

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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State Form 53294 (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
Plant Number:	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 OWQ - Drinking Water Branch
 100 N Senate Avenue
 Indianapolis, IN 46204-2251

Day	Hours of Operation	Raw Water Turbidity	Record Combined Effluent Turbidity Every Four Hours on a Daily Basis						Daily Max	Number >0.3 NTU
			1st	2nd	3rd	4th	5th	6th		
1	2 4	0 0 1 . 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 7	0 . 0 7	
2	2 4	0 0 1 . 2	0 . 0 8	0 . 0 9	0 . 0 9	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 9	
3	2 4	0 0 1 . 5	0 . 0 8	0 . 0 8	0 . 0 9	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 9	
4	2 4	0 0 1 . 4	0 . 0 7	0 . 0 7	0 . 0 8	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 8	
5	2 4	0 0 1 . 4	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 8	
6	2 4	0 0 1 . 1	0 . 0 9	0 . 0 9	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 8	0 . 0 9	
7	2 4	0 0 1 . 3	0 . 0 9	0 . 0 9	0 . 0 8	0 . 0 8	0 . 0 7	0 . 0 7	0 . 0 9	
8	2 4	0 0 1 . 7	0 . 0 8	0 . 0 8	0 . 0 9	0 . 0 9	0 . 0 9	0 . 0 8	0 . 0 9	
9	2 4	0 0 2 . 4	0 . 0 9	0 . 1 0	0 . 1 0	0 . 0 9	0 . 0 9	0 . 0 9	0 . 1 0	
10	2 4	0 0 1 . 1	0 . 1 0	0 . 1 0	0 . 1 0	0 . 1 0	0 . 0 9	0 . 0 9	0 . 1 0	
11	2 4	0 0 1 . 4	0 . 0 9	0 . 0 9	0 . 0 9	0 . 0 9	0 . 0 9	0 . 0 8	0 . 0 9	
12	2 4	0 0 1 . 0	0 . 0 8	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 6	0 . 0 8	
13	2 4	0 0 1 . 5	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 7	
14	2 4	0 0 1 . 4	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 7	
15	2 4	0 0 1 . 6	0 . 0 6	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 7	
16	2 4	0 0 3 . 0	0 . 0 7	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 5	0 . 0 7	
17	2 4	0 0 1 . 5	0 . 0 6	0 . 0 5	0 . 0 5	0 . 0 5	0 . 0 5	0 . 0 6	0 . 0 6	
18	2 4	0 0 0 . 9	0 . 0 6	0 . 0 6	0 . 0 6	0 . 1 2	0 . 0 6	0 . 0 6	0 . 1 2	
19	2 4	0 0 1 . 0	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 5	0 . 0 5	0 . 0 6	0 . 0 6	
20	2 4	0 0 1 . 3	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	
21	2 4	0 0 1 . 5	0 . 0 6	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 7	
22	2 4	0 0 1 . 3	0 . 0 6	0 . 0 6	0 . 0 5	0 . 0 5	0 . 0 5	0 . 0 6	0 . 0 6	
23	2 4	0 0 4 . 9	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 7	0 . 0 6	0 . 0 7	0 . 0 7	
24	2 4	0 0 2 . 4	0 . 0 7	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 7	
25	2 4	0 0 1 . 7	0 . 0 6	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 7	
26	2 4	0 0 2 . 8	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 5	0 . 0 6	
27	2 4	0 0 1 . 4	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	
28	2 4	0 0 2 . 0	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	
29	2 4	0 0 1 . 5	0 . 0 6	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 6	0 . 0 7	
30	2 4	0 0 1 . 5	0 . 0 6	0 . 0 7	0 . 0 7	0 . 0 7	0 . 0 6	0 . 0 6	0 . 0 7	
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I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: JM

Date: 07/01/24 Reviewed by: Jennifer Mills

