

Poon, Peter

From: Edwin Phillips <edphillips@cityofgreencastle.com>
Sent: Wednesday, July 3, 2024 3:05 PM
To: Poon, Peter
Cc: TERNIEDEN, LUCIO
Subject: Monthly Reports
Attachments: Scanned-image07-03-2024-150139.pdf

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**CHLORINE AND CHLORAMINES RESIDUAL REPORTING (POE)**

6 / 2024

State Form 53295 (R / 3-12)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251.

| | | |
|---|----------------------|------------------------|
| PWSID: | Plant Number: | System Name: |
| I N 5267004 | 1 | GREENCASLE WATER WORKS |
| <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines | | Plant Name: |
| | | |

This form must be completed and submitted to IDEM within the first ten (10) days after the end of the monitoring period in which the samples were collected.

Monitoring Period (mm/dd/yyyy): 06 / 01 / 2024

Please submit completed form to:
IDEM - Drinking Water Branch
100 N Senate Avenue
Indianapolis, IN 46204-2251

| Daily Point-of-Entry (POE) Residual (Subpart H Systems Only) | | | | | | | | | |
|---|------------------------------|---|--|--|---------|------------------------------|---|---|--|
| If you are using chlorine, check the chlorine box above and report free chlorine results. | | | | | | | | | |
| If you are using chloramines, check the chloramines box above and report total chlorine results. | | | | | | | | | |
| If residual is below 0.2 for free chlorine or 0.5 for total chlorine below minimum required level, check the box below. | | | | | | | | | |
| Day | Lowest Residual @ POE (mg/L) | Check here if below minimum required level. | | Date reported if below required minimum level (mm/dd/yy) | Day | Lowest Residual @ POE (mg/L) | Check here if below minimum required level. | | Date reported if below required minimum level (mm/dd/yy) |
| 1 | 1.13 | | | | 17 | 0.76 | | | |
| 2 | 1.09 | | | | 18 | 0.99 | | | |
| 3 | 1.03 | | | | 19 | 1.01 | | | |
| 4 | 1.07 | | | | 20 | 0.89 | | | |
| 5 | 1.09 | | | | 21 | 0.90 | | | |
| 6 | 1.06 | | | | 22 | 1.06 | | | |
| 7 | 1.06 | | | | 23 | 1.14 | | | |
| 8 | 1.07 | | | | 24 | 1.14 | | | |
| 9 | 1.06 | | | | 25 | 1.19 | | | |
| 10 | 0.24 | | | | 26 | 1.09 | | | |
| 11 | 0.81 | | | | 27 | 1.05 | | | |
| 12 | 0.94 | | | | 28 | 0.98 | | | |
| 13 | 1.03 | | | | 29 | 0.98 | | | |
| 14 | 0.99 | | | | 30 | 0.88 | | | |
| 15 | 1.03 | | | | 31 | | | | |
| 16 | 1.00 | | | | Example | 00.0 | | x | 1/13/2016 |

Note:

As per 327 IAC 8-2-8.8(c), systems serving more than 3,300 customers are required to continuously monitor the residual disinfectant concentration of the water entering the distribution system and must record the lowest value each day. If there is a failure in their monitoring equipment, grab sampling is required every four (4) hours, but for no more than two (2) working days following failure of the equipment.

Certification:

All POE residual disinfectant sampling have been properly carried out by me or under my direct supervision following the approved methods specified by the rule, as per 327 IAC 8-2-8.7(5). All residual testing equipment has been properly calibrated with a grab sample at least every five (5) days, as per 27 IAC 8-2-8.7(5)(F). I certify that this system complied with all the rule requirements applicable for this monitoring / reporting period.

Completed by: Edwin R. Phillips

Signature:

Title: Asst. Supt. Of Utilities / Operator

Date:

07 / 03 / 2024



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (DS)
State Form 52222 (R/8-12)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: Please submit completed forms to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| FWSID: | | | | | | | | | | System Name: | | | | | | | | | |
| IN5267004 | | | | | | | | | | GREENCASTLE UTILITIES | | | | | | | | | |
| <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines | | | | | | | | | | (Indicate the residual disinfectant used throughout your distribution system.) | | | | | | | | | |
| This form must be completed and submitted to IDEM within the first ten (10) days after the end of the monitoring period in which the samples were collected. | | | | | | | | | | Monitoring Period (mm/dd/yyyy): | | | | | | | | | |
| | | | | | | | | | | 06 / 01 / 2024 | | | | | | | | | |
| | | | | | | | | | | Please submit completed form to: | | | | | | | | | |
| | | | | | | | | | | IDEM - Drinking Water Branch 100 N Senate Avenue Indianapolis, IN 46204-2251 | | | | | | | | | |

Distribution System Residual

Total Number of Monthly Samples Required:
(Must be equal to the number of Total Conform Samples Required.)

010

Number of Disinfectant Residual Samples Collected:

010

Distribution System Residual Disinfectant Average this month:
(Must be greater than or equal to 0.2 mg/L for free chlorine or 0.5 mg/L for total chlorine and less than or equal to 4.0 mg/L.)

0.9 mg/L

Distribution System Running Annual Average (leave blank if unknown):

mg/L

Number of Samples where Disinfectant Residual was not Detected:

000

Percent of Monthly Samples where Disinfectant Residual was not Detected:
(Must not exceed 5.0% as per 327 IAC 8-2-2.6(3).)

000 %

Certification:

All residual disinfectant sampling have been properly carried out by me or under my direct supervision following the approved methods specified by the rule, as per 327 IAC 8-2-2.7(3). All residual testing equipment has been properly calibrated with a grab sample at least every 90 (9) days, as per 327 IAC 8-2-2.7(5)(F). I certify that this system complied with all the rule requirements applicable for this monitoring / reporting period.

Completed by: Edwin R. Phillips

Signature: Edwin R. Phillips

Title: Asst. Supt. of Utilities / Operator

Date: 07 / 03 / 2024

IMPORTANT NOTE FOR SUBPART H (SURFACE WATER OR GROUNDWATER) SYSTEMS:

Subpart H (surface water or groundwater under direct influence from surface water) systems are also required to complete a separate form for Point-of-Entry residual.

Please contact IDEM if Heterotrophic Plate Count (HPC) is being used in lieu of disinfectant residual monitoring.