

WATER BOARD MEETING

8/18/2015

6:00 P.M.

The meeting was called to order by Board President, Chuck Storie.
The Pledge of Allegiance was recited.

Roll Call:

Present - Chuck Storie, Tony Higginbotham, Iris Wilhoit & Robin Meyer

Absent - Frank Massey

Minutes: The July 21st, 2015 Minutes were approved as distributed.

New Business:

1. **IDEM Sanitary Survey**– Rick Denney provided a copy of the Inspection Summary dated August 7, 2015, in the Water Board’s packet (attached). Rick noted the report stated they were out of compliance with total coliform monitoring (item #24). The reason it was noted is due to the State revising the Total Coliform Rule which will become affective in April 2016; the State doesn’t want everyone to wait until the last minute to submit their plan. The Sanitary Survey is done every three years. Rick wants the State to come back down to make sure he has all issues completed.

2. **Upland Reservoir** – Rick stated back in early spring, or over the winter, the Water Board took bids to fix the scrapings at the Upland Reservoir. Tony from Scenic reported to Rick it should be completed today.
Rick also stated he and the Mayor met with a Conversation Officer last Friday and are requesting to: have fishing at the Reservoir two times a month instead of just one; and have a Conservation Officer police it. Rick would be able to open the gate and go home. All would need a fishing license and go by the State minimum on fish size. Fishing will be the 1st and 3rd Saturday of each month, starting in September and ending in October. No ice fishing will be allowed. **After discussion Robin made motion, with Tony seconding, to approve the request. All ayes and motion carried.**

Rick also reported on a request from the board last month to compare chemical use and cost to see what the savings would be between Hawkins and Brenntag, and went on to say that they started using more Liquid Alum over Dry Alum half way through last year, which is quite a bit cheaper:

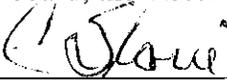
2014 ANNUAL DATA:	DRY ALUM	LIQUID ALUM	FLOURIDE
	11,400 lbs APM	15,711 lbs APM	
	\$43,776.25	\$33,936.84	\$17,729.41
	.32 cents lb.	.506 cents gal.	.51 cents lb.
	.025 diff	.067 diff	
Brenntag lower:	\$285.00 per mo	\$1,052.67 per mo	

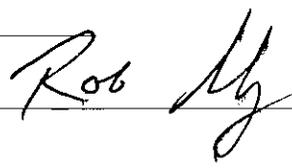
3. **HNTB Update** – Darren Burkhart reported on the River Intake. Continuing to look at shop drawings and talking with the contractor. They are hoping to get onsite to video Thursday (8/20/15) and hope to move dirt next week. He isn’t too concerned about the schedule at this point.

With no further business to come before the board, the meeting was adjourned at 6:10 p.m.

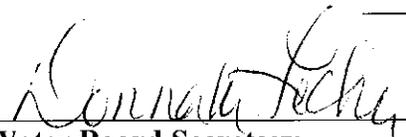
Presiding Officer:







Respectfully Submitted:



Water Board Secretary



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

100 N. Senate Avenue • Indianapolis, IN 46204
(800) 451-6027 • (317) 232-8603 • www.idem.IN.gov

Michael R. Pence
Governor

Thomas W. Easterly
Commissioner

August 7, 2015

Mr. Rick Denney, Superintendent
Greensburg Water Works
1105 Ireland Street
Greensburg, Indiana 47248

Dear Mr. Denney:

Re: Inspection Summary
Greensburg Water Works
PWSID 5216002

On July 16 and July 17, 2015, representatives of the Indiana Department of Environmental Management conducted a Sanitary Survey of the above listed facility. This inspection was conducted pursuant to IC 13-14-2-2. For your information and in accordance with IC 13-14-5, a summary of the inspection is provided below:

Type of Inspection: X Sanitary Survey

Results of Inspection: X Deficiencies were observed

Within forty five (45) days of receipt of this letter, a written detailed explanation, documenting compliance with each of the deficiencies listed below, must be submitted to this office. Failure to respond adequately to this matter may result in further action by this office. If you have any questions regarding this matter, please feel free to contact Mr. Paul Mahoney (317) 417-7138 or by e-mail pmahoney@idem.in.gov.

