



MONTHLY BROMATE REPORTING

State Form 53290 (6-07) Indiana Department of Environmental Management (IDEM) Office of Water Quality - Drinking Water Branch - Compliance Section

INSTRUCTIONS: This form is only required for Systems Using Ozone as part of their Water Treatment Process.

PWSID:	Plant Number: System	Name:				
IN	Plant Na	ame:				
This form must be completed an submitted to IDEM within the d ten (10) days after the end of monitoring period in which the samples were collected.	the	g Period	(MM/DD/YYYY): 20	IDEM - 1 100 N Se	nit completed Drinking Wate enate Avenue polis, IN 462	er Branch
TestingLab Certification: C - CollectionDate (MM/DD/YY):	LaboratoryName: LaboratoryName: Lab Contact Person: Sample ID:			Contact Pho Contact Pho Contac	Done Number: •	nod:
If a result was detected, enter the result in the left box, otherwise check the BDL box and enter the detection level in the field provided. Please note that Bromide is an optional analysis for systems considering requesting reduced Bromate monitoring.						
Bromate Result:	ug/L	or	Below Detec	tion Level (Bl	DL):	
Bromide Result: <u>(Optional)</u>	ug/L	or	Below Detec	tion Level (Bl	DL):	
Notes: - CWSs and NTNCWSs using ozor - Systems shall take monthly samp - Systems required to analyze for b source water bromide concentrati measurements for one (1) entire y - The system may remain on reduc quarterly, is less than five-hundre - If the running annual average sou shall resume routine monitoring. - The use of a certified laboratory is - The use of a certified laboratory is - Compliance is determined based	bles at the entrance to the c promate may reduce monito on is less than five-hundred year. Hed bromate monitoring as l dths (0.05) milligram per liturce water bromide concent is required for the analysis of s required for the analysis of on a four-quarter running a	distribution system oring from monthly dths (0.05) milligra long as their runn er based upon rej tration is equal to of Bromate; only E of Bromide; only E annual average of	n while the ozonation sy y to once per quarter, if am per liter based upon ing annual average sou presentative monthly me or greater than five-hun EPA Method 300.1 is ap EPA Methods 300.0 and monthly samples avera	stem is operating the system demor representative mo rce water bromide easurements. dredths (0.05) mill oproved for the ana 3 300.1 are approving ged quarterly, as a	under normal constrates that the conthly bromide seconcentration, concentration, continuity of Bromat ved for Bromide applicable.	nditions. average amples' computed he system re.
I hereby certify that all th	e information submit	ttea nerein is	true and accurate	to the best of	r my knowled	ige.
Completed By:		Date: /	/ Reviewed	by:		