



MONTHLY REPORT OF OPERATION
OF WATER TREATMENT PLANT

State Form 34609 (R7/9-06)

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

System Name: CHRISTIAN COMPLETION CHURCH PWSID Number: 2480014
 Form No.: MSD 2024 IDEM Field Rep: Lily Alexander
 Date: MSD Title: _____
 Certification Number: _____

I certify that the information reported on this report was prepared by me, or under my direction and control, and that I am a duly qualified person to report on the accuracy and completeness of the information. I am also aware that there are significant penalties for submitting false information.

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	
1														
2														
3														
4														
5														
6														
7														
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30														
31														

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	0															
2																
3																
4																
5																
6	100															
7																
8																
9																
10																
11																
12																
13	200															
14																
15																
16																
17																
18																
19																
20	100															
21																
22																
23																
24																
25																
26																
27																
28	100															
29																
30																
31	100															

Monthly Water Treatment
 Total Gallons: 600
 Max Day: -
 Min Day: -
 Avg Daily: 14.4

Mail to:
 Indiana Department of
 Environmental Management
 Drinking Water Branch, MC 66-34
 100 North Senate Avenue
 Indianapolis, IN 46204-2251