Sincerely,

Jeff Guinn, Section Chief
Field Inspection
Drinking Water Branch
Office of Water Quality

Enclosures

cc: Decatur County Health Department
Yasser Elkhatib, IDEM E-copy
Susie Hutslar, IDEM E-copy
Paul Mahoney, IDEM E-copy



A Sanitary Survey is an onsite review of the water source's public water system for the purpose of evaluating the adequacy of such sources, facilities, equipment, operation, and maintenance for producing and distributing safe drinking water. One of the major benefits of conducting a sanitary survey is reducing the risk of waterborne disease outbreaks. As a result of the sanitary survey, the department identified deficiencies, which must be addressed:

1. At the raw water pump station the number two pump check valve leaks and a corrective action plan needs to be developed.
2. At the raw water pump station there were old oil containers and a grease gun on the exterior walkway to the clarifier that need to be removed. If the oil and grease gun needs to be kept onsite they should be stored in cabinet designed for this specific purpose.
3. At the raw water pump station the clarifier needs fill added around the perimeter of the concrete basin.
4. The plant one clarifier needs the slits cleaned to allow for an even flow out of each slit.
5. The plant one clarifier overflow outlet needs an air gap.
6. The plant one piping and walkway between the plant and the clarifier needs to be repainted.
7. The chlorine fan exhaust screen at plant one needs to be replaced.
8. The chlorine cylinder storage area at plant one needs to have signage or labeling to indicate whether cylinder is a full or empty. The door to the chlorine building needs to be labeled.
9. Recommend installing directional flow arrows in the plant.
10. Calibration tags need to be posted on or at all equipment that require calibration following the manufactures recommendations including, but not limited to, the continuous monitoring turbidity meters, water level units and pH meters. Turbidity meter bulbs need to be replaced annually.
11. All backflow devices in the plants need hang tags indicating the last inspection date.
12. Hose bib faucets at all of the facilities need a hose bib vacuum breaker installed.
13. The splitter box manway needs to be secured and the vent screen needs 24 mesh screen installed.

14. The south clearwell piping between the pump and the ground needs to be repainted. The seam between the roof and side walls is cracked and the curb to the manway hatch is cracked. A corrective action plan needs to be developed.
15. The south clear well vents need 24 mesh screens installed.
16. The north clearwell has a manway with an opening that needs to be sealed. The top of the north clearwell has weeds growing from cracks. A corrective action plan needs to be developed.
17. Well 5 at the gas station needs fill added around the casing.
18. Well 7 at the apartments needs the area around the well re-graded to eliminate pooling of surface water around the casing.
19. Recommend that each well have a flow meter to monitor well performance.
20. All well cap covers need bolts reinstalled.
21. Plant three needs the signs replaced outside the chemical rooms.
22. The plant three aerator air exhaust outlets need to be covered.
23. The south tank concrete pedestals for the riser and support legs needs the spalling concrete repaired. The south tank ladder leg needs the free hanging coax removed. The east tank altitude valve pit was flooded and needs to be pumped out and have a drain installed. The honda tank overflow outlet needs reworked to seal tightly.
24. Recommend updating the total coliform site sampling plan in preparation for the Revised Total Coliform Rule taking effect in April 2016.

All deficiencies from the December 2012 sanitary survey have been addressed.

There will be a new intake structure, a second clarifier and waste lagoon at the raw water pump station along the Flat Rock River with a construction completion dated of about 6-15-16.



PUBLIC WATER SYSTEM SANITARY SURVEY REPORT
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Date: 7/16/2015	Time In: 9:32 AM	Time Out: 4:00 PM
Inspector Name: Paul Mahoney	Program Activity Type: Sanitary Survey	

Water System Inventory Information

PWS Name: Greensburg Water Works	PWSID Number: IN5216002
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Mailing Address:
1105 North Ireland St.

