



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

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Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

August 5, 2024

66-34
Jellystone Park
Attn: Mr. Jeff Kelsheimer
1916 North 850 East
Pierceton, IN 46562

Re: Level 1 Assessment
Drinking Water Branch - Compliance
PWSID #IN2430972
Kosciusko County

Dear Jeff Kelsheimer:

The Indiana Department of Environmental Management (IDEM) staff of the Office of Water Quality has conducted a review of your drinking water Treatment Technique requirements. This review was conducted in order to determine compliance with the Revised Total Coliform Rule (RTCR).

Contaminant	Date	Citation	Corrective Actions You Must Take
Total Coliform	July 30, 2024 - your system collected two (2) routine samples positive for Total Coliform. August 1, 2024 – IDEM received results from CF Environmental	40 CFR 141.859 Your system has two (2) or more Total Coliform positive (TC+) samples. <i>Rule cited has been incorporated by reference at 327 IAC 8-2.4-1</i>	Your system must complete the attached Level 1 Assessment Form and submit it to IDEM on or before September 5, 2024 If any sanitary defect(s) is/are found during the assessment, you must correct the defect(s) within 30 days from the date the Level 1 Assessment was completed and submit the corrective actions documentation to IDEM. Your system must collect one (1) source/well sample per active well from each well tap for a total of four (4) source/well samples (Main, Comfort St., Pool, and New Circle wells) Your system must continue collecting one (1) routine sample per month. Next sample is due August 2024

Under the RTCR, total coliform serves as an indicator of a potential pathway of contamination into the distribution system and since your system exceeded the specified frequency (*see Citation Column in the Table above*), you must conduct an assessment to determine if any sanitary defects exist, and if found, correct them.

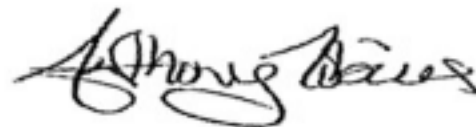
Submit the Level 1 Assessment form to:

Indiana Department of Environmental Management (IDEM)
OWQ Drinking Water – Mail Code 66-34
Attn: Alan Esko
100 N. Senate Avenue
Indianapolis, IN 46204-2251
Email: AEsko@idem.in.gov

Failure to submit the required Level 1 Assessment will result in a coliform Treatment Technique violation.

Thank you for your attention to this matter. If you have any questions, please contact your IDEM Representative Mr. Alan Esko at 317-233-3830.

Sincerely,



Anthony Tobias, Chief
Total Coliform & Compliance Support Section
Drinking Water Branch
Office of Water Quality

CC
Attachment Level 1 Assessment Form
cc: Sophia Andrews, Field Inspector
Alan Esko, Compliance Officer
Kosciusko County Health Department
jkelsheimer@campyogi.net



LEVEL 1 ASSESSMENT – TRANSIENT PUBLIC WATER SYSTEM (PWS)

State Form 52999 (R2 / 4-20)

Indiana Department of Environmental Management
Office of Water Quality – Drinking Water Branch



This assessment will assist you in determining the cause of your total coliform issues. It is important to include water sampling and maintenance staff in the determination of the cause(s) and in the development of corrective actions. A successful assessment will help you to avoid future coliform issues and increased sampling requirements.

PWSID Number: 2430972

SYSTEM NAME: Jellystone Park

Section A - Review and evaluate: Check for any potential causes of contamination identified or check "N/A" if the section is not applicable to your system. **Each section requires a response.**

1. SAMPLING SITES

Issue identified: ☐ YES ☐ NO

- | | |
|--|---|
| <input type="checkbox"/> unclean or unsuitable tap | <input type="checkbox"/> unapproved sampling location |
| <input type="checkbox"/> change or damage to sampling location | <input type="checkbox"/> other: |

