



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 William Jones 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
1														
2														
3														
4														
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31														

* 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	
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2																
3																
4																
5																
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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