City: Greensburg	State: IN	Zip: 47248
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Owner Information: The Honorable Gary Herbert 314 West Washington St. Greensburg, IN 47248	Owner Phone Number: 812/663-5621
	Owner Fax Number:
	Owner Email:

Operator in Responsible Charge (OIRC): Mr. Rick Denney 1105 North Ireland St. Greensburg, IN 47248	OIRC Phone Number: 812/663-2641
	OIRC Fax Number:
	OIRC Email: watersupt@cityofgreensburg.com

OIRC Certification(s)

Certification Number	Expiration Date	License Type
075794	2016-06-30	WT5
075793	2016-06-30	DSL
012280	2016-06-30	WT3

Administrative Contact: Mr. Rick Denney 1105 North Ireland St. Greensburg, IN 47248	Administrative Contact Phone Number: 812/663-2641
	Administrative Contact Fax Number:
	Administrative Contact Email: watersupt@cityofgreensburg.com

Physical Address of System: 1105 North Ireland St. Greensburg, IN 47248	Resident Population: 12,000
	Nontransient Population: 0
	Transient Population: 0

System Representatives Present During Inspection

First Name	Last Name	Position Title	Phone	Email
Rick	Denney	Superintendent	812/663-2641	watersupt@cityofgree...
Dave	Hellmich	Operator		

Average Days/Hours of Operation
 Days: 7 Hours: 24 Unknown

Seasonal?
 Yes No

Number Of Service Connections: 4,796
 Other Systems Involved: Decatur Co. Rural Water

Average Daily Production: 2300000 G.P.D. Design Plant Capacity: 6 M.G.P.D.
 Peak Day Since Last Survey: 8/7/2014 Peak Day: 3.17 M.G.P.D.

Source Type:
 Ground Water Sold
 Surface Water Purchased
 Purchased Interconnections

Water Sold To:
 Decatur Co. Rural Water: 5216008

Treatment - Types

Treatment Types: <ul style="list-style-type: none"> • Aeration • Filtration • Fluoridation • Flocculation • Alum and Sodium Bicarbonate Aeration Type: <ul style="list-style-type: none"> • Cascade 	Treatment Element Surveyed By: Paul Mahoney Treatment Objectives: <ul style="list-style-type: none"> • Iron Control • Manganese Control • Dental Health • Coagulation and alkalinity
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- Yes No N/A Is chemical storage adequate?
- Yes No N/A Are chemical feeders and pumps operable, in good condition, and being properly calibrated and maintained?
- Yes No N/A Are instrumentation and controls adequate for the process being utilized and in proper working order?
- Yes No N/A Are treatment processes covered and adequately sealed?
- Yes No N/A Are adequate safety devices available and precautions observed (dust mask, safety goggles, protective clothing)?

10 States Standards 5.3.4 states in part: At least one pair of rubber gloves, a dust respirator of a type certified by NIOSH for toxic dusts, an apron or other protective clothing and goggles or face mask shall be provided for each operator as required by the reviewing authority. Other protective equipment should be provided as necessary.

Refer to the Inspection Summary Letter Item 21.

- Yes No N/A Is there secondary containment where needed and adequate?
- Yes No N/A Are there provisions to warn operators of treatment failures?
- Yes No N/A If standby or auxiliary power is available for the treatment plant(s), is it in operable condition and well maintained?

Yes No N/A Is there restricted access to any unauthorized personnel from any portion of the treatment process?

Yes No N/A Do all the chemical additives used in the treatment process have ANSI/NSF approval?

Yes No N/A Was the treatment process free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations?

327 IAC 8-10 states in part: (a) Customers shall construct an air gap or install a reduced pressure principle backflow preventer or a double check valve assembly in accordance with section 7 of this rule, on the customer service line to: (1) tanks used only to store water from the public water supply for fire suppression that are constructed to maintain the bacteriological quality of the water, in compliance with 327 IAC 8-2; or (2) secondary sources of supply that: (A) use well water as the only private source of supply; (B) are constructed to maintain the bacteriological quality of the water, in compliance with 327 IAC 8-2; and (C) produce, without treatment, water meeting the drinking water quality standards enumerated in 327 IAC 8-2. (b) Customers shall construct an air gap or install a reduced pressure principle backflow preventer in accordance with section 7 of this rule on the customer service line to or into a facility having a secondary source of supply of a type other than those enumerated in subsection (a), that is used only for fire suppression. (c) No secondary source of supply of a type other than those enumerated in subsections (a) and (b) shall be physically connected on the customer service line to or into the facility.

