



**MONTHLY REPORT OF OPERATION
OF WATER TREATMENT PLANT**
State Form 34609 (R 7 / 9-06)

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

System Name Muscatatuck Urban Training Center PWSID Number 5240007

For the Month of June 2024 IDEM Field Rep. Evan Book

Signed Chris Getz  Title Water Plant Operator

Certification Number 936589

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.*

| Date | Turbidity | | Alkalinity | | pH | | Hardness | | Iron | | Manganese | | Phosphate | Fluoride |
|------|--------------------------------------|----------|------------|----------|-----|----------|----------|----------|------|----------|-----------|----------|-----------|----------|
| | Raw | Finished | Raw | Finished | Raw | Finished | Raw | Finished | Raw | Finished | Raw | Finished | Finished | Finished |
| 1 | Purchased Public Water System | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
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| 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 Purchased | Chemicals Used -- Pounds | | | | | | | | Filters | | Chlorine Residual | | | | Remarks | |
|-----------|-----------------|--------------------------|-----------|------|----------|--------|---------------|--------|-----------|--------------------|-------------------------|-------------------|-------|-------|-------|--|------|
| | | Salt | Ultra PAC | Lime | Soda Ash | Carbon | Post Chlorine | NaMnO4 | Phosphate | Filter Run (hours) | Gallons per wash x 1000 | Plant Tap | | D. S. | | | |
| | | | | | | | | | | | | Free | Total | Free | Total | | |
| June 2024 | 1000 gallons | | | | | | | | | | | | | | | Muscatatuck Urban Training Center | |
| 1 | 57 | | | | | | | | | | | | | 0.8 | 1.0 | Chris Getz | |
| 2 | 57 | | | | | | | | | | | | | 0.8 | 1.0 | | |
| 3 | 25 | | | | | | | | | | | | | 0.9 | 0.8 | | |
| 4 | 62 | | | | | | | | | | | 0.81 | 0.91 | 0.8 | 0.9 | | |
| 5 | 57 | | | | | | | | | | | | | 0.7 | 0.9 | | |
| 6 | 57 | | | | | | | | | | | | | 0.8 | 0.8 | | |
| 7 | 49 | | | | | | | | | | | 0.71 | 0.91 | 0.7 | 0.8 | | |
| 8 | 49 | | | | | | | | | | | | | 0.7 | 0.8 | | |
| 9 | 49 | | | | | | | | | | | | | 0.7 | 0.8 | | |
| 10 | 39 | | | | | | | | | | | 0.77 | 0.84 | 0.7 | 0.7 | | |
| 11 | 39 | | | | | | | | | | | | | 0.7 | 0.7 | | |
| 12 | 50 | | | | | | | | | | | 0.60 | 0.97 | 0.4 | 0.6 | | |
| 13 | 38 | | | | | | | | | | | 0.70 | 0.81 | 0.6 | 0.7 | | |
| 14 | 38 | | | | | | | | | | | | | 0.7 | 0.8 | | |
| 15 | 38 | | | | | | | | | | | | | 0.7 | 0.8 | | |
| 16 | 38 | | | | | | | | | | | | | 0.6 | 0.7 | | |
| 17 | 42 | | | | | | | | | | | 0.63 | 0.75 | 0.6 | 0.7 | | |
| 18 | 45 | | | | | | | | | | | 0.66 | 0.76 | 0.6 | 0.6 | | |
| 19 | 34 | | | | | | | | | | | 0.62 | 0.73 | 0.6 | 0.7 | | |
| 20 | 39 | | | | | | | | | | | 0.71 | 0.84 | 0.7 | 0.8 | | |
| 21 | 54 | | | | | | | | | | | 0.61 | 0.71 | 0.6 | 0.7 | Monthly Water Purchased | |
| 22 | 54 | | | | | | | | | | | | | 0.7 | 0.7 | Total Gallons | 1408 |
| 23 | 54 | | | | | | | | | | | | | 0.7 | 0.7 | Max. Day | 62 |
| 24 | 44 | | | | | | | | | | | | | 0.7 | 0.8 | Min. Day | 25 |
| 25 | 48 | | | | | | | | | | | 0.71 | 0.83 | 0.7 | 0.8 | Avg. Daily | 47 |
| 26 | 44 | | | | | | | | | | | 0.87 | 0.94 | 0.8 | 0.9 | | |
| 27 | 52 | | | | | | | | | | | | | 0.8 | 0.8 | | |
| 28 | 52 | | | | | | | | | | | | | 0.8 | 0.8 | Mail to: Indiana Department of Environmental Management Drinking Water Branch, MC 66-34 100 North Senate Avenue Indianapolis, IN 46204-2251 | |
| 29 | 52 | | | | | | | | | | | | 0.8 | 0.9 | | | |
| 30 | 52 | | | | | | | | | | | | 0.8 | 0.9 | | | |
| 31 | | | | | | | | | | | | | | | | | |