



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
Governor

Brian C. Rockensuess
Commissioner

September 20, 2024

66-34
Crawfordsville Country Club
Attn: Mr. Thomas Burks
3272 West Country Club Road
Crawfordsville, IN 47933

Re: Level 2 Assessment
Increased Monitoring Requirement
Drinking Water Branch - Compliance
PWSID #IN2540025
Montgomery County

Dear Thomas Burks:

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	September 18, 2024 – collected two (2) routine samples positive for Total Coliform. September 19, 2024 – IDEM received samples from Montgomery County Health Dept.	40 CFR 141.859 Your system has two (2) or more Total Coliform positive (TC+) samples. System has triggered a second Level 1 Assessment within a rolling 12-month period. <i>Rule cited has been incorporated by reference at 327 IAC 8-2.4-1</i>	Your system's sampling schedule has changed! Your system must collect one (1) routine sample per month beginning in October 2024 You must contact Alan Melvin or an IDEM Certified Assessor (see attached) to conduct a Level 2 Assessment. The Level 2 Assessment must be completed by the state or a qualified party that has been approved by the state. The Assessment must be completed on or before October 20, 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 2 Assessment was completed and submit the corrective actions documentation to IDEM.

			Your system must collect one (1) source/well sample per active well.
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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.

Also, based on the citation above, your monitoring and reporting requirements for Total coliform have changed from quarterly to **monthly**. You will monitor and report for Total Coliform **monthly** beginning in **October 2024**.

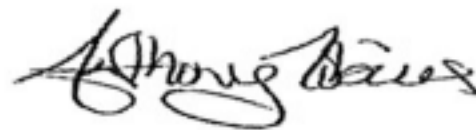
In order to return to quarterly monitoring, you must have a clean compliance history for a minimum of twelve (12) months, be free of sanitary defects, and complete a sanitary survey or a voluntary Level 2 Assessment within the last twelve (12) months.

Submit the Level 2 Assessment form to:

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

Failure to submit the required Level 2 Assessment will result in a coliform Treatment Technique violation. Thank you for your attention to this matter. If you have any questions, please call Mr. Alan Melvin of our Capacity and Development Section at 317-719-4032.

Sincerely,



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

CC

Attachment: Level 2 Assessment & Certified Level 2 Assessors

cc: Samuel Hart, Field Inspector
Alan Melvin, Capacity and Development Section
Alan Esko, Compliance Officer
Montgomery County Health Department
tburks@tds.net



LEVEL 2 ASSESSMENT – TRANSIENT PUBLIC WATER SYSTEM

State Form 55983 (R5 / 12-20)
Indiana Department of Environmental Management
Office of Water Quality – Drinking Water Branch

Mail, e-mail, or fax this form and supporting documents to:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH
100 North Senate Avenue, Room N1201
Indianapolis, IN 46204
E-mail: CapCert@idem.in.gov

INSTRUCTIONS: A Certified Level 2 Assessors or agent of the State *must* complete this form. The goal of this assessment is to resolve this system's total coliform contamination. The assessor will provide a determination of the cause of this total coliform contamination by checking "Yes" on the appropriate checkboxes below. With each issue checked "Yes", the assessor will follow with a narrative in the "Issue Description" AND "Corrective Action" columns. If any question or section does not apply, simply strike through or mark as N/A. **The system representative listed below is responsible for implementing the corrective actions identified within thirty (30) days of this assessment and will provide documentation (photos or receipts) of the corrective actions to IDEM at CapCert@idem.in.gov.**

Public Water System Identification (PWSID) number 2540025	Name of system Crawfordsville Country Club
Name of system representative	How representative is affiliated with the system

1. SAMPLING SITES	Issue(s) Found?	Description of Issue	Corrective Action(s)
Unclean, leaking, damaged or unsuitable tap	☐ Yes ☐ No		
Changed sampling location	☐ Yes ☐ No		
Unapproved or unsuitable sampling location	☐ Yes ☐ No		
Low / inadequate disinfection residual	☐ Yes ☐ No		
Plumbing changes or additions	☐ Yes ☐ No		
Plumbing breaks or failure	☐ Yes ☐ No		
Cross connection adjacent sampling site (such as, but not limited to, reverse osmosis unit)	☐ Yes ☐ No		
Untested backflow device(s) adjacent sample site	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		