Refer to the Inspection Summary Letter Items 11 & 12.

Yes No N/A Do the aerator inlets and exhaust have deflecting shields in place to prevent potential sources of contamination?

Deficiency - 327 IAC 8-2-8.2(e)(2)(H) states in part: Treatment processes are uncovered or inadequately sealed where the treatment does not meet the requirement of sections 8.5 and 8.6 if this rule and 327 IAC 8-2.6

Refer to the Inspection Summary Letter Item 22.

Treatment - Disinfection

Disinfection Element(s): <ul style="list-style-type: none">• Chlorine Gas• Pre Disinfection• Post Disinfection	Disinfection Element Surveyed By: Paul Mahoney
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Yes No N/A Is the disinfection equipment being operated and maintained properly?

Yes No N/A Are critical spare parts on hand?

Yes No N/A Is there a "Danger Chlorine" sign on the entrance door to the chlorine room?

10 States Standards 2.18 states in part: Consideration must be given to the safety of water plant personnel and visitors. The design must comply with all applicable safety codes and regulations that may include the Uniform Building Code, Uniform Fire Code, National Fire Protection Association Standards, and state and federal OSHA standards. Items to be considered include noise arresters, noise protection, confined space entry, protective equipment and clothing, gas masks, safety showers and eye washes, handrails and guards, warning signs, smoke detectors, toxic gas detectors and fire extinguishers.

Refer to the Inspection Summary Letter Item 8.

Yes No N/A Is the disinfection adequate, residuals maintained, etc.?

Yes No N/A Are chlorine gas cylinders properly stored?

10 States Standards 5.4.1 b states in part: Full and Empty cylinders of chlorine gas shall be isolated from operating area, retrained in position to prevent upset, stored in locked and secure rooms separate from ammonia storage, and protected from direct sunlight or exposure to excessive heat.

Refer to the Inspection Summary Letter Item 8.

Yes No N/A If gas chlorination is used, are adequate safety precautions being followed?

Yes No N/A Is the treatment(s) sufficient to meet all of the NPDWS?

Yes No N/A Does the system meet 4-log virus inactivation at/or before the first customer?

Yes No N/A Does the system meet 4-Log virus inactivation at/or before the first customer?

Yes No N/A Is there restricted access to any unauthorized personnel from any portion of the treatment process?

Distribution System

Distribution System Material: <ul style="list-style-type: none"> • Cast Iron • Ductile Iron • PVC 	Flush Hydrants: 2	Fire Hydrants: 540
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Yes No N/A Are pressures and flows adequate throughout the system under all conditions of flow? (excluding maintenance, system failures, and fireflow)

Yes No N/A Are plans of the water system available and current?

Yes No N/A Is there a regular flushing program?

Yes No N/A Are all services metered?

Yes No N/A Is there a properly designed loading station?

Yes No N/A Is there a valve maintenance and replacement program in place?

Yes No N/A Does the facility have a cross connection ordinance or policy in effect?

Yes No N/A Is the installation, testing, and inspection of cross connection control devices conducted in accordance to 327 IAC 8-10?

Yes No N/A Was the distribution system free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations?

Yes No N/A Does the system have >25% water loss based on a 1 year average?

Monitoring and Reporting

Yes No N/A Are there any current monitoring and/or reporting violations?

Yes No N/A Are the daily chemical tests being performed properly.

Yes No N/A Are testing facilities and equipment adequate?

Yes No N/A Do reagents used have an unexpired shelf life?

Yes No N/A Are records of all daily test results and compliance monitoring results being maintained?

Yes No N/A Are daily free and total chlorine residual measurements being made at the plant and in the distribution system?

