



MONTHLY REPORT OF OPERATION WATER TREATMENT PLANT

State Form 34609 (R11 / 1-17)

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

System Name MADISON STATE HOSPITAL PWSID Number 5239005

For the Month of MAY Year 2024 IDEM Field Rep. EVAN BOOK

Signed [Signature] Title CERT. OPERATOR

I certify **under penalty of law**, by this signature that this document was prepared by me, or under my direction, and the information submitted is to the best of my knowledge and belief, true, accurate, and complete.
I am also aware that there are significant penalties for submitting false information.

Certification Number DS140102 WT130053

PHYSICAL AND CHEMICAL DATA *

Date	Turbidity		Alkalinity		pH		Hardness		Iron		Manganese		Phosphate	Fluoride
	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Raw	Finished	Finished	Finished
1														
2														
3														
4														
5														
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27														
28														
29														
30														
31														

* All parameters are to be expressed in mg/l except pH and turbidity.

DUE BY THE 10TH OF THE MONTH FOLLOWING THE REPORTING PERIOD.

Date	Water Treated 1000 gallons	Chemicals Used – Pounds								Filters		Chlorine Residual				Remarks	
		Salt	Alum	Lime	Soda Ash	Carbon	Chlorine	Fluoride	Phosphate	Filter Run (hours)	Gallons per wash x 1000	Plant Tap		D. S.			
												Free	Total	Free	Total		
1	104											.81	.89	.50	.56		
2	102											.85	.86	.48	.51		
3	108											.82	.96	.50	.58		
4	97											.79	.84	.49	.55		
5	111											.81	.86	.51	.55		
6	104											.75	.79	.49	.52		
7	96											.81	.82	.53	.59		
8	97											.74	.83	.49	.51		
9	107											.82	.87	.55	.59		
10	95											.86	.91	.52	.59		
11	107											.85	.90	.54	.57		
12	117											.81	.86	.50	.58		
13	95											.85	.90	.56	.58		
14	121											.80	.89	.54	.55		
15	104											.79	.86	.55	.61		
16	120											.84	.88	.56	.62		
17	109											.88	.89	.58	.60		
18	107											.85	.91	.52	.60		
19	94											.82	.87	.55	.62		
20	195											.87	.90	.58	.63		
21	110											.82	.89	.49	.58	Monthly Water Treatment	
22	114											.85	.91	.52	.55	Total Gallons	3.493
23	107											.87	.90	.55	.62	Max. Day	197
24	114											.85	.91	.58	.64	Min. Day	66
25	100											.82	.88	.50	.58	Avg. Daily	112
26	102											.85	.92	.55	.56	E-Mail To: DWBMRO@idem.in.gov Mail To: Indiana Department of Environmental Management Drinking Water Branch 100 N. Senate Ave. Room N1201 Indianapolis, IN 46204-2237	
27	182											.82	.89	.51	.59		
28	109											.86	.91	.56	.62		
29	102											.80	.86	.53	.60		
30	66											.82	.83	.55	.59		
31	197											.80	.86	.51	.57		