2. SAMPLING PROTOCOL	Issue(s) Found?	Description of Issue	Corrective Action(s)
Tap wasn't flushed (prior to sampling)	☐ Yes ☐ No		
Tap wasn't disinfected (prior to sampling)	☐ Yes ☐ No		
Aerator or screen damaged or corroded	☐ Yes ☐ No		

Public Water System Identification (PWSID) number 2540025	Name of system Crawfordsville Country Club
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2. SAMPLING PROTOCOL (continued)	Issue(s) Found?	Description of Issue	Corrective Action(s)
Old sample bottle	☐ Yes ☐ No		
Bottle seal broken	☐ Yes ☐ No		
New person collected water sample	☐ Yes ☐ No		
Sampling error	☐ Yes ☐ No		
Improper hold time	☐ Yes ☐ No		
Improper storage temperature	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		

3. OPERATIONAL CHANGES	Issue(s) Found?	Description of Issue	Corrective Action(s)
New sample tap installed	☐ Yes ☐ No		
New treatment device added	☐ Yes ☐ No		
Source added	☐ Yes ☐ No		
Source abandoned	☐ Yes ☐ No		
New storage tank added	☐ Yes ☐ No		
Visible indicators of unsanitary conditions	☐ Yes ☐ No		
Recent repairs to water lines	☐ Yes ☐ No		
Water system was NOT disinfected / flushed following plumbing construction or repairs	☐ Yes ☐ No		
Loss of power	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		

Public Water System Identification (PWSID) number 2540025	Name of system Crawfordville Country Club
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4. DISTRIBUTION SYSTEM	Issue(s) Found?	Description of Issue	Corrective Action(s)
Low flow / dead end main	☐ Yes ☐ No		
Low disinfection residuals (if applicable) review systems records, sample (if needed)	☐ Yes ☐ No		
Water line breaks	☐ Yes ☐ No		
Loss of pressure or low pressure (less than 20 psi)	☐ Yes ☐ No		
Water leaks	☐ Yes ☐ No		
Construction or installation of plumbing	☐ Yes ☐ No		
Cross connection issue(s) including but not limited to softener waste lines, irrigation, boiler make-up, baptismal, fire suppression, mop sinks, manufacturing process systems	☐ Yes ☐ No		
Untested backflow device(s)	☐ Yes ☐ No		
Inadequate flushing of water lines due to inactivity or closure of the facility	☐ Yes ☐ No		
Evidence of vandalism	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		

5. TREATMENT	☐ N/A	Description of Issue	Corrective Action(s)
Treatment device malfunctioning			
Treatment added or changed			
Cross connection issue(s)			
Inadequate disinfection			
Interruption in treatment / power loss			
Chemical feed rate problems			
Filter contamination			

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5. TREATMENT (continued)	☐ N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Maintenance schedules not followed		☐ Yes ☐ No		
Chemical day tanks empty / inadequately sealed (e.g. softener out of salt)		☐ Yes ☐ No		
Evidence of short circuiting in treatment process		☐ Yes ☐ No		
Evidence of contamination		☐ Yes ☐ No		
Other:		☐ Yes ☐ No		

6. STORAGE TANK	☐ N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Tank(s) is damaged, rusty, or has holes		☐ Yes ☐ No		
Tank bladder(s) is waterlogged		☐ Yes ☐ No		
Hydropneumatic tank malfunctioning		☐ Yes ☐ No		
Vent / overflow screen damaged / missing		☐ Yes ☐ No		
Signs of vandalism / unauthorized access		☐ Yes ☐ No		
Recent work or repair of tank		☐ Yes ☐ No		
Evidence of contamination		☐ Yes ☐ No		
Standing water around tank		☐ Yes ☐ No		
Debris around tank		☐ Yes ☐ No		
Water age / inadequate turnover		☐ Yes ☐ No		
Lack of maintenance or inspection		☐ Yes ☐ No		
Other:		☐ Yes ☐ No		