Yes No N/A Are accurate records being maintained (amount of water treated, amount of chemical usage, etc)?

Yes No N/A Are MROs properly documented and submitted to IDEM on time?

Yes No N/A Does the system have an approved GWR triggered monitoring plan?

Management and Operations

Yes No N/A Are personnel adequately trained and/or certified?

Yes No N/A Is an emergency response plan available and up to date?

Yes No N/A Are supplies and maintenance parts inventories adequate?

Is the financing and budget satisfactory?

Yes No N/A

Yes No N/A Are sufficient operation and maintenance records being kept?

Yes No N/A Are there sufficient personnel?

Yes No N/A Are permits being obtained for all repairs and construction?

Yes No N/A Are well logs being kept and available on site?

Yes No N/A Are routine maintenance schedules established and adhered to?

Deficiency - 327 IAC 8-2-8.2(e)(7)(E)(i) states in part: Deficiencies relating to system management and operations, including the following: Failure by the PWS to operate and maintain the water system in a manner to ensure providing water that meets all requirements of the Act (Title 42, U.S.C.A. 300F through 300j-26) and IC 13-18-16-6. Measures to meet these requirements must include having and implementing a written or otherwise documented approach for the following: Maintaining a record of system components, including information necessary to: (AA) operate; (BB) maintain; and (CC) repair; system components.

Refer to the Inspection Summary Letter Item 10.

Yes No N/A Is there a current site sampling plan available and on file with IDEM?

Deficiency - 327 IAC 8-2-8(a) states in part: Public water systems must collect total coliform samples at sites that are representative of water throughout the distribution system according to a written sample siting plan approved by the commissioner.

Refer to the Inspection Summary Letter Item 24.

Yes No N/A Is there an approved wellhead protection program being implemented by the system and is the plan up to date?

Yes No N/A For service interruptions lasting greater than 8 hours, are notifications being made to the customers?

Yes No N/A Are all direct and indirect additives certified for conformance to American National Standards Institute(ANSI)/National Sanitation Foundation (NSF) International Standard 60/61?

Source

Name Number Location: Well #2 Plant		POE Served: POE 1	
Source Size: 14 Inches	Source Depth: Feet <input checked="" type="checkbox"/> Unknown Source Depth	Casing Depth: Feet <input checked="" type="checkbox"/> Unknown Casing Depth	Casing Material: Steel
Date Drilled: <input checked="" type="checkbox"/> Unknown	Pump Type: Submersible <input type="checkbox"/> VFD	Pump Capacity: 190 G.P.M. <input type="checkbox"/> Unknown	Well Type: Bedrock <input type="checkbox"/> Artesian Well
Name Number Location: Well #3 (Alley)		POE Served: POE 1	
Source Size: 10 Inches	Source Depth: Feet <input checked="" type="checkbox"/> Unknown Source Depth	Casing Depth: Feet <input checked="" type="checkbox"/> Unknown Casing Depth	Casing Material: Steel
Date Drilled: 1/1/1951 <input type="checkbox"/> Unknown	Pump Type: Submersible <input type="checkbox"/> VFD	Pump Capacity: 210 G.P.M. <input type="checkbox"/> Unknown	Well Type: Bedrock <input type="checkbox"/> Artesian Well
Name Number Location: Well #4 (North of plant)		POE Served: POE 1	
Source Size: 10 Inches	Source Depth: Feet	Casing Depth: Feet	Casing Material: Steel

