

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

Eric J. Holcomb

Bruno Pigott

Commissioner

February 26, 2018

Mr. Timothy Woodward Turkey Creek Regional Sewer District 4852 N CR 1200 W Cromwell, IN 46732

Dear Mr. Woodward:

Re: Inspection Summary Letter Turkey Creek Regional Sewer District PWSID IN5243032

On February 20, 2018, a representative of the Indiana Department of Environmental Management, Office of Water Quality, conducted an inspection of Turkey Creek Regional Sewer District, located at 4852 N CR 1200 W, Cromwell, Indiana. 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:	Sanitary Survey (See attached)
Results of Inspection:	Deficiencies were discovered and require a submittal from you and/or follow-up inspection by IDEM (Deficiencies will be in bold)

Within 30 days of receipt of this letter, a written detailed explanation, documenting compliance with each of the requirements noted on the attached survey, must be submitted to this office. Failure to respond adequately to this letter may result in further action by this office. Please direct any response to this letter and any questions to Sophia Andrews at the address on this letterhead or by email at <u>soandrew@idem.IN.gov</u> or by phone at 574-245-4886. I can be reached by email at <u>Lternied@idem.IN.gov</u> or by phone at 317-234-7461. Thank you for your attention to this matter.

Sincerely,

Lucio M. Ternieden, Chief Field Inspection Section Drinking Water Branch Office of Water Quality

cc: Kosciusko County Health Department File



PUBLIC WATER SYSTEM SANITARY SURVEY REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Date:	Time In:		Time Out:
2/20/2010	10.13 AN		12:00 111
Inspector Name:		Program Activity Type:	
Sophia Andrews		Sanitary Survey	Ý

Water System Inventory Information

PWS Name: Turkey Creek Regional Sewer District		PWSID Number:	
		IN5243032	
Mailing Address: 4852 N CR 1200 W			
^{City:} Cromwell	State: IN	^{Zip:} 46732	
Administrative Contact: Timothy Woodward		Administrative Contact Phone Number: 260-856-4341	
4852 N CR 1200 W Cromwell , IN 46732		Administrative Contact Fax Number: 260-856-2471	
		Administrative Contact Email: tim@tcrsd.com	
Operator in Responsible Charge (OIRC) Timothy Woodward		OIRC Phone Number: 260-856-4341	
4852 N CR 1200 W Cromwell , IN 46732		OIRC Fax Number: 260-856-2471	
,		OIRC Email: tim@tcrsd.com	

OIRC Certification(s)		•		
Certification Number	Expiration Date	License Type		
DS875214	2019-06-30	DSM		
WT875213	2019-06-30	WT2		
Owner Information Turkey Creek Regional	Sewer District	Ow 26	ner Phone Number: 0-856-4341	
4852 N CR 1200 W Cromwell, IN 46732		Owr 26	ner Fax Number: 0-856-2471	
		Own	ner Email:	
Physical Address of System:		Res	ident Population:	
4852 N CR 1200 W		59	0	
Cromwell, IN 46732		Nor O	transient Population:	
		Tra 0	nsient Population:	
System Representatives Presen	t During Inspection			
First Name	Last Name	Position Title	Phone	Email

Timothy	Woodward	Operator	260-856-4341	tim@tcrsd.com
Deanna	Ortman	Contractor	765-459-4125	dortman@ortmandrilli
Average Days/Hours of	Operation			
Days: 7 Hours: 2	24 🗌 Unknowr	1		
Seasonal?				
Number Of Service Conr 237	nections:	Other	Systems Involved:	
Average Daily Productio 43000 G.P.D.	n: Design Plant 648,000	Capacity: Peak G.P.D. Unl	Day Since Last Survey F KNOWN	eak Day: 130,000 G.P.D.
Source Type:			Water Sold	
Surface			Water Purchased	
Purchased				
			nterconnections	
Source				
Name Number Location Well #1	:	POE Served: EP001		
Source Size:	Source Depth:	Casing Depth:	Casing Mater	rial:
12 Inches	72 Feet	61 Feet	Steel	
Data Drillada		Depth Unknown Cas	sing Depth	
1/1/1963	Submersible	Pump Capacity: $200 \text{ G}_{2}\text{ P}_{3}\text{ M}_{3}$	Sand & G	iravel
			Artesian	Well
Name Number Location Well #2	:	POE Served: EP001		
Source Size:	Source Depth:	Casing Depth:	Casing Mater	rial:
12 Inches	72 Feet	63 Feet	Steel	
	Unknown Source	Depth Unknown Ca	sing Depth	
Date Drilled:	Pump Type:	Pump Capacity:	Well Type:	ravol
● Yes ○ No ○	N/A Is the source	ce(s) sufficient in qu	antity?	
\odot Yes \bigcirc No \bigcirc	N/A Is the source	ce(s) adequate in qu	ality for the primary dr	rinking water standards
\bigcirc Yes \bigcirc No \bigcirc	N/A Is the source standards?	ce(s) adequate in qu	ality for the secondary	drinking water

