1.0	0.8	7.2	
Total	8,967,000	324	26.8	22.7	218.2	
Days	31	31	31	31	31	
Avg.	289,258	10.45	0.86	0.73	7.04	
Max.	379,000	16	1	0.8	7.3	
Min.	200,000	5.5	0.6	0.7	6.8	

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

Type Fluoride Compound Used: Hydrofluorosilicic Acid
Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: Chad Smith **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	103
County:	Peach	Permit #:	111-0002
Summary of (MONTH)	January	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	437,000	10	0.8	0.8	7.3	
2	428,000	14	0.8	0.7	7.0	
3	430,000	14	1.0	0.7	7.0	
4	440,000	12	1.0	0.7	7.1	
5	674,000	23	0.9	0.7	7.1	
6	450,000	10	0.9	0.7	7.2	
7	643,000	26	0.9	0.8	7.0	
8	430,000	13	1.0	0.8	7.2	
9	645,000	28	0.9	0.7	7.0	
10	642,000	23	0.9	0.7	7.0	
11	390,000	12	0.9	0.7	7.1	
12	630,000	21	1.0	0.8	7.0	
13	600,000	18	1.0	0.7	7.0	
14	581,000	189	0.9	0.7	7.0	
15	569,000	20	0.9	0.7	6.9	
16	540,000	18	0.8	0.7	6.9	
17	554,000	18	0.9	0.7	6.9	
18	446,000	12	0.9	0.7	6.8	
19	479,000	16	0.9	0.7	6.9	
20	719,000	27	1.0	0.7	7.0	
21	474,000	15	0.9	0.7	7.0	
22	663,000	22	0.9	0.7	7.0	
23	696,000	23	0.8	0.7	7.1	
24	655,000	19	0.8	0.7	7.1	
25	681,000	25	0.9	0.8	7.1	
26	493,000	15	0.9	0.7	7.2	
27	635,000	22	0.9	0.7	7.0	
28	552,000	21	0.8	0.7	7.0	
29	633,000	21	0.9	0.8	7.2	
30	471,000	15	0.9	0.7	7.2	
31	578,000	19	0.9	0.7	7.0	
Total	17,258,000	741	27.9	22.3	218.3	
Days	31	31	31	31	31	
Avg.	556,710	23.90	0.90	0.72	7.04	
Max.	719,000	189	1	0.8	7.3	
Min.	390,000	10	0.8	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title: System Operator
Print Name: Chad Smith	Certification Class: III	Phone #: (478) 338-2523

1	793,000
2	776,000
3	782,000
4	800,000
5	1,157,000
6	883,000
7	1,168,000
8	793,000
9	1,178,000
10	1,165,000
11	706,000
12	1,148,000
13	1,132,000
14	990,000
15	1,023,000
16	1,020,000
17	999,000
18	811,000
19	1,058,000
20	1,092,000
21	844,000
22	1,221,000
23	1,287,000
24	1,172,000
24	1,219,000
26	932,000
27	1,077,000
28	1,033,000
29	1,190,000
30	858,000
31	1,012,000
Total	31,319,000
avg	1,010,290

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant No:	Byron Water Plant	Plant ID#:	101
County:	Peach	Permit #:	111-0002
Summary of (MONTH)	February	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	181,000	10	0.9	0.7	6.9	
2	179,000	9	0.8	0.8	7.0	
3	160,000	9.5	0.8	0.7	7.0	
4	185,000	9.5	0.9	0.7	7.1	
5	137,000	7	0.7	0.7	7.0	
6	167,000	9	0.9	0.7	7.2	
7	169,000	10	1.0	0.8	7.1	
8	156,000	9	0.9	0.7	7.1	
9	147,000	8	0.9	0.7	6.8	
10	138,000	9	0.9	0.8	7.0	
11	144,000	6	0.8	0.8	7.2	
12	209,000	10	0.8	0.8	7.1	
13	150,000	10	0.8	0.9	7.0	
14	148,000	6	0.8	0.8	7.0	
15	131,000	9	0.8	0.7	7.0	
16	151,000	8	0.9	0.7	7.0	
17	194,000	11	0.9	0.7	6.9	
18	133,000	8	0.6	0.7	7.1	
19	189,000	8	0.9	0.7	7.0	
20	120,000	6.5	0.9	0.8	7.1	
21	146,000	7.5	0.8	0.7	7.1	
22	184,000	10	0.8	0.8	7.1	
23	183,000	10	0.9	0.8	7.2	
24	138,000	8	0.9	0.8	7.0	
25	161,000	5	1.0	0.8	7.0	
26	177,000	9	0.9	0.8	6.9	
27	142,000	8	0.8	0.9	7.0	
28	174,000	8	0.8	0.8	7.1	
29						
30						
31						
Total	4,493,000	238	23.8	21.3	197	
Days	28	28	28	28	28	
Avg.	160,464	8.50	0.85	0.76	7.04	
Max.	209,000	11	1	0.9	7.2	
Min.	120,000	5	0.6	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID#:** 102
County: Peach **Permit #:** 111-0002
Summary of (MONTH): February **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	348,000	14	0.9	0.8	6.9	
2	343,000	14	0.8	0.7	6.9	
3	235,000	9	0.8	0.7	6.8	
4	345,000	100	0.6	0.7	7.0	
5	231,000	9	0.9	0.7	7.2	
6	319,000	13	1.0	0.7	7.2	
7	214,000	5	1.0	0.8	7.2	
8	349,000	19	1.0	0.8	7.1	
9	253,000	10	0.9	0.8	7.2	
10	241,000	13	0.9	0.8	7.1	
11	254,000	7	1.0	0.7	7.1	
12	345,000	14	0.8	0.8	7.0	
13	252,000	10	0.9	0.7	7.0	
14	295,000	10	0.9	0.7	6.9	
15	231,000	12	0.9	0.8	6.9	
16	251,000	9	0.8	0.7	7.2	
17	304,000	14	0.8	0.7	7.2	
18	288,000	11	0.9	0.7	6.9	
19	332,000	13	1.0	0.7	7.0	
20	211,000	9	1.1	0.7	7.0	
21	267,000	11	1.1	0.7	7.0	
22	248,000	9	1.0	0.7	7.0	
23	371,000	17	1.0	0.8	7.1	
24	260,000	9	1.0	0.7	7.2	
25	299,000	12	1.0	0.7	7.2	
26	292,000	12	0.8	0.7	7.0	
27	273,000	11	0.9	0.7	7.0	
28	302,000	12	0.7	0.7	6.8	
29						
30						
31						
Total	7,953,000	408	25.4	20.4	197.1	
Days	28	28	28	28	28	
Avg.	284,036	14.57	0.91	0.73	7.04	
Max.	371,000	100	1.1	0.8	7.2	
Min.	211,000	5	0.6	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID#:** 103
County: Peach **Permit #:** 111-0002
Summary of (MONTH): February **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	600,000	20	0.8	0.8	7.2	
2	523,000	20	0.9	0.8	7.2	
3	690,000	20	0.9	0.8	6.9	
4	564,000	22	1.0	0.7	7.0	
5	456,000	15	1.0	0.8	7.0	
6	627,000	21	1.0	0.8	7.0	
7	452,000	11	0.9	0.8	7.0	
8	634,000	22	0.9	0.7	7.1	
9	464,000	23	0.8	0.7	7.1	
10	465,000	16	1.0	0.8	7.2	
11	530,000	14	1.0	0.8	7.2	
12	634,000	20	0.9	0.8	7.1	
13	575,000	16	0.9	0.8	7.0	
14	466,000	9	0.9	0.8	7.0	
15	444,000	25	0.9	0.8	7.0	
16	484,000	15	0.8	0.8	7.1	
17	624,000	22	0.9	0.8	7.2	
18	513,000	17	0.9	0.8	7.2	
19	639,000	23	1.0	0.8	7.2	
20	406,000	15	0.9	0.8	7.3	
21	546,000	17	0.7	0.8	7.0	
22	493,000	16	0.9	0.8	7.0	
23	701,000	18	0.9	0.9	7.0	
24	467,000	16.5	0.9	0.8	7.0	
25	610,000	20	0.9	0.8	7.1	
26	549,000	16	0.9	0.8	7.0	
27	521,000	16	1.0	0.8	6.9	
28	581,000	20	0.9	0.7	6.8	
29						
30						
31						
Total	15,258,000	505.5	25.4	22.1	197.8	
Days	28	28	28	28	28	
Avg.	544,929	18.05	0.91	0.79	7.06	
Max.	701,000	25	1	0.9	7.3	
Min.	406,000	9	0.7	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

1	1,129,000
2	1,045,000
3	1,085,000
4	1,094,000
5	824,000
6	1,113,000
7	835,000
8	1,139,000
9	864,000
10	844,000
11	928,000
12	1,188,000
13	977,000
14	909,000
15	806,000
16	886,000
17	1,122,000
18	934,000
19	1,160,000
20	737,000
21	959,000
22	925,000
23	1,255,000
24	865,000
24	1,070,000
26	1,018,000
27	936,000
28	1,057,000
29	0
30	0
31	0
Total	27,704,000
avg	989,429