<input checked="" type="checkbox"/> Unknown Source Depth		<input checked="" type="checkbox"/> Unknown Casing Depth	
Date Drilled: <input checked="" type="checkbox"/> Unknown	Pump Type: Submersible <input type="checkbox"/> VFD	Pump Capacity: 150 G.P.M. <input type="checkbox"/> Unknown	Well Type: Bedrock <input type="checkbox"/> Artesian Well
Name Number Location: Well #5 (Freeland West)		POE Served: POE 1	
Source Size: 10 Inches	Source Depth: 85 Feet <input type="checkbox"/> Unknown Source Depth	Casing Depth: 79 Feet <input type="checkbox"/> Unknown Casing Depth	Casing Material: Steel
Date Drilled: 1/1/1953 <input type="checkbox"/> Unknown	Pump Type: Submersible <input type="checkbox"/> VFD	Pump Capacity: 150 G.P.M. <input type="checkbox"/> Unknown	Well Type: Bedrock <input type="checkbox"/> Artesian Well
Name Number Location: Well #6 (Freeland East)		POE Served: POE 1	
Source Size: 10 Inches	Source Depth: 96 Feet <input type="checkbox"/> Unknown Source Depth	Casing Depth: 85 Feet <input type="checkbox"/> Unknown Casing Depth	Casing Material: Steel
Date Drilled: 1/1/1953 <input type="checkbox"/> Unknown	Pump Type: Submersible <input type="checkbox"/> VFD	Pump Capacity: 250 G.P.M. <input type="checkbox"/> Unknown	Well Type: Bedrock <input type="checkbox"/> Artesian Well
Name Number Location: Well #7 (Ridge Crest Apts.)		POE Served: POE 1	
Source Size: 10 Inches	Source Depth: Feet <input checked="" type="checkbox"/> Unknown Source Depth	Casing Depth: Feet <input checked="" type="checkbox"/> Unknown Casing Depth	Casing Material: Steel
Date Drilled: <input checked="" type="checkbox"/> Unknown	Pump Type: Submersible <input type="checkbox"/> VFD	Pump Capacity: 200 G.P.M. <input type="checkbox"/> Unknown	Well Type: Bedrock <input type="checkbox"/> Artesian Well
Name Number Location: Flatrock River (surface water source)		POE Served: POE 1	
Source Size: Inches	Source Depth: Feet <input checked="" type="checkbox"/> Unknown Source Depth	Casing Depth: Feet <input checked="" type="checkbox"/> Unknown Casing Depth	Casing Material: Steel
Date Drilled: <input checked="" type="checkbox"/> Unknown	Pump Type: <input type="checkbox"/> VFD	Pump Capacity: G.P.M. <input checked="" type="checkbox"/> Unknown	Well Type: <input type="checkbox"/> Artesian Well

- Yes No N/A Is the source(s) sufficient in quantity?
- Yes No N/A Is the source(s) adequate in quality for the primary drinking water standards?
- Yes No N/A Is the source(s) adequate in quality for the secondary drinking water standards?
- Yes No N/A Is the top of the well protected so that foreign matter or surface water cannot enter the well?

Deficiency - 327 IAC 8-2-8.2(e)(1)(G)(iii) states in part: Deficiencies relating to drinking water sources, including the following: Condition of a well creating potential for source water contamination, including a: (AA) cracked casing; (BB) missing well cap; or (CC) casing not properly sealed.

Refer to the Inspection Summary Letter Item 20.

- Yes No N/A Is the grouting or concrete pad surrounding the casing at the well head free

from cracks or chips, and does it seal tightly to the casing?

Yes No N/A Does the casing extend at least 18 inches above finished grade or at least 36 inches above the regulatory flood elevation?

Yes No N/A If a well pit is used, are all entry points tightly sealed?

Yes No N/A If standby or auxiliary power is available for the source(s), is it in operable condition and well maintained?

Yes No N/A Is there a flow meter for each well?

10 States Standards 2.13All water supplies shall have an acceptable means of measuring the flow from each source, the washwater, the recycled water, any blended water of different quality, and the finished water.

Refer to the Inspection Summary Letter Item 19.

Yes No N/A Is the site protected against flooding?

Yes No N/A Are there any potential sources of contamination within the sanitary setback area relevant to this system?

Yes No N/A Is the well vent screened and properly constructed?

Yes No N/A Are the pressure and check valves, blow off valves, and other well system appurtenances maintained and operating properly?

Yes No N/A Does the system own or control the sanitary setback area?