● Yes ○ No ○ N/A	Is the top of the well protected so that foreign matter or surface water cannot enter the well?
● Yes ○ No ○ N/A	Is the grouting or concrete pad surrounding the casing at the well head free

Yes O No O 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?

 \odot Yes \bigcirc No \bigcirc N/A \bigcirc Does the casing extend at least 18 inches above finished grade or at least 36

	inches above the regulatory flood elevation?
\bigcirc Yes \bigcirc No \textcircled{o} N/A	If a well pit is used, are all entry points tightly sealed?
• Yes \bigcirc No \bigcirc N/A	If standby or auxiliary power is available for the source(s), is it in operable condition and well maintained?
\odot Yes \bigcirc No \bigcirc N/A	Is there a flow meter for each well?
\odot Yes \bigcirc No \bigcirc 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?

Deficiency - 327 IAC 8-2-8.2(e)(1)(B) states in part: For a PWS using ground water, in whole or in part, the following shall be evaluated for deficiencies: Activities or pollution sources in the sanitary setback area or immediate source water area that will cause risks.

Vegetation overgrowth is an issue near the outdoor well. The system is to find a way to control this without the use of chemicals.

\odot Yes \bigcirc No \bigcirc N/A	Is the well vent screened and properly constructed?
\bigcirc Yes \odot No \bigcirc N/A	Are the pressure and check valves, blow off valves, and other well system appurtenances maintained and operating properly?

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.

Recommendation: It would be a good idea for the system to erect a barrier (e.g. ballasts, landscaping rock) to help protect the outdoor well from lawn equipment.

\odot Yes \bigcirc No \bigcirc N/A	Does the system own or control the sanitary setback area?
● 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.

There are low areas around the outdoor well that are susceptible to the pooling of water. The system is to fill these in.

\odot Yes \bigcirc No \bigcirc 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?

Treatment - Types

Treatment Types: • Phosphate		Treatment Element Surveyed By: Sophia Andrews
		Treatment Objectives: Iron Control
\odot Yes \bigcirc No \bigcirc N/A	Is chemical storage ade	equate?
● Yes ○ No ○ N/A	Are chemical feeders and properly calibrated and	nd pumps operable, in good condition, and being maintained?
\odot Yes \bigcirc No \bigcirc N/A	Are instrumentation an in proper working orde	d controls adequate for the process being utilized and r?

\odot Yes \bigcirc No \bigcirc N/A	Are treatment processes covered and adequately sealed?
• Yes \bigcirc No \bigcirc N/A	Are adequate safety devices available and precautions observed (dust mask, safety goggles, protective clothing)?
\odot Yes \bigcirc No \bigcirc N/A	Is there secondary containment where needed and adequate?
\odot Yes \bigcirc No \bigcirc 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?
○ Yes ○ No ● N/A	Do the aerator inlets and exhaust have deflecting shields in place to prevent potential sources of contamination?

Treatment - Disinfection

Disinfection Element(s): • Post Disinfection • Chlorine Gas		Disinfection Element Surveyed By: Sophia Andrews
• Yes \bigcirc No \bigcirc N/A	Is the disinfection equip maintained properly?	oment, including UV light, being operated and
\odot Yes \bigcirc No \bigcirc N/A	Are critical spare parts	on hand?
\bigcirc Yes \odot No \bigcirc N/A	Is there a "Danger Chlo	prine" 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.

The signage on the chlorine room door, as well as on the wall next to it need to be refreshed or replaced as they are faded and in a state of disrepair.

\odot Yes \bigcirc No \bigcirc N/A	Is the disinfection adequate, residuals maintained, etc.?
\odot Yes \bigcirc No \bigcirc N/A	Are chlorine gas cylinders properly stored?
○ Yes ● No ○ N/A	If gas chlorination is used, are adequate safety precautions being followed?