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID#:** 101
County: Peach **Permit #:** 111-0002
Summary of (MONTH): March **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	157,000	8	0.9	0.8	7.1	
2	132,000	6	0.9	0.8	7.1	
3	184,000	9	1.0	0.8	7.2	
4	121,000	5	1.0	0.7	7.0	
5	171,000	9	0.9	0.8	7.0	
6	180,000	8	0.9	0.8	7.0	
7	141,000	7	0.8	0.8	6.9	
8	148,000	7	0.9	0.8	6.8	
9	150,000	7	0.9	0.8	6.8	
10	201,000	10	0.9	0.8	6.7	
11	138,000	6	0.8	0.7	6.9	
12	185,000	8	0.9	0.7	7.2	
13	185,000	9	1.1	0.7	7.2	
14	125,000	6	1.1	0.8	7.2	
15	189,000	8	1.0	0.8	7.1	
16	144,000	6	1.0	0.8	7.1	
17	165,000	8	0.9	0.8	7.0	
18	185,000	9	0.9	0.8	7.2	
19	145,000	7.5	0.9	0.8	7.3	
20	201,000	8.5	1.0	0.8	7.3	
21	127,000	7	0.9	0.8	7.3	
22	207,000	9	1.0	0.8	7.2	
23	133,000	7	1.0	0.8	7.2	
24	226,000	11	0.9	0.7	7.2	
25	124,000	6	0.9	0.7	7.1	
26	189,000	8	0.9	0.7	7.2	
27	160,000	8	0.9	0.8	7.0	
28	184,000	8	0.9	0.8	7.0	
29	169,000	8	0.8	0.8	7.1	
30	150,000	10	0.8	0.7	7.0	
31	141,000	8	0.6	0.7	7.0	
Total	5,057,000	242	28.3	23.9	219.4	
Days	31	31	31	31	31	
Avg.	163,129	7.81	0.91	0.77	7.08	
Max.	226,000	11	1.1	0.8	7.3	
Min.	121,000	5	0.6	0.7	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: Chad Smith **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID# :** 102
County: Peach **Permit # :** 111-0002
Summary of (MONTH): March **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	212,000	8	0.6	0.8	7.2	
2	284,000	9	0.9	0.8	7.4	
3	253,000	11	0.9	0.8	7.3	
4	289,000	12	0.9	0.8	7.1	
5	265,000	11	0.9	0.8	7.5	
6	325,000	14	0.8	0.8	7.1	
7	233,000	9	0.9	0.8	7.1	
8	250,000	10	0.8	0.8	7.0	
9	282,000	12	0.9	0.7	7.0	
10	349,000	15	0.9	0.8	7.1	
11	252,000	9	1.0	0.8	7.2	
12	321,000	13	1.0	0.8	7.2	
13	320,000	13	1.0	0.8	7.2	
14	219,000	9	1.1	0.7	7.2	
15	366,000	14	0.9	0.7	7.0	
16	220,000	9	0.9	0.8	7.0	
17	252,000	12	0.9	0.8	6.9	
18	363,000	14	0.8	1.0	7.0	
19	235,000	9	0.9	0.7	7.0	
20	375,000	15	0.9	0.7	7.1	
21	228,000	10	0.9	0.8	7.0	
22	360,000	12	0.9	0.8	7.0	
23	234,000	12	1.0	0.7	7.0	
24	348,000	12	1.0	0.7	7.0	
25	269,000	12	1.0	0.7	7.0	
26	337,000	14	1.0	0.8	6.9	
27	276,000	10	1.0	0.7	7.0	
28	329,000	13	0.9	0.7	7.0	
29	293,000	9	0.6	0.7	7.2	
30	258,000	13	0.7	0.8	7.2	
31	343,000	14	0.7	0.8	7.2	
Total	8,940,000	359	27.6	23.9	220.1	
Days	31	31	31	31	31	
Avg.	288,387	11.58	0.89	0.77	7.10	
Max.	375,000	15	1.1	1	7.5	
Min.	219,000	8	0.6	0.7	6.9	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID# :** 103
County: Peach **Permit # :** 111-0002
Summary of (MONTH): March **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	486,000	13	0.9	0.8	7.2	
2	460,000	15	1.0	0.7	7.0	
3	509,000	18	1.0	0.7	7.0	
4	584,000	21	0.9	0.7	7.0	
5	561,000	18	0.8	0.8	7.2	
6	587,000	18	0.8	0.8	7.2	
7	468,000	17	0.9	0.8	7.1	
8	569,000	14	0.9	0.8	7.3	
9	525,000	16	0.9	0.8	7.0	
10	677,000	20	0.9	0.8	7.0	
11	466,000	18	0.9	0.7	7.0	
12	658,000	22	0.8	0.7	7.1	
13	598,000	20	0.9	0.7	7.2	
14	432,000	12	0.8	0.7	7.1	
15	563,000	20	0.8	0.7	7.1	
16	555,000	20	1.0	0.8	7.2	
17	616,000	22	1.0	0.8	7.0	
18	569,000	18	1.0	0.8	6.8	
19	537,000	18	0.9	0.8	6.9	
20	635,000	22	0.9	0.8	7.0	
21	460,000	14	0.9	0.8	7.0	
22	673,000	20	0.9	0.8	7.2	
23	450,000	17	0.8	0.8	7.3	
24	766,000	24	0.9	0.8	7.3	
25	421,000	19	0.9	0.8	7.3	
26	668,000	22	1.0	0.8	7.4	
27	513,000	17	1.0	0.7	7.1	
28	648,000	21	1.0	0.8	7.1	
29	555,000	17	0.6	0.8	7.0	
30	699,000	17	0.8	0.7	7.0	
31	450,000	21	0.8	0.7	7.1	
Total	17,358,000	571	27.6	23.7	220.2	
Days	31	31	31	31	31	
Avg.	559,935	18.42	0.89	0.76	7.10	
Max.	766,000	24	1	0.8	7.4	
Min.	421,000	12	0.6	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

1	855,000
2	876,000
3	946,000
4	994,000
5	997,000
6	1,092,000
7	842,000
8	967,000
9	957,000
10	1,227,000
11	856,000
12	1,164,000
13	1,103,000
14	776,000
15	1,118,000
16	919,000
17	1,033,000
18	1,117,000
19	917,000
20	1,211,000
21	815,000
22	1,240,000
23	817,000
24	1,340,000
24	814,000
26	1,194,000
27	949,000
28	1,161,000
29	1,017,000
30	1,107,000
31	934,000
Total	31,355,000
avg	1,011,452

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	101
County:	Peach	Permit #:	111-0002
Summary of (MONTH)	April	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	174,000	8	0.8	0.8		
2	207,000	10	0.8	0.7		
3	127,000	8	0.9	0.7		
4	208,000	6	1.0	0.7		
5	126,000	10	0.9	0.7		
6	191,000	10	0.9	0.7		
7	152,000	7	0.9	0.7		
8	178,000	4	0.6	0.8		
9	140,000	9	0.9	0.7		
10	147,000	6	0.8	0.7		
11	184,000	8	0.9	0.7		
12	155,000	6	1.0	0.7		
13	135,000	7	1.0	0.7		
14	225,000	12	1.0	0.7		
15	143,000	6	0.9	0.7		
16	207,000	9	0.9	0.7		
17	191,000	9	0.6	0.8		
18	164,000	10	0.6	0.7		
19	143,000	7	0.7	0.7		
20	216,000	10	0.6	0.7		
21	223,000	11	0.8	0.7		
22	176,000	9	0.8	0.7		
23	202,000	9	0.8	0.8		
24	203,000	10	0.8	0.7		
25	152,000	7	0.6	0.7		
26	221,000	11	0.7	0.7		
27	201,000	10	0.7	0.8		
28	166,000	9	0.8	0.7		
29	201,000	8	0.6	0.7		
30	187,000	9	0.6	0.7		
31						
Total	5,345,000	255	23.9	21.5	0	
Days	30	30	30	30	0	
Avg.	178,167	8.50	0.80	0.72	0.00	
Max.	225,000	12	1	0.8	0	
Min.	126,000	4	0.6	0.7	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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System	Operator	
Print Name:	Chad Smith	Certification Class:	III	Phone #:	(478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	102
County:	Peach	Permit #:	111-0002
Summary of (MONTH)	April	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	210,000	7	1.0	0.8	7.3	
2	334,000	15	1.0	0.8	7.0	
3	253,000	9	1.0	0.8	7.0	
4	373,000	17	1.0	0.8	6.8	
5	215,000	9	1.0	0.8	6.8	
6	286,000	10	1.0	0.7	6.9	
7	318,000	12	0.9	0.7	7.3	
8	285,000	10	0.9	0.8	7.2	
9	284,000	14	0.9	0.8	7.1	
10	251,000	9	0.9	0.8	7.1	
11	329,000	12	0.8	0.8	7.0	
12	267,000	9	0.9	0.7	7.3	
13	351,000	14	1.0	0.7	7.3	
14	257,000	14	0.9	0.7	7.3	
15	284,000	8	0.9	0.7	7.2	
16	360,000	15	0.9	0.7	7.0	
17	305,000	12	0.5	0.8	6.9	
18	320,000	12	0.6	0.8	6.9	
19	252,000	8	0.6	0.8	6.7	
20	380,000	16	0.6	0.8	7.1	
21	380,000	16	0.9	0.8	7.1	
22	317,000	12	0.8	0.8	7.1	
23	368,000	15	0.8	0.8	7.1	
24	347,000	13	0.8	0.8	7.0	
25	279,000	12	0.7	0.7	7.0	
26	521,000	21	0.7	0.8	7.1	
27	252,000	10	0.8	0.8	7.0	
28	261,000	10	0.9	0.8	7.0	
29	354,000	14	0.8	0.8	7.1	
30	329,000	11	0.7	0.8	7.0	
31						
Total	9,322,000	366	25.2	23.2	211.7	
Days	30	30	30	30	30	
Avg.	310,733	12.20	0.84	0.77	7.06	
Max.	521,000	21	1	0.8	7.3	
Min.	215,000	7	0.5	0.7	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Op
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID# :** 103
County: Peach **Permit # :** 111-0002
Summary of (MONTH) April **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	477,000	18	1.0	0.8	7.0	
2	689,000	17	1.0	0.8	7.2	
3	422,000	16	1.0	0.8	7.2	
4	719,000	21	0.9	0.7	7.2	
5	374,000	15	0.9	0.7	7.2	
6	621,000	17	0.9	0.7	7.0	
7	582,000	21	0.9	0.8	6.8	
8	571,000	21	0.8	0.7	7.0	
9	588,000	19	1.1	0.7	7.0	
10	419,000	14	1.0	0.7	7.2	
11	674,000	22	1.0	0.7	7.3	
12	471,000	16	0.7	0.7	7.3	
13	518,000	16.5	0.7	0.7	7.3	
14	704,000	25.5	0.8	0.7	7.2	
15	536,000	18	0.8	0.7	7.0	
16	650,000	22	0.8	0.7	7.0	
17	616,000	24	0.9	0.8	6.7	
18	586,000	17	0.8	0.8	7.1	
19	579,000	17	0.8	0.8	7.1	
20	638,000	22	0.8	0.8	7.2	
21	819,000	29	0.9	0.8	7.2	
22	566,000	17	0.8	0.8	7.2	
23	666,000	23	0.8	0.7	7.1	
24	638,000	22	0.6	0.8	7.1	
25	580,000	19	0.8	0.8	7.0	
26	701,000	23	0.8	0.8	7.0	
27	581,000	18	0.8	0.8	7.1	
28	695,000	21	0.7	0.7	7.2	
29	681,000	20	0.6	0.8	7.1	
30	635,000	22	0.6	0.8	7.1	
31						
Total	17,996,000	593	25	22.6	213.1	
Days	30	30	30	30	30	
Avg.	599,867	19.77	0.83	0.75	7.10	
Max.	819,000	29	1.1	0.8	7.3	
Min.	374,000	14	0.6	0.7	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