Deficiency - 327 IAC 8-2-8.2(e)(1)(C) states in part: For a PWS using ground water, in whole or in part, the following shall be evaluated for deficiencies: Failure by the PWS to maintain ownership or control of the sanitary setback area, where the PWS is required to maintain a setback as: (i) permitted under 327 IAC 8-3 for wells installed after April 30, 1999; or (ii) specified in a permit issued by the commissioner prior to April 30, 1999.

Yes No N/A Are unused wells properly abandoned within the Well Head Protection Area and and/or sanitary setback area?

Yes No N/A Is there proper grading around the casing to divert surface water?

Deficiency - 327 IAC 8-2-8.2(e)(1)(G)(i)(AA) states in part: For a PWS using ground water, in whole or in part, the following shall be evaluated for deficiencies: (i) Location or condition of a well making it vulnerable to surface water runoff or flooding, including: (AA) elevation of casing not protected from a one hundred (100) year flood.

Refer to the Inspection Summary Letter Items 17 and 18.

Yes No N/A Is there an adequate raw water sample tap for each source?

Yes No N/A Are there measures put into place to prevent unauthorized access to intakes or wells?

Filtration Information

Type of Filtration Units: <input checked="" type="radio"/> Pressure		Filter Media: <input checked="" type="radio"/> Sand <input checked="" type="radio"/> Gravel <input checked="" type="radio"/> Anthracite			
Head Loss Gauges: <input checked="" type="radio"/> Yes <input type="radio"/> No					
Number Of Filter Cells: 4	Average Run Hours: 48	Length Of Backwash Cycle Minutes: 60	Adequate Sample Tap? <input checked="" type="radio"/> Yes <input type="radio"/> No	Backwash Flow Meter? <input checked="" type="radio"/> Yes <input type="radio"/> No	Media Last Changed: 1/1/2008 <input type="checkbox"/> Unknown

Yes No N/A Does the filter backwash go to a sanitary sewer?

What is the backwash frequency based on?

- Time
- Head Loss

Yes No N/A Are the filtration processes properly secured? (If located in a separate building from the treatment plant.)

Type of Filtration Units: • Gravity		Filter Media: • Sand • Gravel • Anthracite			
Head Loss Gauges: <input checked="" type="radio"/> Yes <input type="radio"/> No					
Number Of Filter Cells: 8	Average Run Hours: 30	Length Of Backwash Cycle Minutes: 80	Adequate Sample Tap? <input checked="" type="radio"/> Yes <input type="radio"/> No	Backwash Flow Meter? <input checked="" type="radio"/> Yes <input type="radio"/> No	Media Last Changed: 1/1/2013 <input type="checkbox"/> Unknown

Yes No N/A Does the filter backwash go to a sanitary sewer?

What is the backwash frequency based on?

- Time
- Head Loss
- Water Quality

Yes No N/A Are the filtration processes properly secured? (If located in a separate building from the treatment plant.)

Finished Water Storage

Location Name: Clearwell @ plant north	<input type="checkbox"/> Icing Protection
Storage Type: Under Ground - Clear Well	<input type="checkbox"/> Corrosion Protection
Storage Capacity: 60,000 gallons	<input checked="" type="checkbox"/> Communication Antenna
Remarks:	
Location Name: Clearwell @ plant south	<input type="checkbox"/> Icing Protection
Storage Type: Under Ground - Clear Well	<input type="checkbox"/> Corrosion Protection
Storage Capacity: 40,000 gallons	<input type="checkbox"/> Communication Antenna
Remarks:	
Location Name: South Tank	<input type="checkbox"/> Icing Protection
Storage Type: Elevated - Multi Leg	<input type="checkbox"/> Corrosion Protection
Storage Capacity: 500,000 gallons	<input type="checkbox"/> Communication Antenna
Remarks:	
Location Name: East Tank	<input type="checkbox"/> Icing Protection
Storage Type:	

Elevated - Pedestal	<input type="checkbox"/> Corrosion Protection
Storage Capacity: 500,000 gallons	<input type="checkbox"/> Communication Antenna
Remarks:	
Location Name: Honda Tank	<input type="checkbox"/> Icing Protection
Storage Type: Elevated - Pedestal	<input type="checkbox"/> Corrosion Protection
Storage Capacity: 1 millions ...	<input type="checkbox"/> Communication Antenna
Remarks:	

