



CHLORINE AND CHLORAMINES RESIDUAL REPORTING (POE)

State Form 53295 (R / 3-12)
 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: I N	Plant Number: 	System Name:
<input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines	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): Please submit completed form to:

 / 0 1 / 2 0 IDEM - Drinking Water Branch
 100 N Senate Avenue
 Indianapolis, IN 46204-2251

Daily Point-of-Entry (POE) Residual (Subpart H Systems Only)

If you are using chlorine, check the chlorine box above and report free chlorine results.
 If you are using chloramines, check the chloramines box above and report total chlorine results.
 If residual is below 0.2 for free chlorine or 0.5 for total chlorine below minimum required level, check the box below.

Day	Lowest Residual @ POE (mg/L)	Check here if below minimum required level.	Date reported if below required minimum level (mm/dd/yy)	Day	Lowest Residual @ POE (mg/L)	Check here if below minimum required level.	Date reported if below required minimum level (mm/dd/yy)
1		<input type="checkbox"/>		17		<input type="checkbox"/>	
2		<input type="checkbox"/>		18		<input type="checkbox"/>	
3		<input type="checkbox"/>		19		<input type="checkbox"/>	
4		<input type="checkbox"/>		20		<input type="checkbox"/>	
5		<input type="checkbox"/>		21		<input type="checkbox"/>	
6		<input type="checkbox"/>		22		<input type="checkbox"/>	
7		<input type="checkbox"/>		23		<input type="checkbox"/>	
8		<input type="checkbox"/>		24		<input type="checkbox"/>	
9		<input type="checkbox"/>		25		<input type="checkbox"/>	
10		<input type="checkbox"/>		26		<input type="checkbox"/>	
11		<input type="checkbox"/>		27		<input type="checkbox"/>	
12		<input type="checkbox"/>		28		<input type="checkbox"/>	
13		<input type="checkbox"/>		29		<input type="checkbox"/>	
14		<input type="checkbox"/>		30		<input type="checkbox"/>	
15		<input type="checkbox"/>		31		<input type="checkbox"/>	
16		<input type="checkbox"/>		<i>Example</i>	0 1	<input checked="" type="checkbox"/>	0 5 2 8 0 6

Note:
 As per 327 IAC 8-2-8.8(c), systems serving more than 3,300 customers are required to continuously monitor the residual disinfectant concentration of the water entering the distribution system and must record the lowest value each day. If there is a failure in their monitoring equipment, grab sampling is required every four (4) hours, but for no more than two (2) working days following failure of the equipment.

Certification:
 All POE 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:** / /