1	861,000
2	1,230,000
3	802,000
4	1,300,000
5	715,000
6	1,098,000
7	1,052,000
8	1,034,000
9	1,012,000
10	817,000
11	1,187,000
12	893,000
13	1,004,000
14	1,186,000
15	963,000
16	1,217,000
17	1,112,000
18	1,070,000
19	974,000
20	1,234,000
21	1,422,000
22	1,059,000
23	1,236,000
24	1,188,000
24	1,011,000
26	1,443,000
27	1,034,000
28	1,122,000
29	1,236,000
30	1,151,000
31	0
Total	32,663,000
avg	1,088,767

ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT

System Name: City of Byron **WSID #:** GA
Source Well/ Plant N Byron Water Plant **Plant ID#** 101
County: Peach **Permit # :** 111-0002
Summary of (MONTH) May **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	171,000	8	0.7	0.7	7.0	
2	253,000	12	0.8	0.7	7.0	
3	184,000	9	0.6	0.7	6.9	
4	221,000	10	0.9	0.7	7.1	
5	174,000	7	0.9	0.7	7.0	
6	189,000	9	0.8	0.7	7.2	
7	172,000	15	0.6	0.8	7.0	
8	173,000	7	0.6	0.8	7.0	
9	192,000	8	0.8	0.8	6.9	
10	156,000	8	0.9	0.8	7.0	
11	174,000	10	0.9	0.7	7.0	
12	172,000	12	0.9	0.8	7.1	
13	136,000	9	0.9	0.7	7.1	
14	269,000	7	1.0	0.7	7.2	
15	172,000	8	1.0	0.7	7.2	
16	190,000	9	1.0	0.7	7.2	
17	188,000	12	1.0	0.7	7.3	
18	173,000	8	1.1	0.7	7.4	
19	142,000	5	0.9	0.7	7.3	
20	204,000	9	0.8	0.7	7.3	
21	137,000	0	0.8	0.7	7.1	
22	196,000	7	0.8	0.7	7.0	
23	148,000	7	0.8	0.8	7.0	
24	162,000	8	0.9	0.7	7.0	
25	117,000	5	0.8	0.7	7.0	
26	121,000	6	0.9	0.7	6.8	
27	154,000	9	0.9	0.7	7.2	
28	145,000	6	1.0	0.7	7.2	
29	133,000	6.5	1.0	0.7	7.1	
30	122,000	5.5	1.0	0.7	7.2	
31	125,000	6	1.0	0.8	7.1	
Total	5,265,000	248	27	22.4	219.9	
Days	31	31	31	31	31	
Avg.	169,839	8.00	0.87	0.72	7.09	
Max.	269,000	15	1.1	0.8	7.4	
Min.	117,000	0	0.6	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant N	Byron Water Plant	Plant ID#	102
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	May	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	311,000	9	0.9	0.7	7.1	
2	445,000	18	0.9	0.7	7.0	
3	314,000	13	0.9	0.7	7.0	
4	392,000	16	0.8	0.7	7.0	
5	284,000	13	0.8	0.8	7.3	
6	351,000	13	0.8	0.7	7.2	
7	324,000	14	0.9	0.7	7.0	
8	284,000	10	0.6	0.7	7.1	
9	279,000	11	0.7	0.7	7.0	
10	333,000	14	0.8	0.7	7.1	
11	239,000	8	1.0	0.7	7.0	
12	363,000	15	1.0	0.8	7.0	
13	231,000	8	0.9	0.7	6.9	
14	494,000	20	0.9	0.7	6.9	
15	299,000	13	0.9	0.7	6.9	
16	337,000	14	0.9	0.7	7.0	
17	263,000	14	0.9	0.7	7.1	
18	370,000	10	0.9	0.8	7.1	
19	234,000	11	0.9	0.7	7.0	
20	369,000	15	0.8	0.7	7.1	
21	227,000	8	0.9	0.7	7.0	
22	359,000	13	0.9	0.7	7.0	
23	269,000	11	0.9	0.7	7.0	
24	279,000	10	0.6	0.7	7.2	
25	232,000	9	0.6	0.7	7.2	
26	185,000	9	0.7	0.7	7.1	
27	230,000	12	0.8	0.8	7.1	
28	304,000	11	0.8	0.7	7.3	
29	232,000	10	0.9	0.7	6.9	
30	209,000	8	0.9	0.8	7.0	
31	221,000	9	0.6	0.8	7.2	
Total	9,263,000	369	25.8	22.3	218.8	
Days	31	31	31	31	31	
Avg.	298,806	11.90	0.83	0.72	7.06	
Max.	494,000	20	1	0.8	7.3	
Min.	185,000	8	0.6	0.7	6.9	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Op
Print Name:	Chad Smith	Certification Class:	III Phone #: (478) 338-2523

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant N	Byron Water Plant	Plant ID#	103
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	May	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	612,000	21	0.8	0.8	7.1	
2	615,000	21	0.8	0.7	7.2	
3	577,000	19	0.9	0.7	7.0	
4	754,000	24	0.9	0.7	7.0	
5	646,000	0	1.0	0.8	7.2	fluroride feed problem
6	579,000	0	1.0	0.3	7.2	v
7	696,000	0	0.9	0.2	7.3	v
8	476,000	0	0.9	0.2	7.3	v
9	721,000	0	0.9	0.6	7.1	v
10	457,000	0	0.9	0.6	7.1	v
11	482,000	0	0.8	0.6	7.1	v
12	695,000	0	0.9	0.2	7.1	v
13	429,000	0	1.0	0.7	7.1	problem resolved
14	395,000	15	0.9	0.8	7.1	
15	530,000	18	0.9	0.7	7.1	
16	661,000	21	0.9	0.7	7.0	
17	532,000	19	0.9	0.7	7.0	
18	672,000	20	0.9	0.7	7.0	
19	563,000	20.5	0.9	0.7	7.0	
20	610,000	21.5	0.8	0.7	7.0	
21	482,000	17	0.8	0.7	7.3	
22	647,000	22	0.9	0.7	7.3	
23	534,000	19	0.8	0.7	7.3	
24	416,000	12	0.9	0.7	7.2	
25	533,000	18	1.0	0.7	7.2	
26	412,000	16	1.0	0.7	7.2	
27	558,000	18	1.0	0.7	7.2	
28	491,000	16	0.9	0.7	7.2	
29	429,000	14	0.9	0.8	7.3	
30	404,000	14	0.9	0.8	7.1	
31	427,000	14	0.9	0.8	7.0	
Total	17,035,000	400	27.9	20.1	221.3	
Days	31	31	31	31	31	
Avg.	549,516	12.90	0.90	0.65	7.14	
Max.	754,000	24	1	0.8	7.3	
Min.	395,000	0	0.8	0.2	7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title: System Operator
Print Name	Chad Smith	Certification Class: III Phone #: (478) 338-2523

1	1,094,000
2	1,313,000
3	1,075,000
4	1,367,000
5	1,104,000
6	1,119,000
7	1,192,000
8	933,000
9	1,192,000
10	946,000
11	895,000
12	1,230,000
13	796,000
14	1,158,000
15	1,001,000
16	1,188,000
17	983,000
18	1,215,000
19	939,000
20	1,183,000
21	846,000
22	1,202,000
23	951,000
24	857,000
24	882,000
26	718,000
27	942,000
28	940,000
29	794,000
30	735,000
31	773,000
Total	31,563,000
avg	1,018,161

