

Poon, Peter

From: Daryl Naville <DNaville@bordentc.com>
Sent: Thursday, February 13, 2025 10:16 AM
To: Poon, Peter
Cc: Daryl Naville
Subject: FW: Monthly Report of Operations
Attachments: doc06284820250206121624.pdf

EXTERNAL EMAIL: This email was sent from outside your organization. Exercise caution when clicking links, opening attachments or taking further action, before validating its authenticity.

Peter, here is the MRO I sent on February 6th. I reviewed the PDF and all the reports show up on my end. I am submitting them again. If for some reason those reports don't show up on your end please let me know.

Also my email has changed if you would please change on your end.

Thanks

Daryl

-----Original Message-----

From: Daryl Naville <DNaville@bordentc.com>
Sent: Thursday, February 6, 2025 12:25 PM
To: ppoon@idem.in.gov
Cc: Daryl Naville <DNaville@bordentc.com>
Subject: FW: Monthly Report of Operations

Hi Peter,

This is our MRO For January 2025,
This is a new email address for me,
Thanks,

Daryl Naville
Manager
Borden Water

-----Original Message-----

From: btcwaterscan@gmail.com <btcwaterscan@gmail.com>
Sent: Thursday, February 6, 2025 12:17 PM
To: Daryl Naville <DNaville@bordentc.com>
Subject:

SENT FROM COPIER
DO NOT REPLY



MONTHLY TOTAL ORGANIC CARBON REMOVAL REPORTING

State Form 53284 (6-07)
 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: IN5210002	Plant Num: 01	System Name: Borden Tri-County Water
		Plant Name: BTC

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): 01 / 01 / 2025

Please submit completed form to:
 IDEM - OWQ Drinking Water - MC 66-34
 100 N Senate Avenue
 Indianapolis, IN 46204-2251

Testing Lab Certification: C - 39 - 01	Laboratory Name: Environmental Laboratories
Collection Date (MM/DD/YY): 01 / 07 / 25	Lab Contact Person: whitney wu
	Contact Phone No.: 812 - 273 - 6699
Sample ID: P2021-020-903	TOC Analytical Method: <input type="checkbox"/> 5310B <input checked="" type="checkbox"/> 5310C <input type="checkbox"/> 5310D

These are your **tests** results:

And these are calculated/obtained results:

(A) Treated Water TOC: 3.01 mg/L	(C) Achieved TOC Removal: 44.8 % = [1-(A)/(B)]*100
(B) Source Water TOC: 5.45 mg/L	(E) Required TOC Removal: 45.0 % (From Matrix Below)
(D) Source Water Alkalinity: 57.8 mg/L	(C/E) Ratio: 1.00 (Divide C by E Above)

Source Water TOC (mg/L)	Source Water Alkalinity, mg/L, as Ca CO3		
	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: Daryl Naville Date: 01/28/25 Reviewed by: Daryl Naville