WATER QUALITY PARAMETERS AND SOURCE WATER REPORTING

State Form 53292 (6-07)
Indiana Department of Environmental Management (IDEM)
Office of Water Quality - Drinking Water Branch - Compliance Section

Please submit to: IDEM OWQ Drinking Water, Mail Code 66-34, 100 N Senate Ave, Indianapolis, IN 46204-2251

PWSID: I N

Public Water System Name:

Point-of-Entry (POE):

Public Water System Contact Person:

Contact Phone Number: - -

Certified Lab ID: C - -

Certified Laboratory Name:

Lab Contact Person:

Contact Phone Number : - -

Lead & Copper Action Level Exceedance Date (MM/DD/YY): / /

Lab Report Number:

Lab Received Date (MM/DD/YY): / /

Number of Distribution Sites required:

	Location # (2 Sets/each)	Sample Date (MM/DD/YY)	Sample Location (Decribe briefly)	Lab Sample ID	Calcium (mg/L)	Conductivity (umhos/cm)	pH	Alkalinity (mg/L)	Temperature (oC)	Orthophosphate or Silicate (if added)
Distribution Sites	#1 - Set 1	. .			.	.	.	.	.	.
	#1 - Set 2	. .			.	.	.	.	.	.
	#2 - Set 1	. .			.	.	.	.	.	.
	#2 - Set 2	. .			.	.	.	.	.	.
	#3 - Set 1	. .			.	.	.	.	.	.
	#3 - Set 2	. .			.	.	.	.	.	.
Point-of-Entry	#1 - Set 1	. .			.	.	.	.	.	.
	#1 - Set 2	. .			.	.	.	.	.	.
	#2 - Set 1	. .			.	.	.	.	.	.
	#2 - Set 2	. .			.	.	.	.	.	.

Source Water Lead & Copper Results (@POE in mg/L): Lead . Copper .

I hereby certify that all the information submitted herein is true and accurate to the best of my knowledge.

Completed By: _____ Date: / / Reviewed by: _____