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#	101
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	June	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	157,000	8	0.9	0.7	7.2	
2	175,000	9	1.0	0.7	7.1	
3	138,000	6	0.8	0.7	7.1	
4	173,000	8	0.8	0.8	7.1	
5	88,000	4	1.0	0.7	7.3	
6	148,000	7	1.0	0.7	7.0	
7	147,000	7	0.9	0.8	7.0	
8	113,000	5	0.9	0.7	7.1	
9	118,000	7	0.9	0.7	7.1	
10	120,000	5	1.0	0.7	7.0	
11	133,000	6	0.9	0.7	7.0	
12	163,000	8	0.9	0.7	6.9	
13	138,000	7	0.9	0.7	6.9	
14	118,000	5	0.8	0.8	6.9	
15	132,000	6	0.8	0.7	6.8	
16	105,000	8	0.8	0.7	7.1	
17	138,000	4	0.7	0.7	7.1	
18	143,000	7	0.7	0.7	7.2	
19	144,000	7	0.7	0.8	7.2	
20	142,000	6	0.1	0.7	7.2	
21	120,000	6	0.7	0.8	7.0	
22	131,000	5	0.6	0.8	7.0	
23	174,000	10	0.6	0.8	7.0	
24	155,000	7	1.0	0.8	7.0	
25	132,000	5	1.0	0.8	7.1	
26	170,000	6	1.0	0.7	7.2	
27	147,000	5	1.0	0.7	7.2	
28	129,000	10.5	0.9	0.7	7.2	
29	141,000	6.5	0.9	0.7	7.1	
30	122,000	7	0.9	0.7	7.3	
31						
Total	4,154,000	198	25.1	21.9	212.4	
Days	30	30	30	30	30	
Avg.	138,467	6.60	0.84	0.73	7.08	
Max.	175,000	10.5	1	0.8	7.3	
Min.	88,000	4	0.1	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name: City of Byron **WSID #:** GA
Source Well/ Plant No: Byron Water Plant **Plant ID#** 102
County: Peach **Permit # :** 111-0002
Summary of (MONTH) June **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	283,000	10	0.9	0.7	7.2	
2	301,000	12	1.0	0.7	7.2	
3	228,000	6	1.0	0.7	7.3	
4	272,000	11	1.0	0.7	7.1	
5	209,000	9	0.8	0.7	7.0	
6	261,000	9	1.0	0.7	7.0	
7	252,000	7	1.0	0.8	7.0	
8	200,000	0	0.9	0.4	7.0	
9	208,000	0	0.9	0.4	7.0	
10	211,000	0	0.9	0.5	7.2	
11	219,000	10	0.8	0.8	7.2	
12	283,000	11	0.8	0.7	7.2	
13	262,000	11	0.8	0.7	7.1	
14	707,000	6	0.8	0.7	7.0	
15	263,000	12	0.6	0.7	7.2	
16	155,000	9	0.6	0.7	7.2	
17	220,000	7	0.9	0.8	7.1	
18	270,000	12	0.9	0.8	7.1	
19	191,000	8	1.0	0.8	7.2	
20	319,000	13	1.0	0.7	7.2	
21	211,000	8	0.9	0.8	7.2	
22	286,000	13	0.9	0.8	7.1	
23	238,000	10	0.9	0.8	7.1	
24	285,000	10	0.9	0.8	7.1	
25	222,000	7	1.0	0.8	7.2	
26	302,000	10	1.0	0.8	7.3	
27	267,000	13	1.1	0.8	7.3	
28	151,000	5	1.0	0.8	7.0	
29	177,000	7	1.0	0.7	7.0	
30	225,000	12	1.0	0.8	7.0	
31						
Total	7,678,000	258	27.3	21.6	213.8	
Days	30	30	30	30	30	
Avg.	255,933	8.60	0.91	0.72	7.13	
Max.	707,000	13	1.1	0.8	7.3	
Min.	151,000	0	0.6	0.4	7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name: City of Byron **WSID #:** GA
Source Well/ Plant No: Byron Water Plant **Plant ID#:** 103
County: Peach **Permit #:** 111-0002
Summary of (MONTH): June **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	556,000	24	0.8	0.7	7.3	
2	569,000	18	0.8	0.7	7.3	
3	442,000	16	0.8	0.7	7.2	
4	541,000	18	1.0	0.7	7.2	
5	426,000	14	1.0	0.7	7.2	
6	509,000	18	0.9	0.8	7.2	
7	429,000	14	0.8	0.8	7.0	
8	400,000	12	0.8	0.7	7.0	
9	401,000	15	1.0	0.7	7.0	
10	440,000	15	0.9	0.7	7.1	
11	482,000	17	0.9	0.7	7.0	
12	545,000	18	0.8	0.8	7.1	
13	449,000	13	0.6	0.8	7.1	
14	400,000	13	0.8	0.7	7.2	
15	397,000	13	0.9	0.7	7.2	
16	410,000	15	0.9	0.7	7.2	
17	425,000	14	1.0	0.7	7.1	
18	547,000	19	1.0	0.7	7.0	
19	388,000	15	0.9	0.7	7.0	
20	570,000	22	0.8	0.7	7.0	
21	407,000	11	0.8	0.7	7.1	
22	442,000	17	1.0	0.7	7.1	
23	611,000	20	1.0	0.7	7.1	
24	508,000	17	1.0	0.7	7.2	
25	594,000	18	0.8	0.8	7.2	
26	441,000	13	0.8	0.8	7.0	
27	508,000	19	0.9	0.8	7.0	
28	488,000	17	0.9	0.8	7.0	
29	458,000	17	0.6	0.8	7.0	
30	370,000	18	0.7	0.8	7.0	
31						
Total	14,153,000	490	25.9	22	213.1	
Days	30	30	30	30	30	
Avg.	471,767	16.33	0.86	0.73	7.10	
Max.	611,000	24	1	0.8	7.3	
Min.	370,000	11	0.6	0.7	7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

	1	996,000
	2	1,045,000
	3	808,000
	4	986,000
	5	723,000
	6	918,000
	7	828,000
	8	713,000
	9	727,000
	10	771,000
	11	834,000
	12	991,000
	13	849,000
	14	1,225,000
	15	792,000
	16	670,000
	17	783,000
	18	960,000
	19	723,000
	20	1,031,000
	21	738,000
	22	859,000
	23	1,023,000
	24	948,000
	24	948,000
	26	913,000
	27	922,000
	28	768,000
	29	776,000
	30	717,000
	31	0
Total		25,985,000
avg		866,167

ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	<u>101</u>
County:	Peach	Permit #:	<u>111-0002</u>
Summary of (MONTH):	July	(YEAR):	<u>2025</u>

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	163,000	7	0.6	0.7	7.0	
2	142,000	6	0.6	0.7	7.1	
3	151,000	9	0.8	0.7	7.0	
4	122,000	5	0.8	0.7	7.0	
5	199,000	9	0.9	0.7	7.0	
6	130,000	6	0.9	0.7	7.0	
7	122,000	9	0.9	0.8	7.0	
8	174,000	6	0.6	0.8	7.0	
9	163,000	7	0.6	0.8	7.0	
10	123,000	6	0.8	0.7	7.0	
11	146,000	6	0.8	0.7	6.9	
12	225,000	6	0.8	0.7	6.9	
13	159,000	7	1.0	0.7	6.8	
14	153,000	8	1.0	0.7	6.8	
15	162,000	7	1.0	0.8	7.1	
16	175,000	8	0.6	0.8	7.2	
17	126,000	6	0.8	0.8	7.2	
18	155,000	9	0.8	0.8	7.1	
19	219,000	8	0.8	0.8	7.0	
20	151,000	8	0.6	0.8	7.0	
21	139,000	6	0.8	0.8	7.1	
22	167,000	7.5	0.8	0.8	7.0	
23	180,000	8	0.8	0.8	7.0	
24	136,000	7	0.6	0.7	7.0	
25	207,000	9	0.6	0.7	6.7	
26	137,000	7	0.6	0.8	6.9	
27	196,000	9	0.5	0.7	7.1	
28	175,000	8	0.8	0.7	7.1	
29	247,000	11	0.6	0.8	7.0	
30	221,000	11	0.8	0.7	7.0	
31	193,000	9	0.8	0.8	7.0	
Total	5,158,000	235.5	23.4	23.2	217	

Days	31	31	31	31	31	
Avg.	166,387	7.60	0.75	0.75	7.00	
Max.	247,000	11	1	0.8	7.2	
Min.	122,000	5	0.5	0.7	6.7	

*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:

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

Signature:		Title:	System	Operator
Print Name:	Chad Smith	Certification Class:	III	Phone #:

EPD 1.6

Revised April 2019

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

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System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	102
County:	Peach	Permit #:	111-0002
Summary of (MONTH)	July	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	265	11	0.9	0.8	7.0	
2	274	10	0.9	0.8	7.0	
3	254	10	0.8	0.8	7.0	
4	215	7	0.8	0.8	7.0	
5	229	11	0.8	0.8	7.0	
6	349	13	1.0	0.8	7.0	
7	215	14	1.0	0.8	7.2	
8	320	9	1.0	0.8	7.0	
9	293	12	0.9	0.7	7.0	
10	216	9	0.9	0.8	7.0	
11	218	9	0.8	0.8	6.9	
12	210	8	0.6	0.8	6.9	
13	277	12	0.6	0.7	6.8	
14	272	13	0.6	0.7	7.0	
15	281	11	0.6	0.7	7.0	

