

## Poon, Peter

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**From:** DWBMGR  
**Sent:** Tuesday, July 2, 2024 10:06 AM  
**To:** Poon, Peter  
**Subject:** FW: 5247001\_01\_202406  
**Attachments:** 5247001\_01\_202406.pdf

Thank you,

### ***ROGER SVENDSEN***

Indiana CMDP Administrator  
IDEM Drinking Water Branch  
100 N. Senate Ave. MC 66-34  
Indianapolis, IN 46204

Phone: 317-234-7455 Fax: 317-234-7455

**Routine** Drinking Water Test Results submitted to IDEM Drinking Water Branch can be viewed on-line by clicking the link below:  
<https://myweb.in.gov/IDEM/DWW/>

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**From:** Kyle Foddrill <kfoddrill@bedford.in.gov>  
**Sent:** Tuesday, July 2, 2024 9:59 AM  
**To:** DWBMGR <DWBMGR@idem.IN.gov>  
**Subject:** 5247001\_01\_202406

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100200



# 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: **IN5247001** Plant Num: **01** System Name: **BEDFORD UTILITIES**  
 Chlorine  Chloramines  Plant Name: **ILLINOIS ST. TREATMENT PLANT**

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):

**06 / 01 / 20 24**

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	1.2	<input type="checkbox"/>		17	1.2	<input type="checkbox"/>	
2	1.2	<input type="checkbox"/>		18	1.1	<input type="checkbox"/>	
3	1.2	<input type="checkbox"/>		19	1.2	<input type="checkbox"/>	
4	1.2	<input type="checkbox"/>		20	1.1	<input type="checkbox"/>	
5	1.2	<input type="checkbox"/>		21	1.2	<input type="checkbox"/>	
6	1.2	<input type="checkbox"/>		22	1.2	<input type="checkbox"/>	
7	1.2	<input type="checkbox"/>		23	1.2	<input type="checkbox"/>	
8	1.2	<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	1.2	<input type="checkbox"/>	
11	1.2	<input type="checkbox"/>		27	1.0	<input type="checkbox"/>	
12	1.2	<input type="checkbox"/>		28	1.2	<input type="checkbox"/>	
13	1.1	<input type="checkbox"/>		29	1.2	<input type="checkbox"/>	
14	1.2	<input type="checkbox"/>		30	1.2	<input type="checkbox"/>	
15	1.2	<input type="checkbox"/>		31		<input type="checkbox"/>	
16	1.2	<input type="checkbox"/>		Average	1.2	<< This is your Monthly Average.	

**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: J. Eric Flinn

Signature: *[Signature]*

Title: Operator in Responsible

Date: 07 / 01 / 20 24



100300



# 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

<b>PWSID:</b>	<b>System Name:</b>
IN 5247001	ILLINOIS ST. TREATMENT PLANT
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.	<b>Monitoring Period (MM/DD/YYYY):</b>
	06 / 01 / 20 24
	Please submit completed form to: IDEM - Drinking Water Branch 100 N Senate Avenue Indianapolis, IN 46204-2251

## Distribution System Residual

<b>Total Number of Monthly Samples Required:</b> <small>(must be greater than or equal to the number of Total Coliform Samples Required)</small>	45
<b>Number of Disinfectant Residual Samples Collected:</b> <small>(must be equal to or greater than the number of Coliform Samples above)</small>	46
<b>Distribution System Residual Disinfectant Average this month:</b> <small>(shall be greater than or equal to 0.2 mg/L and less than or equal to 4.0 mg/L)</small>	0.4 mg/L
<b>Distribution System Running Annual Average (leave blank if unknown):</b>	0.6 mg/L
<b>Number of Samples where the Disinfectant Residual was not Detected:</b> <small>(ideally must be equal to zero and shall not exceed 5% times the total number of samples collected)</small>	0
<b>Percent of Monthly Samples where Disinfectant Residual was Not Detected:</b> <small>(shall not exceed 5.0% as per 327 IAC 8-2-8.6 (3) )</small>	0.0 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: J. Eric Flinn

Signature:

Title: Operator in Responsible

Date: 07 / 01 / 20 24

### 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.