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7. SOURCE - WELLS	Issue(s) Found?	Description of Issue	Corrective Action(s)
Cracked, broken, or missing well cap	☐ Yes ☐ No		
Cracked or damaged well casing	☐ Yes ☐ No		
If well casing is cracked, is the protective barrier missing?	☐ Yes ☐ No		
Well screen missing or damaged	☐ Yes ☐ No		
Missing or damaged grout seal (voids around well allowing contaminates into well)	☐ Yes ☐ No		
Recent work on pump	☐ Yes ☐ No		
Well pump cycling improperly	☐ Yes ☐ No		
Pump assembly leaking / damaged (jet pump or vertical turbine only)	☐ Yes ☐ No		
Evidence of contamination	☐ Yes ☐ No		
Flooding or standing water near well	☐ Yes ☐ No		
Standing water / flooding in well pit	☐ Yes ☐ No		
Ground slopes toward well casing	☐ Yes ☐ No		
Air relief valve missing screen and / or air gap	☐ Yes ☐ No		
Other:	☐ Yes ☐ No		

CERTIFICATION	
I certify, under penalty of law, that I am a Certified Level 2 Assessor, and that this document was prepared by me or under my direction, 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.	
Signature	Date (month, day, year)
Printed name	Title
Telephone number ()	E-mail address
License number(s) (if applicable)	

Please save a copy of this form and return the original form along with a copy of your training information (including, but not limited to, an Indiana Water Basics Course (INWBC) certificate of completion) to the Indiana Department of Environmental Management. It is important to provide the system representative with a copy of this document. The drinking water system is responsible for completion of all corrective action(s) identified within thirty (30) days of this assessment.

Public Water System Identification (PWSID) number 2540025	Name of system Crawfordville Country Club
FOR IDEM USE ONLY	
Name of IDEM reviewer	Date of IDEM consultation (if needed) (month, day, year)
Document preparer completed INWBC ☐ Yes ☐ No	Level 2 Assessment accepted ☐ Yes ☐ No
PWS has corrected the problem ☐ Yes ☐ No	Corrective Action Plan approved ☐ Yes ☐ No
Approved with changes ☐ Yes ☐ No	
Comments	