16	312	12	0.7	0.7	7.0	
17	221	9	0.7	0.7	7.0	
18	295	13	0.7	0.7	7.2	
19	377	15	0.7	0.8	7.0	
20	201	8	0.7	0.7	7.0	
21	303	13	0.8	0.8	7.3	
22	307	12	0.9	0.8	7.0	
23	304	12	1.0	0.7	7.2	
24	235	11	1.0	0.7	7.0	
25	370	17	1.0	0.7	7.0	
26	243	10	1.0	0.7	7.0	
27	357	14	0.9	0.7	7.4	
28	271	12	0.8	0.7	7.0	
29	101	3	0.8	0.7	7.1	
30	400	16	0.7	0.7	7.1	
31	375	17	0.7	0.7	7.0	
Total	8,560	353	25.3	23.1	218.1	
Days	31	31	31	31	31	
Avg.	276	11.39	0.82	0.75	7.04	
Max.	400	17	1	0.8	7.4	
Min.	101	3	0.6	0.7	6.8	

*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:

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

Signature: _____ Title: System Op
Print Name: Chad Smith Certification Class: III Phone #:

EPD 1.6 Revised April 2019

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

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System Name: City of Byron WSID #: GA
Source Well/ Plant Name: Byron Water Plant Plant ID#: 103
County: Peach Permit #: 111-0002
Summary of (MONTH): July (YEAR): 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	642,000	18	1.0	0.8	7.0	

2	549,000	18	1.0	0.8	7.0	
3	453,000	15	1.0	0.7	7.0	
4	414,000	12	1.0	0.7	7.1	
5	676,000	20	0.8	0.7	7.2	
6	427,000	12	0.8	0.7	7.2	
7	491,000	18	0.8	0.7	7.2	
8	590,000	22	0.7	0.8	7.2	
9	528,000	18	0.8	0.7	7.3	
10	404,000	5	0.6	0.7	7.2	
11	464,000	0	0.6	0.4	7.2	
12	370,000	7	0.6	0.7	7.1	
13	496,000	16	0.6	0.7	7.1	
14	556,000	20	0.8	0.8	7.1	
15	589,000	18	0.9	0.7	6.8	
16	554,000	18	0.9	0.7	7.0	
17	446,000	20	0.8	0.7	7.0	
18	567,000	20	0.8	0.8	7.0	
19	662,000	21	0.8	0.8	7.0	
20	444,000	17	0.9	0.8	7.0	
21	554,000	15	0.9	0.7	7.1	
22	528,000	20	0.9	0.7	7.2	
23	648,000	21	0.8	0.7	7.0	
24	476,000	16	0.8	0.7	7.2	
25	674,000	20	0.9	0.7	7.2	
26	477,000	17	0.9	0.7	7.0	
27	700,000	23	0.9	0.7	7.0	
28	582,000	19	0.7	0.8	7.0	
29	826,000	29	0.8	0.7	7.0	
30	397,000	12	1.0	0.7	7.0	
31	590,000	20	1.0	0.7	7.0	
Total	16,774,000	527	25.8	22.2	219.4	
Days	31	31	31	31	31	
Avg.	541,097	17.00	0.83	0.72	7.08	
Max.	826,000	29	1	0.8	7.3	
Min.	370,000	0	0.6	0.4	6.8	

*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:

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

Signature:		Title:	System	Operator
Print Name:	Chad Smith	Certification Class:	III	Phone #:

1	805,265
2	691,274
3	604,254
4	536,215
5	875,229
6	557,349
7	613,215
8	764,320
9	691,293
10	527,216
11	610,218
12	595,210
13	655,277
14	709,272
15	751,281
16	729,312
17	572,221
18	722,295
19	881,377
20	595,201
21	693,303
22	695,307
23	828,304
24	612,235
24	881,370
26	614,243
27	896,357
28	757,271
29	1,073,101
30	618,400
31	783,375
Total	21,940,560

ental Protection Division

Street Address

State and Zip Code

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[illegible]

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#	101
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	August	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	164,000	7	0.8	0.8	7.1	
2	183,000	10	0.6	0.8	7.1	
3	120,000	4	0.6	0.7	7.2	
4	133,000	7	0.6	0.7	7.1	
5	142,000	6	0.6	0.7	7.2	
6	123,000	5	0.6	0.7	7.2	
7	171,000	8	0.6	0.8	7.2	
8	155,000	7	0.7	0.7	7.3	
9	115,000	7	0.7	0.8	7.0	
10	129,000	6	0.6	0.7	7.0	
11	140,000	5	0.6	0.7	7.0	
12	153,000	8	0.6	0.7	7.0	
13	149,000	5	0.8	0.7	7.0	
14	124,000	6	0.8	0.8	6.9	
15	182,000	8	0.6	0.8	7.0	
16	83,000	3	0.6	0.8	7.0	
17	162,000	8	0.8	0.8	7.0	
18	121,000	8	0.8	0.8	7.0	
19	173,000	5	0.8	0.8	7.0	
20	114,000	6.5	0.7	0.8	7.0	
21	171,000	7.5	0.8	0.7	7.0	
22	126,000	6	0.8	0.7	7.3	
23	114,000	5	0.7	0.7	7.4	
24	114,000	5	0.7	0.8	7.2	
25	125,000	7	0.7	0.7	7.2	
26	138,000	5	0.7	0.7	7.1	
27	179,000	8	0.8	0.7	7.1	
28	133,000	6	0.7	0.7	7.2	
29	119,000	5	0.7	0.6	7.2	
30	118,000	5	0.6	0.7	7.2	
31	141,000	7	0.6	0.7	7.2	
Total	4,314,000	196	21.3	22.8	220.4	
Days	31	31	31	31	31	
Avg.	139,161	6.32	0.69	0.74	7.11	
Max.	183,000	10	0.8	0.8	7.4	
Min.	83,000	3	0.6	0.6	6.9	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name	Chad Smith	Certification Class:	III Phone #: (478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name: City of Byron **WSID #:** GA
Source Well/ Plant No: Byron Water Plant **Plant ID#** 102
County: Peach **Permit # :** 111-0002
Summary of (MONTH) August **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	373,000	14	1.0	0.7	7.0	
2	337,000	14	1.0	0.7	7.0	
3	251,000	12	1.0	0.7	7.0	
4	251,000	12	0.9	0.7	7.0	
5	332,000	13	0.9	0.8	7.0	
6	290,000	11	0.9	0.8	7.0	
7	335,000	15	0.9	0.8	7.1	
8	304,000	12	0.8	0.8	7.0	
9	247,000	11	0.9	0.8	7.0	
10	260,000	13	0.8	0.7	7.0	
11	276,000	11	0.8	0.7	7.2	
12	310,000	11	0.6	0.8	7.0	
13	332,000	11	0.9	0.8	7.0	
14	254,000	10	0.8	0.7	6.8	
15	321,000	10	0.8	0.7	6.8	
16	302,000	11	0.8	0.7	6.9	
17	261,000	12	0.8	0.7	6.8	
18	262,000	15	0.9	0.7	6.7	
19	338,000	10	1.0	0.7	7.0	
20	269,000	12	1.0	0.7	7.0	
21	337,000	14	1.0	0.6	7.0	
22	262,000	10	0.9	0.6	7.0	
23	241,000	9	0.8	0.7	7.0	
24	240,000	10	0.8	0.7	6.9	
25	259,000	11	0.8	0.7	7.0	
26	315,000	12	0.7	0.7	7.0	
27	347,000	13	0.8	0.7	7.0	
28	269,000	8	0.9	0.7	6.9	
29	249,000	11	0.8	0.7	6.9	
30	248,000	10	0.9	0.7	6.9	
31	257,000	11	0.9	0.8	6.9	
Total	8,929,000	359	26.8	22.3	215.8	
Days	31	31	31	31	31	
Avg.	288,032	11.58	0.86	0.72	6.96	
Max.	373,000	15	1	0.8	7.2	
Min.	240,000	8	0.6	0.6	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: Chad Smith **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant No:	Byron Water Plant	Plant ID#	103
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	August	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	640,000	22	0.9	0.8	7.4	
2	455,000	19	0.9	0.8	7.2	
3	491,000	12	0.9	0.8	7.2	
4	484,000	18	0.9	0.8	7.0	
5	450,000	16	0.8	0.8	7.1	
6	433,000	15	0.8	0.8	7.1	
7	590,000	20	0.9	0.7	7.1	
8	502,000	15	0.5	0.8	7.0	
9	400,000	13	1.0	0.7	7.0	
10	419,000	16	1.0	0.8	7.0	
11	527,000	20	0.9	0.8	7.0	
12	503,000	16	0.9	0.8	6.8	
13	480,000	16	0.9	0.9	7.0	
14	414,000	16	0.9	0.9	7.0	
15	538,000	17	0.8	0.8	7.0	
16	443,000	11	0.9	0.8	7.0	
17	475,000	16	1.0	0.8	6.9	
18	413,000	17	1.0	0.8	6.9	
19	550,000	19	1.0	0.7	7.1	
20	444,000	16	1.0	0.7	7.2	
21	561,000	17	1.0	0.9	7.2	
22	429,000	15	0.9	0.6	7.2	
23	388,000	13	0.9	0.8	7.3	
24	387,000	11	0.8	0.8	7.0	
25	437,000	15	0.8	0.8	7.1	
26	512,000	15	0.8	0.8	7.0	
27	577,000	19	0.9	0.8	7.0	
28	428,000	15	0.8	0.7	7.0	
29	404,000	16	1.0	0.7	6.8	
30	402,000	14	1.0	0.7	7.1	
31	419,000	14	1.0	0.7	7.2	
Total	14,595,000	494	27.8	24.1	218.9	
Days	31	31	31	31	31	
Avg.	470,806	15.94	0.90	0.78	7.06	
Max.	640,000	22	1	0.9	7.4	
Min.	387,000	11	0.5	0.6	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III Phone #: (478) 338-2523

