

## Poon, Peter

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**From:** Michele Gerke <Michele.Gerke@cityoffortwayne.org>  
**Sent:** Friday, December 6, 2024 10:01 AM  
**To:** DWBMGR; IDEM DWBMRO; Poon, Peter  
**Cc:** Jason Anspach; Brian Robinson; Miranda Sparkman; Andrew Schipper  
**Subject:** IN5202020\_01\_202411 Reports  
**Attachments:** IN5202020\_01\_202411 Reports.pdf

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Attached are the November 2024 reports for the City of Fort Wayne, Three Rivers Filtration Plant (PWSID: IN5202020).

If you have any questions or concerns, please feel free to contact either Jason Anspach or Andrew Schipper.

Thank You,

**Michele Gerke**

Water Quality Supervisor  
Three Rivers Filtration Plant  
Fort Wayne City Utilities – Drinking Water Plant  
1100 Griswold Drive  
Ft. Wayne, IN 46805





# MONTHLY TOTAL ORGANIC CARBON REMOVAL REPORTING

State Form 53284 (8-07)  
 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: **IN5202020** Plant Num:  System Name: **Three Rivers Filtration Plant**  
 Plant Name: **Three Rivers Filtration Plant**

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): **11 / 01 / 2024**

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

Testing Lab Certification: **C - 71 - 01** Laboratory Name: **FEA**  
 Collection Date (MM/DD/YY): **11/05/24** Lab Contact Person: **Karen Fullmer** Contact Phone No: **574-233-4777**  
 Sample ID: **810-126802-1&2** TOC Analytical Method:  5310B  5310C  5310D

These are your <b>tests</b> results:	And these are calculated/obtained results:
(A) Treated Water TOC: <b>3.22</b> mg/L	(C) Achieved TOC Removal: <b>34.8</b> % = [1-(A)/(B)]*100
(B) Source Water TOC: <b>4.94</b> mg/L	(E) Required TOC Removal: <b>25.0</b> % (From Matrix Below)
(D) Source Water Alkalinity: <b>245.8</b> mg/L	(C/E) Ratio: <b>1.39</b> (Divide C by E Above)

Source Water TOC (mg/L)	Source Water Alkalinity, mg/L, as Ca CO <sub>3</sub>		
	0-60	>60-120	>120
>2.0 to 4.0	35.0%	25.0%	15.0%
>4.0 to 8.0	45.0%	35.0%	25.0%
>8.0	50.0%	40.0%	30.0%

**Notes:**

- At least one set of "paired" TOC samples and one source water alkalinity sample must be collected each month.
- The first of these "paired" samples must be collected from the source water prior to any treatment.
- The alkalinity sample must be collected simultaneously and from the same location that the source water TOC sample is collected.
- Compliance is determined based on a four-quarter running annual average of monthly samples averaged quarterly, as applicable.
- All the samples collected and analyzed shall be included in determining compliance, even if the number of samples exceeds the minimum number of samples required.
- The use of a certified laboratory is not required for TOC analysis, but a state-approved method must be used (e.g., Method 5310).

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: *[Signature]* Date: 12/3/24 Reviewed by: *[Signature]*



# MONTHLY TOTAL ORGANIC CARBON REMOVAL REPORTING



INSTRUCTIONS:

PWSID: **IN5202020** Plant Num:  System Name: **Three Rivers Filtration Plant**  
 Plant Name: **Three Rivers Filtration Plant**

Monitoring Period (MM/DD/YYYY):

**11 / 01 / 2024**

**C** - **71** - **01** **EEA**  
**11/20/24** **Karen Fuller** **574-233-4777**  
**810-129262-1&2**

### tests

(A) Treated Water TOC: <b>3.02</b> mg/L	(C) Achieved TOC Removal: <b>35.2</b> %
(B) Source Water TOC: <b>4.66</b> mg/L	(E) Required TOC Removal: <b>25.0</b> %
(D) Source Water Alkalinity: <b>231.0</b> mg/L	(C/E) Ratio: <b>1.41</b>

Step 1 TOC Table: Required TOC Removal Matrix

Source Water TOC (mg/L)	Required TOC Removal (%)	Required TOC (mg/L)	Required TOC (mg/L)
0 to 10	25	7.5	10.0
10 to 20	25	15.0	20.0
20 to 30	25	22.5	30.0
30 to 40	25	30.0	40.0

### Notes:

Notes area containing faint, illegible text.

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: [Signature]

Date: 12/31/24

Reviewed by: [Signature]