2. SAMPLING PROTOCOL

Issue identified: ☐ YES ☐ NO

- | | |
|---|---|
| <input type="checkbox"/> tap wasn't flushed (prior to sampling) | <input type="checkbox"/> old sample bottle/bottle seal broken |
| <input type="checkbox"/> tap wasn't disinfected (prior to sampling) | <input type="checkbox"/> new person collected water sample |
| <input type="checkbox"/> aerator or screen damaged or corroded | <input type="checkbox"/> sample error (e.g. touched inside of cap/bottle) |
| <input type="checkbox"/> improper hold time/storage temperature | <input type="checkbox"/> other: |

3. OPERATIONAL CHANGES

Issue identified: ☐ YES ☐ NO

- | | |
|---|--|
| <input type="checkbox"/> new faucet or spigot installed | <input type="checkbox"/> new well/pump installed or old well abandoned |
| <input type="checkbox"/> new treatment device added (e.g. softener) | <input type="checkbox"/> recent repairs to plumbing |

4. DISTRIBUTION SYSTEM

Issue identified: ☐ YES ☐ NO

- | | |
|---|--|
| <input type="checkbox"/> loss of power recently | <input type="checkbox"/> visible problems (e.g. leaks; cross connections*) |
| <input type="checkbox"/> loss of water pressure or low pressure | <input type="checkbox"/> signs of vandalism or unauthorized access |

5. TREATMENT (if applicable)

Issue identified: ☐ YES ☐ NO ☐ N/A

- | | |
|---|---|
| <input type="checkbox"/> treatment device malfunctioning | <input type="checkbox"/> other cross connection* issue(s) |
| <input type="checkbox"/> softener waste line plumbed directly to sewer (no air gap) | <input type="checkbox"/> filter needs to be replaced |
| | <input type="checkbox"/> softener is out of salt |

6. STORAGE / BLADDER TANK(S)

Issue identified: ☐ YES ☐ NO

- | | |
|--|--|
| <input type="checkbox"/> tank(s) is damaged, rusty, or has holes | <input type="checkbox"/> evidence of contamination |
| <input type="checkbox"/> tank bladder(s) is water logged | <input type="checkbox"/> standing water/debris around tank |

7. SOURCE – WELL(S) (include hand-pump wells)

Issue identified: ☐ YES ☐ NO

- | | |
|---|---|
| <input type="checkbox"/> cracked, broken, or missing well cap | <input type="checkbox"/> evidence of contamination |
| <input type="checkbox"/> cracked or broken well casing | <input type="checkbox"/> flooding or standing water near well |
| <input type="checkbox"/> well vent screen missing or damaged | <input type="checkbox"/> ground slopes toward well casing |
| <input type="checkbox"/> well pump not cycling properly | <input type="checkbox"/> well head is buried or has space around casing |

* A cross connection is any actual or potential connection between a potable water supply and a non-potable source (e.g. water softener waste line plumbed directly to floor drain with no air gap).

Section B - Issue Description: After reviewing the completed check boxes, describe the likely cause(s) of contamination. Include corresponding dates with your findings. Attach additional pages as necessary.

Section C - Corrective Action Taken or to be Taken: Use this space to describe corrective actions completed, a proposed timetable for any corrective actions not already completed, and any interim measures that you plan to implement. Attach additional pages as necessary.

Certification: I certify, under penalty of law, that this document was prepared by me and the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am also aware that there are significant penalties for submitting false information.

Print Name: _____ Title: _____
Signature: _____ Date (month, day, year): _____
E-mail: _____ Telephone: _____

Please save a copy and return this form to the Indiana Department of Environmental Management.

IDEM Use Only: IDEM Reviewer: _____

IDEM Consultation Date (if needed) (month, day, year): _____

Level 1 Assessment Accepted: ☐ YES ☐ NO

PWS has corrected the problem: ☐ YES ☐ NO

Corrective Action Plan approved: ☐ YES ☐ NO

Approved with changes: ☐ YES ☐ NO

Comments: _____

Mail or e-mail this form and any supporting documents to the Drinking Water Branch of:
Indiana Department of Environmental Management
100 N Senate Ave GCN 1201
Indianapolis, IN 46204
E-mail: DWBMGR@idem.IN.gov