IE/LT1 SWTR COMBINED FILTER EFFLUENT TURBIDITY

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: IN

Plant Number:

System Name:

Plant Name:

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): ___ / 01 / 20__

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	.	.	.	.	.	.	.	.	.	
3	.	.	.	.	.	.	.	.	.	
4	.	.	.	.	.	.	.	.	.	
5	.	.	.	.	.	.	.	.	.	
6	.	.	.	.	.	.	.	.	.	
7	.	.	.	.	.	.	.	.	.	
8	.	.	.	.	.	.	.	.	.	
9	.	.	.	.	.	.	.	.	.	
10	.	.	.	.	.	.	.	.	.	
11	.	.	.	.	.	.	.	.	.	
12	.	.	.	.	.	.	.	.	.	
13	.	.	.	.	.	.	.	.	.	
14	.	.	.	.	.	.	.	.	.	
15	.	.	.	.	.	.	.	.	.	
16	.	.	.	.	.	.	.	.	.	
17	.	.	.	.	.	.	.	.	.	
18	.	.	.	.	.	.	.	.	.	
19	.	.	.	.	.	.	.	.	.	
20	.	.	.	.	.	.	.	.	.	
21	.	.	.	.	.	.	.	.	.	
22	.	.	.	.	.	.	.	.	.	
23	.	.	.	.	.	.	.	.	.	
24	.	.	.	.	.	.	.	.	.	
25	.	.	.	.	.	.	.	.	.	
26	.	.	.	.	.	.	.	.	.	
27	.	.	.	.	.	.	.	.	.	
28	.	.	.	.	.	.	.	.	.	
29	.	.	.	.	.	.	.	.	.	
30	.	.	.	.	.	.	.	.	.	
31	.	.	.	.	.	.	.	.	.	

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

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