

Poon, Peter

From: Jennifer Mills <Jennifer.Mills@cityofsalemin.com>
Sent: Tuesday, July 2, 2024 9:24 AM
To: IDEM DWBMRO
Cc: Poon, Peter; mayors.admin@cityofsalemin.com
Subject: June 2024 MRO
Attachments: 5288005_01_2024_06.pdf

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CHLORINE AND CHLORAMINES RESIDUAL REPORTING (POE)

State Form 53295 (R/3-12)
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: **I N 5 2 8 8 0 0 5** Plant Number: System Name: **S a l e m W a t e r**

Chlorine Chloramines Plant Name: **J o h n H a y**

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): **0 6 / 0 1 / 2 0 2 4**

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)

If you are using chlorine, check the chlorine box above and report free chlorine results.
If you are using chloramines, check the chloramines box above and report total chlorine results.
If residual is below 0.2 for free chlorine or 0.5 for total chlorine below minimum required level, check the box below.

| Day | Lowest Residual @ POE (mg/L) | | Check here if below minimum required level. | Date reported if below required minimum level (mm/dd/yy) | | | Day | Lowest Residual @ POE (mg/L) | | Check here if below minimum required level. | Date reported if below required minimum level (mm/dd/yy) | | |
|-----|------------------------------|---|---------------------------------------------|----------------------------------------------------------|--|--|---------|------------------------------|---|---------------------------------------------|----------------------------------------------------------|---|---------|
| 1 | 1 | 3 | <input type="checkbox"/> | | | | 17 | 2 | 3 | <input type="checkbox"/> | | | |
| 2 | 1 | 6 | <input type="checkbox"/> | | | | 18 | 2 | 3 | <input type="checkbox"/> | | | |
| 3 | 1 | 6 | <input type="checkbox"/> | | | | 19 | 2 | 2 | <input type="checkbox"/> | | | |
| 4 | 1 | 6 | <input type="checkbox"/> | | | | 20 | 2 | 2 | <input type="checkbox"/> | | | |
| 5 | 1 | 8 | <input type="checkbox"/> | | | | 21 | 1 | 9 | <input type="checkbox"/> | | | |
| 6 | 1 | 5 | <input type="checkbox"/> | | | | 22 | 1 | 9 | <input type="checkbox"/> | | | |
| 7 | 1 | 6 | <input type="checkbox"/> | | | | 23 | 2 | 0 | <input type="checkbox"/> | | | |
| 8 | 1 | 6 | <input type="checkbox"/> | | | | 24 | 2 | 2 | <input type="checkbox"/> | | | |
| 9 | 1 | 5 | <input type="checkbox"/> | | | | 25 | 1 | 6 | <input type="checkbox"/> | | | |
| 10 | 1 | 5 | <input type="checkbox"/> | | | | 26 | 1 | 8 | <input type="checkbox"/> | | | |
| 11 | 1 | 6 | <input type="checkbox"/> | | | | 27 | 2 | 1 | <input type="checkbox"/> | | | |
| 12 | 1 | 9 | <input type="checkbox"/> | | | | 28 | 2 | 3 | <input type="checkbox"/> | | | |
| 13 | 1 | 9 | <input type="checkbox"/> | | | | 29 | 1 | 8 | <input type="checkbox"/> | | | |
| 14 | 2 | 0 | <input type="checkbox"/> | | | | 30 | 1 | 7 | <input type="checkbox"/> | | | |
| 15 | 2 | 0 | <input type="checkbox"/> | | | | 31 | | | <input type="checkbox"/> | | | |
| 16 | 2 | 0 | <input type="checkbox"/> | | | | Example | 0 | 1 | <input checked="" type="checkbox"/> | 0 | 5 | 2 8 0 6 |

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 four (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 five (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: Jennifer Mills

Signature: Jennifer Mills

Title: Superintendent

Date: **0 7 / 0 1 / 2 0 2 4**



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 8 8 0 0 5 | S a l e m w a t e r |
| 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): 0 6 / 0 1 / 2 0 2 4 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)

| | | |
|--|--|---|
| | | 9 |
|--|--|---|

Number of Disinfectant Residual Samples Collected:

| | | |
|--|--|---|
| | | 9 |
|--|--|---|

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)

| | | | |
|--|---|---|------|
| | . | 9 | mg/L |
|--|---|---|------|

Distribution System Running Annual Average (leave blank if unknown):

| | | | |
|--|---|--|------|
| | . | | mg/L |
|--|---|--|------|

Number of Samples where the Disinfectant Residual was not Detected:

| | | |
|--|--|--|
| | | |
|--|--|--|

Percent of Monthly Samples where Disinfectant Residual was Not Detected:
(shall not exceed 5.0% as per 327 IAC 8-2-8.6 (3))

| | | | |
|--|---|--|-----|
| | . | | 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: Jennifer Mills
Title: Supt

Signature: *Jennifer Mills*
Date: 0 7 / 0 2 / 2 0 2 4

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.