



TOTAL COLIFORM / GROUNDWATER RULE REPORTING

State Form 53297 (R3 / 1-13)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

Lab received:
(mm/dd/yy)

04 / 07 / 25

Time received:

11 : 40 AM
 PM

Date reported:
(mm/dd/yy)

04 / 08 / 25

CERTIFIED LAB NUMBER:

M - 9 1 - 0 1

TO BE COMPLETED BY THE PUBLIC WATER SYSTEM

Samples will not be analyzed if this form is not complete. Use black ink.

Laboratory, please send a copy to:

Name: Dayton water

Street: P.O. Box 557

City: Dayton, IN IN Zip: 47941

Phone: 265-296-2533 Email: Townmanager@dayton.in.gov

PWSID:

IN 5279021

Collection Date (mm/dd/yyyy):

04 / 07 / 2025

Collection Time:

10 : 00 AM
 PM

Sample Location Address:

721 Walnut St

Sample Comments / Remarks (tap, sink, boil water, etc.)

Tap

Chlorine Residual at Sample Location:

FREE mg/L TOTAL 0.5 mg/L

SAMPLE TYPE (check appropriate box):

TCR: Routine Repeat Special

GWR: Source triggered (TG) Source additional (CO)

Well Number / ID:

Date of Original Sample - only if repeat or additional (mm/dd/yyyy):

/ /

Lab Sample ID of Original Sample:

Additional Comments:

Printed Name and Initials of Sample Collector:

KD

Printed Name and Initials of Certified Operator:

Mark Haslow

ANALYSIS DATA - FOR LAB USE ONLY

Lab Sample ID: 087693

TEST RESULTS: Total Coliform

METHOD:

MF MPN LST P/A MM P/A MM QT

RESULTS:

PRESENT ABSENT Most probable number:

Analyst: UB Date: 04/07/25 Time: 1350

TEST RESULTS: Fecal Coliform E Coli

METHOD:

MF MPN LST P/A MM P/A MM QT

RESULTS:

PRESENT ABSENT Most probable number:

Analyst: Date: Time:

HETEROTROPHIC PLATE COUNT:

/1.0mL /0.1 mL TMTc (Too many to count)

* If MPN or MMQT is checked, the result is a statistical determination of the most probable number per 100 mL. If MF is checked, the result is in organisms per 100 mL. If P/A is checked, the result is present or absent.

FOLLOW-UP ACTION IS REQUIRED:

SUBMIT REPEAT SAMPLES

SAMPLE WAS REJECTED BECAUSE:

- Too long in transit (> 30 hours)
- Invalid or no collection date and/or time
- High background count
- Sample broken or leaked in transit (insufficient volume)
- Residual chlorine present

emailed to IDEM



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04 / 07 / 2025

Collection Time:

10 : 00 AM
PM

Sample Location Address:

221 Walnut St

Sample Comments / Remarks (tap, sink, boil water, etc.)

Tap

Chlorine Residual at Sample Location:

FREE mg/L TOTAL mg/L

SAMPLE TYPE (check appropriate box):

TCR: Routine Repeat Special

GWR: Source triggered (TG) Source additional (CO)

Well Number / ID:

Date of Original Sample - only if repeat or additional (mm/dd/yyyy):

/ /

Lab Sample ID of Original Sample:

Additional Comments:

Printed Name and Initials of Sample Collector:

Printed Name and Initials of Certified Operator:

ANALYSIS DATA - FOR LAB USE ONLY

Lab Sample ID: 188194

TEST RESULTS: Total Coliform

METHOD:

MF MPN LST P/A MM P/A MM QT

RESULTS:

PRESENT ABSENT Most probable number:

Analyst: MB

Date: 04 / 07 / 25

Time: 1350

TEST RESULTS: Fecal Coliform E Coli

METHOD:

MF MPN LST P/A MM P/A MM QT

RESULTS:

PRESENT ABSENT Most probable number:

Analyst:

Date:

Time:

HETEROTROPHIC PLATE COUNT:

/1.0mL /0.1 mL TMTC (Too many to count)

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