



MONTHLY REPORT OF OPERATION WATER TREATMENT PLANT

State Form 34609 (R11 / 1-17)

INDIANA DEPARTMENT OF
ENVIRONMENTAL MANAGEMENT

System Name _____ PWSID Number _____

For the Month of _____ Year _____ IDEM Field Rep. _____

Signed Brett Teske Title _____

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.

Certification Number _____

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 | Finished |
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* 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 Treated 1000 gallons | Chemicals Used – Pounds | | | | | | | | Filters | | Chlorine Residual | | | | Remarks |
|------|-------------------------------|-------------------------|------|------|----------|--------|----------|----------|------------|--------------------|-------------------------|-------------------|-------|-------|-------|--|
| | | Salt | Alum | Lime | Soda Ash | Carbon | Chlorine | Fluoride | Phos-phate | Filter Run (hours) | Gallons per wash x 1000 | Plant Tap | | D. S. | | |
| | | | | | | | | | | | | Free | Total | Free | Total | |
| 1 | | | | | | | | | | | | | | | | |
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| 19 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | Monthly Water Treatment |
| 22 | | | | | | | | | | | | | | | | Total Gallons |
| 23 | | | | | | | | | | | | | | | | Max. Day |
| 24 | | | | | | | | | | | | | | | | Min. Day |
| 25 | | | | | | | | | | | | | | | | Avg. Daily |
| 26 | | | | | | | | | | | | | | | | E-Mail To: |
| 27 | | | | | | | | | | | | | | | | DWBMRO@idem.in.gov |
| 28 | | | | | | | | | | | | | | | | Mail To: |
| 29 | | | | | | | | | | | | | | | | Indiana Department of Environmental Management |
| 30 | | | | | | | | | | | | | | | | Drinking Water Branch |
| 31 | | | | | | | | | | | | | | | | 100 N. Senate Ave. Room N1201 Indianapolis, IN 46204-2237 |