10 States Standards 5.3 states in part: 1. Respiratory protection equipment, meeting the requirements of the National Institute for Occupational Safety and Health (NIOSH) shall be available where chlorine gas is handled 2. Shall be stored at a convenient heated location, but not inside any room where chlorine is used or stored. 3. The units shall use compressed air, have at least a 30 minute capacity, and be compatible with or exactly the same as units used by the fire department responsible for the plant. 10 States Standards 5.3.3 states in part: Where pressurized chlorine gas is present, continuous chlorine leak detection equipment is required and shall be equipped with both an audible alarm and a warning light. 10 States Standards 5.4 states in part: 1. Chlorine gas feed and storage shall be enclosed and separated from other operating areas. 2. The chlorine room shall be provided with a shatter resistant inspection window installed in an interior wall. 3. Constructed in such a manner that all openings between the chlorine room and the remainder of the plant are sealed. 4. Provided with doors equipped with panic hardware, assuring ready means of exit and opening outward only to the building exterior. 5. Each chlorine room shall have a ventilating fan with a capacity which provides one complete air change per minute when the room is occupied; where this is not appropriate due to the size of the room a lesser rate may be considered. 6. The ventilating fan shall take suction near the floor as far as practical from the door and air inlet, with the point of discharge so located as not to contaminate air inlets to any rooms or structures. 7. Air inlets shall be through corrosion resistant louvers near the ceiling. 8. Louvers for chlorine room air intake and exhaust shall facilitate airtight closure. 9. Separate switches for the ventilating fan and for the lights shall

be located outside of the chlorine room and at the inspection window. Outside switches shall be protected from vandalism. A signal light indicating ventilating fan operation shall be provided at each entrance when the fan can be controlled from more than one point. 10. Vents from feeders and storage shall be screened and shall discharge to the outside atmosphere, above grade. 11. The chlorine room location should be located in a corner of the building on the prevailing downwind side of the building and shall be away from entrances, windows, louvers, walkways, etc. 12. Floor drains are discouraged. Where provided, the floor drains shall discharge to the outside of the building and shall not be connected to other internal or external drainage systems. 13. Where located near residential or developed areas and deemed necessary by the reviewing authority, provision shall be made to chemically neutralize chlorine gas before discharge from the water treatment plant building into the environment. Such equipment shall be designed as part of the chlorina can gas to treat the entire contents of the largest storage container on site. 14. Chlorinator rooms should be heated to 600F, and be protected from excessive heat. Cylinders and gas lines should be protected from temperatures above that of the feed equipment. 15. Pressurized chlorine feed lines shall not carry chlorine gas beyond the chlorinator room.

---There are small holes in the wall of the chlorine room. The system is to plug them. ---The fan and light in the chlorine room are controlled by a single switch which is located on the outside of the building. It does not appear to be protected from vandalism. It will be researched and determined whether or not this is an acceptable set-up and the system will be provided with direction.---The system does not have SCBA on the premises. They are to either obtain it or utilize their Emergency Response Plan (ERP) to directly establish a process for dealing with a chlorine leak. ---

\odot Yes \bigcirc No \bigcirc N/A	Is the treatment(s) sufficient to meet all of the NPDWS?
\bigcirc Yes \bigcirc No $\textcircled{\bullet}$ 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: • Ductile Iron • Asbestos Cement		Flush Hydrants: 0	Fire Hydrants: 0
• Yes \bigcirc No \bigcirc N/A	Are pressures and flows of flow? (excluding mai	s adequate throughout thread the second the second term is a second to the second term is a second to the second term is a second to the second term is a secon	ne system under all conditions es, and fireflow)
\odot Yes \bigcirc No \bigcirc N/A	Are plans of the water	system available and cur	rent?
\odot Yes \bigcirc No \bigcirc N/A	Is there a regular flush	ning program?	
\odot Yes \bigcirc No \bigcirc N/A	Are all services metered	d?	
\bigcirc Yes \bigcirc No $\textcircled{\bullet}$ N/A	Is there a properly desi	igned loading station?	
\bigcirc Yes \bigcirc No $\textcircled{\bullet}$ N/A	Is there a valve mainte	nance and replacement	program in place?
\odot Yes \bigcirc No \bigcirc N/A	Does the facility have a	cross connection ordina	nce or policy in effect?
○ Yes ○ No ● N/A	Is the installation, testi conducted in accordance	ng, and inspection of cro te to 327 IAC 8-10?	ess connection control devices
● Yes ○ No ○ N/A	Was the distribution sy backflow prevention de	stem free from uncontro vices installed at all app	lled cross connections and are ropriate locations?
\bigcirc Yes \odot No \bigcirc N/A	Does the system have	>25% water loss based	on a 1 year average?

