

## Poon, Peter

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**From:** Avery Dyer <adyer226@gmail.com>  
**Sent:** Tuesday, January 27, 2026 4:15 PM  
**To:** Poon, Peter  
**Subject:** Re: Oakland City - December turbidity/chlorine reports  
**Attachments:** Dec25MRO.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.

Sorry there has been some confusion around who I have to send this to. I will continue sending you these every month.

On Tue, Jan 27, 2026 at 2:33 PM Poon, Peter <[PPoon@idem.in.gov](mailto:PPoon@idem.in.gov)> wrote:

December reports (not January)

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**From:** Poon, Peter  
**Sent:** Tuesday, January 27, 2026 3:32 PM  
**To:** 'adyer226@gmail.com' <adyer226@gmail.com>  
**Subject:** Oakland City - January turbidity/chlorine reports

Avery,

I haven't received the January MRO for Oakland City Water yet.



Peter Poon, P.E.

Environmental Engineer

Drinking Water Branch

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(317) 234-7441 • [PPoon@idem.IN.gov](mailto:PPoon@idem.IN.gov)

     [www.idem.IN.gov](http://www.idem.IN.gov)

Scan the QR code to leave your feedback.

**We appreciate your input!**



Visit the *Drinking Water Viewer* website (<https://indwv.gecsws.com>) to view sampling results and up-to-date sampling requirements.



# CHLORINE AND CHLORAMINES RESIDUAL REPORTING (POE)

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: <b>I N 5 2 2 6 0 0 5</b>	Plant Number: <b>0 1</b>	System Name: <b>O A K L A N D C I T Y W A T E R D E P T .</b>
<input type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Chloramines	Plant Name: <b>O A K L A N D C I T Y W A T E R P L A N T</b>	

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):**  
**1 2 / 0 1 / 2 0 2 5**

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	3	4	<input type="checkbox"/>				17	-	-	<input type="checkbox"/>			
2	3	5	<input type="checkbox"/>				18	-	-	<input type="checkbox"/>			
3	3	0	<input type="checkbox"/>				19	-	-	<input type="checkbox"/>			
4	3	5	<input type="checkbox"/>				20	-	-	<input type="checkbox"/>			
5	3	4	<input type="checkbox"/>				21	-	-	<input type="checkbox"/>			
6	-	-	<input type="checkbox"/>				22	-	-	<input type="checkbox"/>			
7	-	-	<input type="checkbox"/>				23	-	-	<input type="checkbox"/>			
8	3	4	<input type="checkbox"/>				24	-	-	<input type="checkbox"/>			
9	-	-	<input type="checkbox"/>				25	-	-	<input type="checkbox"/>			
10	-	-	<input type="checkbox"/>				26	-	-	<input checked="" type="checkbox"/>			
11	-	-	<input type="checkbox"/>				27	-	-	<input type="checkbox"/>			
12	-	-	<input type="checkbox"/>				28	-	-	<input type="checkbox"/>			
13	-	-	<input type="checkbox"/>				29	-	-	<input type="checkbox"/>			
14	-	-	<input type="checkbox"/>				30	-	-	<input type="checkbox"/>			
15	-	-	<input type="checkbox"/>				31	3	2	<input type="checkbox"/>			
16	-	-	<input type="checkbox"/>				<b>Example</b>	<b>0</b>	<b>1</b>	<input checked="" type="checkbox"/>	<b>0 5</b>	<b>2 8</b>	<b>0 6</b>

**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 327 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: Avery Dyer

Signature:

Title: SUPT.

Date: **0 1 / 0 7 / 2 0 2 6**



# CHLORINE AND CHLORAMINES RESIDUAL REPORTING (DS)

State Form 53296 (R/5-12)  
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: **INS226005** System Name: **Oakland City Water Plant**

Chlorine  Chloramines (Indicate the residual disinfectant used throughout your distribution system.)

Monitoring Period (mm/dd/yyyy): **12/01/2023**

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

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.

## Distribution System Residual

Total Number of Monthly Samples Required: **3**  
(Must be equal to the number of Total Coliform Samples Required.)

Number of Disinfectant Residual Samples Collected: **31**

Distribution System Residual Disinfectant Average this month: **2.5** mg/L  
(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.)

Distribution System Running Annual Average (leave blank if unknown): **0** mg/L

Number of Samples where Disinfectant Residual was not Detected: **0**

Percent of Monthly Samples where Disinfectant Residual was not Detected: **0**%  
(Must not exceed 5.0% as per 327 IAC 8-2-8.6(3).)

### 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 8-2-8.7(5). All residual testing equipment has been properly calibrated with a grab sample at least every five (5) days, as per 327 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: **Avery Dyer**

Signature: *Avery Dyer*

Title: **Supt.**

Date: **01/07/2026**

### IMPORTANT NOTE FOR SUBPART H (SURFACE WATER OR GWUDI) 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.