



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (DS)

State Form 53296 (R / 5-12)
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		
<input type="checkbox"/> Chlorine	<input type="checkbox"/> Chloramines	(Indicate the residual disinfectant used throughout your distribution system.)
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): <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">1</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> </div>
		Please submit completed form to: IDEM - Drinking Water Branch 100 N Senate Avenue Indianapolis, IN 46204-2251

Distribution System Residual

Total Number of Monthly Samples Required:
(Must be equal to the number of Total Coliform Samples Required.) [][]

Number of Disinfectant Residual Samples Collected: [][]

Distribution System Residual Disinfectant Average this month:
(Must be greater than or equal to 0.2 mg/L for free chlorine or 0.5 mg/L for total chlorine and less than or equal to 4.0 mg/L.) [] . [] mg/L

Distribution System Running Annual Average (leave blank if unknown): [] . [] mg/L

Number of Samples where Disinfectant Residual was not Detected: [][]

Percent of Monthly Samples where Disinfectant Residual was not Detected:
(Must not exceed 5.0% as per 327 IAC 8-2-8.6(3).) [][] . [] %

Certification:

All residual disinfectant sampling have been properly carried out by me or under my direct supervision following the approved methods specified by the rule, as per 327 IAC 8-2-8.7(5). All residual testing equipment has been properly calibrated with a grab sample at least every five (5) days, as per 327 IAC 8-2-8.7(5)(F). I certify that this system complied with all the rule requirements applicable for this monitoring / reporting period.

Completed by: _____

Signature: _____

Title: _____

Date: [][] / [][] / 20 [][]

IMPORTANT NOTE FOR SUBPART H (SURFACE WATER OR GWUDI) SYSTEMS:

Subpart H (surface water or groundwater under direct influence from surface water) systems are also required to complete a separate form for Point-of-Entry residual.

Please contact IDEM if Heterotrophic Plate Count (HPC) is being used in lieu of disinfectant residual monitoring.