1	1,177,000
2	975,000
3	862,000
4	868,000
5	924,000
6	846,000
7	1,096,000
8	961,000
9	762,000
10	808,000
11	943,000
12	966,000
13	961,000
14	792,000
15	1,041,000
16	828,000
17	898,000
18	796,000
19	1,061,000
20	827,000
21	1,069,000
22	817,000
23	743,000
24	741,000
24	821,000
26	965,000
27	1,103,000
28	830,000
29	772,000
30	768,000
31	817,000
Total	27,838,000

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#	101
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	September	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	162,000	7	0.6	0.7	7.2	
2	140,000	6	0.6	0.8	7.2	
3	116,000	6	0.5	0.8	7.0	
4	181,000	9	0.9	0.8	7.0	
5	223,000	10	0.9	0.8	7.0	
6	201,000	9	0.9	0.8	6.8	
7	118,000	5	0.9	0.8	7.0	
8	168,000	8	0.8	0.8	7.0	
9	125,000	6	0.8	0.7	7.0	
10	174,000	8	0.8	0.7	7.0	
11	126,000	7	0.6	0.8	7.2	
12	169,000	8	0.6	0.7	7.0	
13	161,000	8	0.6	0.7	7.0	
14	143,000	8	0.7	0.7	7.1	
15	135,000	7	0.8	0.7	7.0	
16	197,000	10	0.8	0.8	7.1	
17	187,000	9	0.7	0.8	7.1	
18	134,000	9	0.8	0.8	7.1	
19	129,000	5	0.9	0.8	7.0	
20	211,000	12	0.9	0.8	7.0	
21	145,000	8	1.0	0.8	7.0	
22	138,000	13	1.0	0.9	7.0	
23	199,000	5	0.9	0.8	7.0	
24	174,000	11	0.8	0.8	7.0	
25	155,000	7	0.9	0.8	7.0	
26	155,000	8	0.9	0.8	7.0	
27	172,000	13	0.8	0.8	7.0	
28	127,000	6	0.8	0.7	7.0	
29	141,000	5	0.8	0.6	7.3	
30	185,000	10	0.8	0.8	7.2	
31						
Total	4,791,000	243	23.8	23.1	211.3	
Days	30	30	30	30	30	
Avg.	159,700	8.10	0.79	0.77	7.04	
Max.	223,000	13	1	0.9	7.3	
Min.	116,000	5	0.5	0.6	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name: City of Byron **WSID #:** GA
Source Well/ Plant Name: Byron Water Plant **Plant ID#** 102
County: Peach **Permit # :** 111-0002
Summary of (MONTH) September **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	380,000	15	1.0	0.8	7.0	
2	281,000	12	1.0	0.8	7.0	
3	243,000	9	1.0	0.8	7.0	
4	359,000	14	0.9	0.8	7.0	
5	475,000	19	0.9	0.8	7.0	
6	388,000	15	0.9	0.8	7.0	
7	264,000	12	0.8	0.7	7.0	
8	263,000	12	0.9	0.7	7.0	
9	341,000	12	0.9	0.7	7.0	
10	341,000	13	1.0	0.7	7.0	
11	259,000	11	1.0	0.7	7.3	
12	323,000	13	1.0	0.7	7.0	
13	301,000	12	1.0	0.7	7.0	
14	230,000	10	0.9	0.6	6.9	
15	237,000	9	0.8	0.7	6.8	
16	352,000	14	0.9	0.7	7.0	
17	324,000	13	0.6	0.7	7.0	
18	237,000	12	0.6	0.7	7.0	
19	239,000	7	0.7	0.7	7.0	
20	340,000	14	0.8	0.7	7.0	
21	269,000	13	0.9	0.7	7.3	
22	249,000	10	0.8	0.8	7.2	
23	344,000	11	0.6	0.7	7.2	
24	296,000	13	0.8	0.7	7.2	
25	293,000	13	0.8	0.8	7.3	
26	281,000	11	0.9	0.7	7.3	
27	262,000	13	1.0	0.9	7.0	
28	258,000	11	1.0	0.7	7.0	
29	235,000	10	1.0	0.9	7.3	
30	272,000	8	0.9	0.9	7.2	
31						
Total	8,936,000	361	26.3	22.3	212	
Days	30	30	30	30	30	
Avg.	297,867	12.03	0.88	0.74	7.07	
Max.	475,000	19	1	0.9	7.3	
Min.	230,000	7	0.6	0.6	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant N:	Byron Water Plant	Plant ID#	103
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	September	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	649,000	22	0.7	0.8	7.2	
2	437,000	18	0.7	0.8	7.2	
3	393,000	6	0.9	0.8	7.0	
4	600,000	20	0.9	0.8	7.0	
5	796,000	30	0.9	0.7	7.0	
6	652,000	21	1.0	0.7	7.0	
7	403,000	14	0.9	0.8	7.0	
8	515,000	20	0.6	0.7	7.0	
9	533,000	17	0.9	0.8	7.0	
10	538,000	16	0.9	0.8	7.0	
11	425,000	13	0.8	0.8	7.0	
12	605,000	21	0.8	0.7	7.0	
13	451,000	17	0.8	0.7	7.4	
14	549,000	18	0.9	0.7	7.3	
15	468,000	14	1.0	0.7	7.3	
16	692,000	24	1.0	0.7	7.2	
17	600,000	20	1.0	0.7	7.2	
18	455,000	15	1.0	0.7	7.0	
19	488,000	15	1.0	0.7	7.0	
20	553,000	18	0.9	0.8	7.0	
21	585,000	22	0.8	0.7	6.8	
22	486,000	16	1.0	0.7	7.0	
23	663,000	21	1.0	0.7	7.0	
24	592,000	20	1.0	0.7	7.0	
25	544,000	17	1.0	0.7	6.9	
26	584,000	19	0.9	0.9	6.9	
27	501,000	13	0.8	0.8	7.0	
28	458,000	16	0.8	0.7	7.0	
29	516,000	20	0.9	0.7	7.0	
30	487,000	16	0.9	0.7	7.0	
31						
Total	16,218,000	539	26.7	22.2	211.4	
Days	30	30	30	30	30	
Avg.	540,600	17.97	0.89	0.74	7.05	
Max.	796,000	30	1	0.9	7.4	
Min.	393,000	6	0.6	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

1	1,191,000
2	858,000
3	752,000
4	1,140,000
5	1,494,000
6	1,241,000
7	785,000
8	946,000
9	999,000
10	1,053,000
11	810,000
12	1,097,000
13	913,000
14	922,000
15	840,000
16	1,241,000
17	1,111,000
18	826,000
19	856,000
20	1,104,000
21	999,000
22	873,000
23	1,206,000
24	1,062,000
24	992,000
26	1,020,000
27	935,000
28	843,000
29	892,000
30	944,000
31	0
Total	29,945,000

ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	<u>101</u>
County:	Peach	Permit #:	<u>111-0002</u>
Summary of (MONTH)	October	(YEAR):	<u>2025</u>

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	123,000	6	0.6	0.8	7.0	
2	171,000	9	0.6	0.7	7.0	
3	128,000	7	0.6	0.7	7.0	
4	132,000	6	0.8	0.8	7.0	
5	211,000	12	0.8	0.7	7.0	
6	84,000	6	0.6	0.8	7.0	
7	180,000	8	0.8	0.8	7.0	
8	118,000	6	0.9	0.8	7.2	
9	169,000	9	0.8	0.8	6.9	
10	160,000	8	0.8	0.7	6.9	
11	148,000	8	0.6	0.7	6.8	
12	204,000	10	0.6	0.7	7.0	
13	133,000	11	0.9	0.7	7.0	
14	184,000	8	0.8	0.7	7.0	
15	177,000	7	0.8	0.7	7.0	
16	135,000	7	0.9	0.7	7.1	
17	144,000	8.5	0.9	0.7	7.3	
18	161,000	8.5	0.7	0.8	7.3	
19	168,000	9	0.7	0.7	7.2	
20	217,000	8	0.8	0.7	7.3	
21	95,000	8	0.8	0.8	7.1	
22	144,000	7	0.6	0.8	7.1	
23	134,000	8	0.8	0.8	7.0	
24	172,000	9	0.8	0.9	7.0	
25	128,000	5	0.9	0.9	6.7	
26	120,000	5	0.9	0.8	6.8	
27	133,000	6	0.8	0.8	6.8	
28	153,000	8	0.8	0.7	6.9	
29	141,000	8	0.8	0.8	6.9	
30	124,000	6	0.9	0.7	7.0	
31	126,000	7	0.9	0.7	7.0	
Total	4,617,000	239	24	23.4	217.3	

Days	31	31	31	31	31	
Avg.	148,935	7.71	0.77	0.75	7.01	
Max.	217,000	12	0.9	0.9	7.3	
Min.	84,000	5	0.6	0.7	6.7	

*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:

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

Signature:		Title:	System	Operator
Print Name:	Chad Smith	Certification Class:	III	Phone #:

EPD 1.6

Revised April 2019

State of Georgia
Department of Natural Resources
Environmental Protection Division

ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT

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System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#:	102
County:	Peach	Permit #:	111-0002
Summary of (MONTH)	October	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	299,000	12	0.9	0.8	6.8	
2	287,000	12	0.9	0.8	6.9	
3	226,000	10	0.8	0.8	7.0	
4	232,000	10	0.9	0.7	7.0	
5	249,000	10	0.7	0.7	7.0	
6	256,000	10	1.0	0.7	7.0	
7	334,000	14	1.0	0.7	7.0	
8	207,000	9	1.0	0.7	7.0	
9	246,000	10	1.0	0.8	7.0	
10	335,000	13	0.9	0.6	6.9	
11	323,000	11	1.0	0.7	7.2	
12	275,000	11	0.8	0.7	7.3	
13	267,000	13.5	1.0	0.8	7.0	
14	303,000	10.5	1.0	0.8	7.0	
15	299,000	12	1.0	0.8	7.1	

16	273,000	10	0.9	0.9	7.1	
17	266,000	11	0.9	0.8	7.2	
18	302,000	12	0.9	0.8	7.0	
19	361,000	11	0.8	0.7	7.0	
20	163,000	8	0.9	0.7	7.0	
21	320,000	16	0.9	0.7	7.3	
22	240,000	10	0.8	0.7	7.0	
23	262,000	10	0.8	0.7	7.0	
24	281,000	11	0.8	0.8	7.0	
25	218,000	8	0.9	0.7	7.0	
26	231,000	11	0.9	0.7	7.0	
27	234,000	10	0.9	0.7	6.8	
28	286,000	10	1.0	0.9	7.0	
29	262,000	10	1.0	0.9	7.0	
30	169,000	7	1.0	0.7	7.0	
31	254,000	10	0.8	0.7	7.0	
Total	8,260,000	333	28.1	23.2	217.6	
Days	31	31	31	31	31	
Avg.	266,452	10.74	0.91	0.75	7.02	
Max.	361,000	16	1	0.9	7.3	
Min.	163,000	7	0.7	0.6	6.8	

*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:

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

Signature: _____ Title: System Op
Print Name: Chad Smith Certification Class: III Phone #:

EPD 1.6 Revised April 2019

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

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System Name: City of Byron WSID #: GA
Source Well/ Plant Name: Byron Water Plant Plant ID#: 103
County: Peach Permit #: 111-0002
Summary of (MONTH): October (YEAR): 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	568,000	20	1.0	0.8	7.3	

2	533,000	18	0.9	0.8	7.3	
3	435,000	13	1.0	0.8	7.2	
4	447,000	13	1.0	0.8	7.0	
5	479,000	16	1.0	0.8	7.0	
6	542,000	17	0.8	0.8	7.0	
7	593,000	20	0.8	0.8	7.0	
8	398,000	14	0.9	0.8	7.0	
9	547,000	17	0.8	0.8	7.0	
10	571,000	20	0.8	0.8	7.0	
11	461,000	13	0.6	0.7	7.1	
12	719,000	22	0.6	0.7	7.2	
13	483,000	18	0.7	0.8	6.8	
14	602,000	19	0.8	0.7	6.9	
15	576,000	18	0.8	0.8	6.9	
16	504,000	16	0.8	0.7	6.8	
17	547,000	18	1.0	0.7	7.0	
18	591,000	21	1.0	0.7	7.0	
19	444,000	11	0.8	0.8	7.0	
20	600,000	23	0.9	0.8	7.0	
21	533,000	17	0.9	0.9	7.0	
22	440,000	13	0.8	0.8	7.2	
23	536,000	18	0.8	0.8	7.2	
24	547,000	12	0.8	0.9	7.2	
25	403,000	15	0.9	0.9	7.0	
26	441,000	16	1.1	0.9	7.0	
27	450,000	15	1.0	0.8	7.0	
28	591,000	18	1.0	0.8	7.2	
29	428,000	15	0.9	0.8	7.3	
30	436,000	14	0.9	0.8	7.0	
31	466,000	16	0.9	0.8	7.0	
Total	15,911,000	516	27	24.6	218.6	
Days	31	31	31	31	31	
Avg.	513,258	16.65	0.87	0.79	7.05	
Max.	719,000	23	1.1	0.9	7.3	
Min.	398,000	11	0.6	0.7	6.8	

*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:

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

Signature:		Title:	System	Operator
Print Name:	Chad Smith	Certification Class:	III	Phone #:

1	990,000
2	991,000
3	789,000
4	811,000
5	939,000
6	882,000
7	1,107,000
8	723,000
9	962,000
10	1,066,000
11	932,000
12	1,198,000
13	883,000
14	1,089,000
15	1,052,000
16	912,000
17	957,000
18	1,054,000
19	973,000
20	980,000
21	948,000
22	824,000
23	932,000
24	1,000,000
24	749,000
26	792,000
27	817,000
28	1,030,000
29	831,000
30	729,000
31	846,000
Total	28,788,000

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State and Zip Code

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant Name:	Byron Water Plant	Plant ID#	101
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	November	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	122,000	7	0.6	0.8	7.2	
2	132,000	7	0.6	0.8	7.1	
3	149,000	5.5	0.6	0.7	7.0	
4	136,000	9.5	0.7	0.7	7.0	
5	123,000	6	0.6	0.7	7.0	
6	129,000	7	0.8	0.7	6.8	
7	115,000	6	0.8	0.7	6.9	
8	135,000	7	0.8	0.9	6.8	
9	134,000	7	0.9	0.9	6.8	
10	135,000	9	0.9	0.8	6.9	
11	157,000	7	0.8	0.9	6.9	
12	140,000	7	0.8	0.7	6.9	
13	128,000	8	0.6	0.7	7.0	
14	144,000	7	0.6	0.8	7.0	
15	112,000	6	0.8	0.7	7.0	
16	132,000	8	0.8	0.7	7.0	
17	136,000	10	0.6	0.7	7.0	
18	143,000	5	0.7	0.8	7.0	
19	150,000	8	0.7	0.8	7.3	
20	146,000	8	0.5	0.8	7.0	
21	110,000	7	0.8	0.8	7.1	
22	129,000	6	0.8	0.8	7.0	
23	125,000	8	0.9	0.6	7.0	
24	127,000	7	0.9	0.6	7.0	
25	133,000	7	0.9	0.7	7.2	
26	130,000	9	0.9	0.7	7.2	
27	150,000	6	0.9	0.7	7.0	
28	115,000	6	0.8	0.8	7.0	
29	128,000	7	0.8	0.8	7.0	
30	127,000	6	0.9	0.8	7.0	
31						
Total	3,972,000	214	22.8	22.6	210.1	
Days	30	30	30	30	30	
Avg.	132,400	7.13	0.76	0.75	7.00	
Max.	157,000	10	0.9	0.9	7.3	
Min.	110,000	5	0.5	0.6	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name: City of Byron **WSID #:** GA
Source Well/ Plant No: Byron Water Plant **Plant ID#** 102
County: Peach **Permit # :** 111-0002
Summary of (MONTH) November **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	186,000	7	0.9	0.8	7.0	
2	267,000	11	1.0	0.8	7.0	
3	223,000	11	1.0	0.8	7.0	
4	280,000	8	1.0	0.8	7.0	
5	214,000	9	0.9	0.8	7.0	
6	198,000	8	0.9	0.7	7.0	
7	229,000	10	0.9	0.8	7.0	
8	234,000	9	0.6	0.8	7.0	
9	235,000	9	0.6	0.7	7.0	
10	239,000	10	0.7	0.7	7.0	
11	250,000	9	0.9	0.8	7.0	
12	276,000	11	0.8	0.8	7.3	
13	228,000	9	0.8	0.8	7.0	
14	241,000	10	0.9	0.8	7.0	
15	209,000	9	0.9	0.8	6.8	
16	235,000	10	0.9	0.8	6.9	
17	240,000	10	0.9	0.9	6.9	
18	246,000	10	0.9	0.8	6.8	
19	282,000	13	0.9	1.0	7.0	
20	266,000	9	0.8	1.0	7.0	
21	194,000	9	0.8	0.8	7.0	
22	223,000	9	0.9	0.8	7.2	
23	226,000	8	0.9	0.8	7.1	
24	225,000	9	0.9	0.8	7.2	
25	226,000	9	0.8	0.8	7.2	
26	238,000	8	0.8	0.9	7.0	
27	238,000	11	1.0	0.8	7.0	
28	231,000	9	1.0	0.9	6.9	
29	226,000	8	1.0	0.9	6.8	
30	224,000	9	0.9	0.7	6.7	
31						
Total	7,029,000	281	26.2	24.4	209.8	
Days	30	30	30	30	30	
Avg.	234,300	9.37	0.87	0.81	6.99	
Max.	282,000	13	1	1	7.3	
Min.	194,000	7	0.6	0.7	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: Chad Smith **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant No:	Byron Water Plant	Plant ID#	103
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	November	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	302,000	8	1.0	0.8	7.0	
2	444,000	20	1.0	0.8	7.0	
3	603,000	22	0.9	0.8	7.0	
4	453,000	12	0.9	0.8	7.0	
5	423,000	15	0.9	0.8	7.0	
6	355,000	11	0.9	0.8	7.0	
7	461,000	17	0.8	0.9	6.7	
8	419,000	14	0.8	0.9	6.8	
9	452,000	14	0.8	0.7	6.8	
10	459,000	16.5	0.8	0.7	7.0	
11	514,000	13.5	0.9	0.7	7.0	
12	495,000	15	0.9	0.7	7.2	
13	437,000	14	0.9	0.8	7.3	
14	529,000	17	0.8	0.7	7.4	
15	338,000	11	0.8	0.7	7.0	
16	449,000	15	0.8	0.9	7.0	
17	477,000	18	0.8	0.7	7.0	
18	501,000	15	0.8	0.7	7.2	
19	529,000	17	0.7	0.8	7.1	
20	481,000	16	0.6	0.7	7.0	
21	385,000	12	0.8	0.7	7.0	
22	466,000	15	0.8	0.7	7.2	
23	384,000	15	0.9	0.8	7.1	
24	433,000	13	1.0	0.7	7.0	
25	440,000	14	1.0	0.7	7.3	
26	515,000	15	1.0	0.7	7.1	
27	393,000	11	0.9	0.7	7.1	
28	442,000	16	0.4	0.7	7.1	
29	434,000	14	0.6	0.7	7.0	
30	430,000	15	0.9	0.8	7.3	
31						
Total	13,443,000	441	25.1	22.6	211.7	
Days	30	30	30	30	30	
Avg.	448,100	14.70	0.84	0.75	7.06	
Max.	603,000	22	1	0.9	7.4	
Min.	338,000	8	0.4	0.7	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III Phone #: (478) 338-2523

