



**MONTHLY REPORT OF OPERATION  
WATER TREATMENT PLANT**

State Form 34609 (R11 / 1-17)

INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT

System Name North Putnam Community Schools PWSID Number IN2670820

For the Month of May Year 2024 IDEM Field Rep. John Summerlin

Signed [Signature] Title 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 WT008391

**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														
6														
7														
8														
9														
10														
11														
12														
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25														
26														
27														
28														
29														
30														
31														

\* All parameters are to be expressed in mg/l except pH and turbidity.  
DUE BY THE 10<sup>TH</sup> 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	8						.9					.4	.5				
2	7						0					.3	.4				
3	3						.2					1.0	2.0				
4	7						.2										
5	7						.2										
6	7						.8					1.1	2.1				
7	6						.4					1.0	2.0				
8	6						.4					1.2	2.3				
9	6						.3					1.2	2.5				
10	9						.4					1.0	2.3				
11	4						.3										
12	4						.2										
13	4						.9					1.2	2.5				
14	6						.7					1.0	2.0				
15	6						.7					1.3	2.7				
16	8						.4					1.2	2.5				
17	5						.3					1.2	2.3				
18	5						.2										
19	5						.2										
20	5						.8					1.2	2.5				
21	6						.4					.8	1.1			Monthly Water Treatment	
22	7						.5					.7	1.9			Total Gallons	152,000
23	4						.4					1.0	2.3			Max. Day	9,000
24	3						.3					1.8	2.0			Min. Day	1,000
25	1						.1									Avg. Daily	5,000
26	1						.1										E-Mail To:
27	4						.3					1.5	2.8				<a href="mailto:DWBMRO@idem.in.gov">DWBMRO@idem.in.gov</a>
28	2						.2					2.0	3.0				Mail To:
29	2						.2					2.1	3.0				<b>Indiana Department of Environmental Management</b>
30	2						.2					1.7	2.8				Drinking Water Branch
31	2						.1					2.1	2.9				100 N. Senate Ave. Room N1201 Indianapolis, IN 46204-2237