Finished Water Storage

Location Name: In Plant	Icing Protection
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Storage Type: Hydro-pneumatic - Vertical	Corrosion Protection
Storage Capacity:	
1,500 gallons	Communication Antenna
Remarks:	Separate Inlet and Outlet
	☐ Mixer
• Yes \bigcirc No \bigcirc N/A Are storage reservoirs located at	pove ground water level?
\odot Yes \bigcirc No \bigcirc N/A \odot Are the storage reservoirs protection	cted against flooding?
\odot Yes \bigcirc No \bigcirc N/A \odot Are treated water storage reserved.	voirs covered?
• Yes \bigcirc No \bigcirc N/A Are storage reservoirs secure?	
\odot Yes \bigcirc No \bigcirc N/A $~$ Is the reservoir structurally sound	nd?
• Yes \bigcirc No \bigcirc N/A Is a storage maintenance schedu	le in place and records kept?
● Yes ○ No ○ N/A Does surface run-off and underg structure?	round drainage drain away from the storage
• Yes \bigcirc No \bigcirc N/A Are all pipes, air vents, and relat and located?	ted appurtenances appropriately constructed
\odot Yes \bigcirc No \bigcirc N/A \odot Is access restricted where necess	sary to prevent contamination?
Monitoring and Reporting	
\bigcirc Yes \odot No \bigcirc N/A \bigcirc Are there any current monitoring	and/or reporting violations?
\odot Yes \bigcirc No \bigcirc N/A \bigcirc Are the daily chemical tests being	g performed properly.
\odot Yes \bigcirc No \bigcirc N/A \odot Are testing facilities and equipme	ent adequate?
\bigcirc Yes \odot No \bigcirc N/A \bigcirc Do reagents used have an unexp	bired shelf life?
Deficiency - 327 IAC 8-2-8.2(e)(6)(A) states in part: Deficiencies reliverification, including the following: The use of improper procedures site laboratory analyses.	ating to monitoring, reporting, and data or methods when conducting required on-
During the inspection it was discovered that the pho expired 01/18. The system replaced the expired pa on-site.	osphate reagent being used for testing ockets with fresh ones while I was still
● Yes ○ No ○ N/A Are records of all daily test result maintained?	ts and compliance monitoring results being
● Yes ○ No ○ N/A Are daily free and total chlorine r plant and in the distribution system	residual measurements being made at the em?
● Yes ○ No ○ N/A Are accurate records being main chemical usage, etc)?	tained (amount of water treated, amount of
\odot Yes \bigcirc No \bigcirc N/A \bigcirc Are MROs properly documented a	and submitted to IDEM on time?
\bigcirc Yes \odot No \bigcirc N/A \bigcirc Does the system have an approv	ved GWR triggered monitoring plan?

Management and Operations

\odot Yes \bigcirc No \bigcirc N/A	Are personnel adequately trained and/or certified?
\odot Yes \bigcirc No \bigcirc N/A	Is an emergency response plan available and up to date?
\odot Yes \bigcirc No \bigcirc N/A	Are supplies and maintenance parts inventories adequate?

\odot Yes \bigcirc No \bigcirc N/A	Are sufficient operation and maintenance records being kept?
\odot Yes \bigcirc No \bigcirc N/A	Are there sufficient personnel?
\odot Yes \bigcirc No \bigcirc N/A	Are permits being obtained for all repairs and construction?
○ Yes ○ No ● N/A	Are well logs being kept and available on site?
\odot Yes \bigcirc No \bigcirc N/A	Are routine maintenance schedules established and adhered to?
\odot Yes \bigcirc No \bigcirc N/A	Is there a current site sampling plan available and on file with IDEM?
\odot Yes \bigcirc No \bigcirc N/A	Does this plan require any updates or changes?
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 th commissioner.	roughout the distribution system according to a written sample siting plan approved by the
representative of water th commissioner. Recommendation: I Plan (SSP) maps mo	t would be a good idea for the system to make their Site Sampling ore legible and easy to read.
 Prepresentative of water the commissioner. Recommendation: I Plan (SSP) maps model Yes O No O N/A 	The system and is the plan up to date?
 Yes O No O N/A Yes O No O N/A 	The system and is the plan up to date? For service interruptions lasting greater than 8 hours, are notifications being made to the customers?