- Yes No N/A Are storage reservoirs located above ground water level?
- Yes No N/A Are the storage reservoirs protected against flooding?
- Yes No N/A Are treated water storage reservoirs covered?
- Yes No N/A Are storage reservoirs secure?
- Yes No N/A Is the reservoir structurally sound?
- Yes No N/A Is a storage maintenance schedule in place and records kept?
- Yes No N/A Does surface run-off and underground drainage drain away from the storage structure?
- Yes No N/A Are all pipes, air vents, and related appurtenances appropriately constructed and located?

Deficiency - 327 IAC 8-2-8.2(e)(7)(E)(ii) states in part: Deficiencies relating to system management and operations, including the following: Failure by the PWS to operate and maintain the water system in a manner to ensure providing water that meets all requirements of the Act (Title 42, U.S.C.A. 300F through 300j-26) and IC 13-18-16-6. Measures to meet these requirements must include having and implementing a written or otherwise documented approach for the following: Maintaining a record of system components, including information necessary to: (AA) operate; (BB) maintain; and (CC) repair; system components.

Refer to the Inspection Summary Letter Items 13, 14, 15, 16 & 23.

- Yes No N/A Is access restricted where necessary to prevent contamination?

Pump Information

No Low Service Pumps No High Service Pumps

Number	Capacity - G.P.M.	Location
3	1,250	Raw Water intake
4	1,000	Clarifier Building
3	1,500	Reservoir
1	2,000	TP001
1	1,200	TP001
1	1,000	TP001
1	800	TP001
1	2,500	TP001

- Yes No N/A Are any booster pumps located before storage?

Yes No N/A Are any booster pumps located after storage?

Yes No N/A Are there low suction cut off switches on all pumps?

Yes No N/A Are pumps & facilities operated and maintained properly?

Deficiency - 327 IAC 8-2-8.2(e)(5)(B)(ii) states in part: Deficiencies relating to drinking water pumps, pump facilities, and controls, including the following: Pump and facilities are not: properly operated and maintained.

Refer to the Inspection Summary Letter Items 1 & 3.

Yes No N/A Are materials stored at the pumping station that have the potential to contaminate the water or pose safety risks to the operators?

Deficiency - 327 IAC 8-2-8.2(e)(5)(A) states in part: Deficiencies relating to drinking water pumps, pump facilities, and controls, including the following: Storage of materials at the pumping station that: (i) offer potential for contamination of the water; or (ii) pose safety risks to operators.

Refer to the Inspection Summary Letter Item 2.

Yes No N/A If standby or auxiliary power is available for the booster pump(s), is it in operable condition and well maintained?

Yes No N/A Are the booster stations properly secured so there is no unrestricted access?

Point of Entry Information

POE Number	Point Of Entry Name	Point Of Entry Location	Wells Served	Date In Service
1	EP001	1105 N. Ireland St.	2,3,4,5,6,7 & Flatrock River	6/1/1937 <input type="checkbox"/> Unknown

Treatment Plant Information

Plant Number: 3	Plant Name: TP003	Plant Location Address: 1104 N. Ireland St.
Wells: 2,3,4,5,6 & 7	Treatment Types: Aeration, Filtration, Chlorine, and Fluoride	Plant Date In Service: 1/1/2008 <input type="checkbox"/> Unknown

Treatment Plant Information

Plant Number: 1	Plant Name: TP001	Plant Location Address: 1105 N. Ireland St.
Wells: Flatrock River	Treatment Types: Sodium Bicarbonate, Alum, Clarifier, Filtrat...	Plant Date In Service: 6/1/1937 <input type="checkbox"/> Unknown

Inspection Result:

Violations were discovered and require a submittal from you and/or follow-up inspection by IDEM

Narrative/Comment:

Date Of Inspection Continued:

7/17/2015

Exit Interview

Date Of Report:

7/16/2015

Responsible Official Contacted:

7/16/2015

Multi Media Screening Results:

Multi-media screening not conducted