

Poon, Peter

From: Lake Maintenance <lake.maint@lake-santee.com>
Sent: Friday, June 21, 2024 5:18 PM
To: Poon, Peter
Subject: IN5216003 Lake Santee RWWD May 2024 MRO
Attachments: IN5216003_01_2024_05.pdf

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

Attached is the May 2024 MRO for Lake Santee RWWD.

Thanks,
Brandon Litmer
Lake Santee RWWD



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (POE)

State Form 53295 (6-07)
 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: **INSZ16003** Plant Number: **01** System Name: **LAKE Santee RWD**

Chlorine Chloramines

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): **05/01/2024**

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)

Day	Lowest Residual @ POE (mg/L)	Check here if <0.2 mg/L	Date Reported if <0.2mg/L (MM/DD/YY)	Day	Lowest Residual @ POE (mg/L)	Check here if <0.2 mg/L	Date Reported if <0.2mg/L (MM/DD/YY)
1	1.1	<input type="checkbox"/>		17	1.0	<input type="checkbox"/>	
2	1.2	<input type="checkbox"/>		18	1.1	<input type="checkbox"/>	
3	1.2	<input type="checkbox"/>		19	1.1	<input type="checkbox"/>	
4	1.2	<input type="checkbox"/>		20	1.2	<input type="checkbox"/>	
5	1.1	<input type="checkbox"/>		21	1.2	<input type="checkbox"/>	
6	1.0	<input type="checkbox"/>		22	1.1	<input type="checkbox"/>	
7	1.0	<input type="checkbox"/>		23	1.1	<input type="checkbox"/>	
8	1.1	<input type="checkbox"/>		24	1.2	<input type="checkbox"/>	
9	1.2	<input type="checkbox"/>		25	1.2	<input type="checkbox"/>	
10	1.1	<input type="checkbox"/>		26	1.1	<input type="checkbox"/>	
11	1.1	<input type="checkbox"/>		27	1.2	<input type="checkbox"/>	
12	1.1	<input type="checkbox"/>		28	1.2	<input type="checkbox"/>	
13	1.0	<input type="checkbox"/>		29	1.3	<input type="checkbox"/>	
14	1.1	<input type="checkbox"/>		30	1.3	<input type="checkbox"/>	
15	1.1	<input type="checkbox"/>		31	1.3	<input type="checkbox"/>	
16	1.1	<input type="checkbox"/>		Example	0.1	<input checked="" type="checkbox"/>	05.28.06

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 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 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: Brandon Litmer

Signature: Brandon Litmer

Title: Superintendent

Date: 06/10/2024



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (DS)

State Form 53296 (6-07)
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:	System Name:
I N 5 2 1 6 0 0 3	L a k e S a n t e e R W W D
Chlorine <input checked="" type="checkbox"/> Chloramines <input type="checkbox"/>	(Indicate the residual disinfectant used throughout your distribution system)
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): 05 / 01 / 2024 Please submit completed form to: IDEM - Drinking Water Branch 100 N Senate Avenue Indianapolis, IN 46204-2251

Distribution System Residual

Total Number of Monthly Samples Required: (must be equal to the number of Total Coliform Samples Required)	002
Number of Disinfectant Residual Samples Collected:	002
Distribution System Residual Disinfectant Average this month: (shall be greater than or equal to 0.2 mg/L and less than or equal to 4.0 mg/L)	1.0 mg/L
Distribution System Running Annual Average (leave blank if unknown):	0.9 mg/L
Number of Samples where the Disinfectant Residual was not Detected:	000
Percent of Monthly Samples where Disinfectant Residual was Not Detected: (shall not exceed 5.0% as per 327 IAC 8-2-8.6 (3))	00.0 o/o

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 5 days, as per 327 IAC 8-2-8.7(5)(F). I certify that this system complied with all the rule requirements applicable during this monitoring/reporting period.

Completed By: Brandon Liltner Signature: Brandon Liltner
 Title: Superintendent Date: 06 / 10 / 2024

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 the Point-of-Entry residual.

Please contact IDEM if Heterotrophic Plate Count (HPC) is being used in lieu of disinfectant residual monitoring.