Point of Entry Information

POE Number	Point Of Entry Name	Point Of Entry Location	Wells Seller	Date In Service
1	EP001	1023 North Sir Galahad;	2	1/1/1995
		Cromwell, IN		Unknown

Treatment Plant Information

Plant Number:	Plant Name:	Plant Location Address:	
1	TP001	10230 N. Sir Galaha	ad; Cromwell, IN
Source:	Treatment Types:		Plant Date In Service:
2	Phosphate, Chlorine Gas I	Post-Disinfection	1/1/1995
			Unknown

Inspection Result:

Deficiencies were discovered and require a submittal from you and/or follow-up inspection by IDEM Narrative/Comment:

The system is to correct deficiencies cited on this report and submit documentation (e.g. photos) to IDEM.

Date Of Inspection Cor	ntinued:
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✓ Exit Interview

Date Of Report:	Responsible Official Contacted:	
2/20/2018	2/20/2018	
Multi Media Screening Results:		

Multi-media screening not conducted

Contact by IDEM's OPPTA Requested

Photos

The signage on the chlorine room door, as well as on the wall next to it need to be refreshed or replaced as they are faded and in a state of disrepair.



Photograph Description: There are small holes in the wall of the chlorine room. The system is to plug them.



The fan and light in the chlorine room are controlled by a single switch which is located on the outside of the building. It does not appear to be protected from vandalism. It will be researched and determined whether or not this is an acceptable set-up and the system will be provided with direction.



---The system does not have SCBA on the premises. They are to either obtain it or utilize their Emergency Response Plan (ERP) to directly establish a process for dealing with a chlorine leak.---

---The system is to ensure that the ERP is reviewed/revised as needed, and a minimum of once per year.---

Tim Woodward

From: Sent:

To: Subject: Mickey Scott <mscott8138@yahoo.com> Friday, January 19, 2018 12:08 PM tim@tcrsd.com Emergency Response Procedures for Turkey Creek Fire Territory

Tim,

In order to report a hazardous material emergency in Turkey Creek Township in Kosciusko County, 911 would be the emergency number utilized. The information in regards to the incident and location should be provided to the dispatcher by the caller. If any information is known in regards to the identification of the hazardous material involved and whether or not there are victims as a result of the emergency, that information should be provided also. The caller should NEVER attempt to obtain this information if it cannot be obtained from a safe

In the event of a hazardous material emergency in Kosciusko County in our department protection area, several of our personnel are trained and certified to the level of Hazardous Materials Awareness and Hazardous Material Operations through the State of Indiana. Basically, this qualifies our department to conduct decontamination procedures. Our department would respond initially to any hazardous material incident within our protection area; evacuate persons, if necessary, and secure the scene. In order to mitigate the chemical spill itself, we would contact the Kosciusko County Dispatch Center and request the Hazmat Team from Elkhart City and/ or Clay Township to be dispatched to the location.

In the event of a confined space emergency, our department would respond initially and the Technical Rescue Team from the Warsaw-Wayne Fire Territory would be requested to respond also through dispatch. Again, the number to contact is 911.

Our fire station information is as follows:

Turkey Creek Fire Territory Station #1 402 N. Huntington St. Syracuse, In. 46567 Telephone: (574)457-4100

Turkey Creek Fire Territory Station #2 8138 E. McClintic Rd. Syracuse, In. 46567 Telephone: (574)457-5505

Both of our fire stations are staffed 24/7/365. However, contacting either station in order to report an emergency will not always be successful as the crew(s) at the station(s) could be away from the station on a different emergency call resulting in the fact that the telephone call would be unsuccessful. 911 will always be the BEST option. A secondary number for dispatch is: (574)267-5667.

Mickey Scott, Fire Chief

Photograph Description:

Recommendation: It would be a good idea for the system to make their Site Sampling Plan (SSP) maps more legible and easy to read.



During the inspection it was discovered that the phosphate reagent being used for testing expired 01/18. The system replaced the expired packets with fresh ones while I was still on-site.



---There are low areas around the outdoor well that are susceptible to the pooling of water. The system is to fill these in.---

---Recommendation: It would be a good idea for the system to erect a barrier (e.g. ballasts, landscaping rock) to help protect the outdoor well from lawn equipment.---

---Vegetation overgrowth is an issue near the outdoor well. The system is to find a way to control this without the use of chemicals.---