1	610,000
2	843,000
3	975,000
4	869,000
5	760,000
6	682,000
7	805,000
8	788,000
9	821,000
10	833,000
11	921,000
12	911,000
13	793,000
14	914,000
15	659,000
16	816,000
17	853,000
18	890,000
19	961,000
20	893,000
21	689,000
22	818,000
23	735,000
24	785,000
24	799,000
26	883,000
27	781,000
28	788,000
29	788,000
30	781,000
31	0
Total	24,444,000
avg	814,800

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

System Name:	City of Byron	WSID #:	GA
Source Well/ Plant N:	Byron Water Plant	Plant ID#	101
County:	Peach	Permit # :	111-0002
Summary of (MONTH)	December	(YEAR):	2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	128,000	7	0.8	0.7	7.0	
2	125,000	7	0.6	0.7	7.0	
3	123,000	6	0.6	0.7	7.0	
4	124,000	5	0.6	0.7	7.3	
5	141,000	9	0.8	0.7	7.0	
6	101,000	6	0.6	0.7	7.0	
7	125,000	5	0.7	0.8	6.7	
8	239,000	13	0.6	0.8	7.0	
9	237,000	10	0.6	0.7	7.0	
10	325,000	15	0.8	0.6	7.0	
11	164,000	8	0.8	0.9	7.4	
12	135,000	7	0.6	0.9	7.3	
13	154,000	9	0.6	0.8	7.1	
14	117,000	12	0.6	0.8	7.0	
15	120,000	6	0.8	0.8	7.0	
16	184,000	7	0.9	0.7	7.0	
17	119,000	6	0.8	0.7	7.0	
18	157,000	7	0.8	0.8	7.0	
19	142,000	6	0.9	0.8	7.0	
20	168,000	4	0.6	0.7	7.0	
21	151,000	5	0.8	0.9	7.0	
22	182,000	6	0.8	0.9	7.0	
23	109,000	4	0.6	0.9	7.0	
24	148,000	3	0.6	0.9	6.9	
25	137,000	1	0.6	0.9	7.0	
26	119,000	5	0.5	0.8	7.2	
27	158,000	6	0.6	0.8	7.2	
28	132,000	4	0.8	0.5	7.3	
29	136,000	4	0.8	0.5	7.0	
30	128,000	1	0.9	0.4	6.8	
31	117,000	3	0.9	0.6	6.9	
Total	4,645,000	197	22	23.1	218.1	
Days	31	31	31	31	31	
Avg.	149,839	6.35	0.71	0.75	7.04	
Max.	325,000	15	0.9	0.9	7.4	
Min.	101,000	1	0.5	0.4	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature:		Title:	System Operator
Print Name:	Chad Smith	Certification Class:	III
		Phone #:	(478) 338-2523

State of Georgia
Department of Natural Resources
Environmental Protection Division

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

Environmental Protection Division
Street Address
City, State and Zip Code

System Name: City of Byron **WSID #:** GA
Source Well/ Plant N: Byron Water Plant **Plant ID#** 102
County: Peach **Permit # :** 111-0002
Summary of (MONTH) December **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	227,000	9	0.8	0.7	7.0	
2	222,000	12	0.8	0.7	7.0	
3	217,000	6	0.9	0.7	7.0	
4	220,000	10	0.9	0.8	7.0	
5	217,000	8	0.9	0.8	7.0	
6	232,000	8	1.0	0.8	7.0	
7	226,000	9	1.0	0.8	7.0	
8	394,000	20	1.0	0.8	7.0	
9	413,000	13	1.0	0.8	7.0	
10	578,000	23	1.0	0.7	7.0	
11	285,000	11	1.0	0.8	7.0	
12	224,000	10	1.0	0.7	7.0	
13	278,000	14	0.6	0.8	7.2	
14	224,000	11	0.9	0.8	7.2	
15	211,000	7	0.8	0.8	7.0	
16	280,000	7	0.8	0.8	7.1	
17	210,000	12	0.9	0.9	6.8	
18	294,000	10	0.9	0.8	6.9	
19	251,000	10	0.9	0.8	6.9	
20	187,000	7	0.8	0.7	6.9	
21	255,000	10	1.0	0.7	7.0	
22	265,000	10	1.0	0.7	7.0	
23	210,000	9	1.0	0.7	7.0	
24	239,000	13	1.0	0.7	7.0	
25	265,000	8	1.0	0.7	7.1	
26	210,000	7	0.8	0.7	7.2	
27	276,000	11	0.9	0.7	7.2	
28	237,000	10	0.9	0.8	7.2	
29	241,000	10	0.8	0.7	7.0	
30	228,000	8	0.9	0.7	7.0	
31	207,000	10	0.9	0.7	7.0	
Total	8,023,000	323	28.1	23.3	217.7	
Days	31	31	31	31	31	
Avg.	258,806	10.42	0.91	0.75	7.02	
Max.	578,000	23	1	0.9	7.2	
Min.	187,000	6	0.6	0.7	6.8	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: Chad Smith **Title:** System Op
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

ENVIRONMENTAL PROTECTION DIVISION
DRINKING WATER PROGRAM
GROUND WATER OPERATION REPORT

System Name: City of Byron **WSID #:** GA
Source Well/ Plant N: Byron Water Plant **Plant ID#** 103
County: Peach **Permit # :** 111-0002
Summary of (MONTH) December **(YEAR):** 2025

Day of Month	Water Pumped from Source Well or Spring and (if applicable) Treated* (Gallons)	Amount of Fluoride Used (lb or gal)	Finished Water Analysis			Remarks
			Chlorine Free Available (mg/L)	Fluoride (mg/L)	pH Value (S.U.)	
1	435,000	14	1.0	0.8	7.0	
2	426,000	18	1.0	0.8	7.0	
3	418,000	8	1.0	0.8	7.0	
4	424,000	13	1.0	0.8	7.0	
5	440,000	14	1.0	0.7	7.0	
6	372,000	15	0.9	0.7	6.7	
7	411,000	11	0.9	0.7	6.9	
8	206,000	12	0.8	0.8	6.9	
9	0	0	0.9	0.7	6.9	
10	0	0	1.0	0.9	6.8	
11	286,000	6	1.0	0.7	7.0	
12	449,000	15	1.0	0.7	7.0	
13	477,000	15	0.9	0.7	7.0	
14	469,000	18	0.9	0.7	7.2	
15	406,000	18	0.9	0.9	7.1	
16	585,000	11	1.0	0.8	7.0	
17	443,000	1	0.9	3.0	7.0	
18	461,000	9	0.8	0.4	7.0	
19	599,000	19	0.8	0.7	7.0	
20	324,000	13	0.8	0.8	7.2	
21	418,000	14	0.8	0.8	7.3	
22	615,000	21	0.9	0.9	7.3	
23	418,000	16	0.9	0.8	7.2	
24	512,000	15	0.8	0.8	7.4	
25	410,000	12	0.7	0.8	7.0	
26	405,000	15	0.6	0.8	7.0	
27	600,000	19	0.8	0.8	7.0	
28	387,000	15	0.9	0.9	7.0	
29	463,000	16	0.9	0.8	6.9	
30	437,000	15	0.9	0.7	7.0	
31	397,000	15	1.0	0.7	7.0	
Total	12,693,000	403	27.7	25.9	217.8	
Days	31	31	31	31	31	
Avg.	409,452	13.00	0.89	0.84	7.03	
Max.	615,000	21	1	3	7.4	
Min.	0	0	0.6	0.4	6.7	

*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: Hydrofluorosilic Acid

Type Chlorine Compound Used: Hypochlorite 12.5%

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

Signature: _____ **Title:** System Operator
Print Name: Chad Smith **Certification Class:** III **Phone #:** (478) 338-2523

1	790,000
2	773,000
3	758,000
4	768,000
5	798,000
6	705,000
7	762,000
8	839,000
9	650,000
10	903,000
11	735,000
12	808,000
13	909,000
14	810,000
15	737,000
16	1,049,000
17	772,000
18	912,000
19	992,000
20	679,000
21	824,000
22	1,062,000
23	737,000
24	899,000
24	812,000
26	734,000
27	1,034,000
28	756,000
29	840,000
30	793,000
31	721,000
Total	25,361,000