IDEM CERTIFIED LEVEL 2 ASSESSORS

State	County	City	First Name	Last Name	Phone Number	Email Address
IN	Adams	Decatur	William J.	Carpenter	(260) 223-5198	bcarpenter@decaturin.org
IN	Adams	Berne	John A.	Crider	(260) 589-8526	water@cityofberne.com
IN	Adams	Bluffton	Todd	Shady	(260) 824-6064	todd.shady@blufftonindiana.gov
IN	Allen	Ft. Wayne	Donald	Papai	(317) 607-0531	dpapai@inh2o.org
IN	Allen	Auburn	Clinton R.	Sites	(260) 235-0289	crsites@ci.auburn.in.us
IN	Allen	Woodburn	Dylan	Atchley	(260) 797-8383	dylan@wcchonline.org
IN	Bartholomew	Hope	David J.	Clouse	(812) 546-5469	david@hopeutilities.net
IN	Boone	Lebanon	Ryan C.	Ottinger	(765) 482-8851	rottinger@lebanon-utilities.com
IN	Clay	Rockville	John M.	Batronis	(765) 832-4163	batronism@elan.co.com
IN	Crawford	Paoli	Mark	Brace	(812) 347-2551	mbrace@ramseywater.com
IN	Dearborn	Lawrenceburg	Andrew T.	Lyons	(812) 532-0329	alyons@lm-u-in.net
IN	Decatur	Greensburg	Kimberly D.	Keller	(812) 614-0867	kdkeller@live.com
IN	Dekalb	Auburn	Donald	Papai	(317) 606-0531	dpapai@inh2o.org
IN	Dekalb	Spencerville	Michael	Georgi	(260) 908-1016	michael.georgi@nucor.com
IN	Dekalb	Auburn	Clinton R.	Sites	(260) 235-0289	crsites@ci.auburn.in.us
IN	Dekalb	Albion	Scott	Mosley	(260) 349-8489	water@kendallville-in.org
IN	Dubois	Huntingburg	Jace M.	Merkel	(812) 683-4280	JMerkel@huntingburg-in.gov
IN	Elkhart	Middlebury	Jeffrey W.	Chiddister	(269) 268-4981	jchiddister@granddesignrv.com
IN	Elkhart	Goshen	Steven	Cripe	(574) 596-0183	stevecripe@gmail.com
IN	Elkhart	South Bend	Bradley	VanOosterum	(574) 309-2709	bvanooosterum@gmail.com
IN	Elkhart	Bremen	Alex K.	Mikel	(574) 248-0294	alexmikel22@gmail.com
IN	Elkhart	Shipshewana	Gregory	McAninch	(574) 361-5303	gmacinijw@gmail.com
IN	Elkhart	Osceola	David B.	Majewski	(574) 258-1652	dmajewski@mishawaka.in.gov
IN	Elkhart	Nappanee	Gale	Gerber	(574) 356-6034	galegerber@gmail.com
IN	Elkhart	Hamilton	Justin M.	Stouder	(260) 316-2098	servicesbystouder@live.com
IN	Floyd	New Albany	Scott A.	Ham	(502) 396-7460	scott@silvercreekwater.org
IN	Floyd	Paoli	Mark	Brace	(812) 347-2551	mbrace@ramseywater.com
IN	Franklin	Brookville	Gordon C.	Meyer	(317) 408-4286	gmeyer@inh2o.org
IN	Fulton	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@tcrsd.com
IN	Grant	Lagro	Scott	Siders	(260) 571-3271	tlagro46941@gmail.com
IN	Greene	Jasonville	Bob	West	(812) 665-3285	jasonvilleutil@jasonvillein.gov
IN	Hamilton	Indianapolis	Kirk	Kuroiwa	(765) 480-3196	kirkkuroiwa@hotmail.com
IN	Hancock	Charlottesville	Brian A.	Smith	(765) 541-0354	bsmith@greenfieldin.org
IN	Hancock	Greenfield	Brian A.	Petrey	(317) 498-3698	bpetrey@greenfieldin.org
IN	Hancock	Indianapolis	Kirk	Kuroiwa	(765) 480-3196	kirkkuroiwa@hotmail.com
IN	Harrison	Ramsey	Josh	Dixon	(812) 705-8186	jmdixon1976@yahoo.com
IN	Harrison	Elizabeth	Robert D	Turner	(812) 267-5854	dturner@ramseywater.com
IN	Harrison	Paoli	Mark	Brace	(812) 347-2551	mbrace@ramseywater.com
IN	Harrison	Ramsey	Tim	Nelson	(812) 709-2241	tnelson@ramseywater.com
IN	Henry	Knightstown	Jeffery L.	Lane	(317) 498-0730	jefflane11@yahoo.com
IN	Henry	New Castle	Gregory M.	Phipps	(765) 524-4654	supt.waterdept@cityofnewcastle.net
IN	Henry	Indianapolis	Kirk	Kuroiwa	(765) 480-3196	kirkkuroiwa@hotmail.com
IN	Huntington	Huntington	Brian K.	Cochran	(260) 786-3848	bc1974vw@ymail.com
IN	Huntington	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@tcrsd.com
IN	Huntington	Lagro	Scott	Siders	(260) 571-3271	tlagro46941@gmail.com
IN	Jasper	Valparaiso	Bill	England	(219) 286-5914	benland@utilityservicescorp.com
IN	Jasper	Wolcott	Chad	Reynolds	(317) 771-0550	creynolds@inh2o.org
IN	Johnson	Franklin	John M.	Solenberg	(317) 697-7400	johnsolenberg@gmail.com
IN	Johnson	Indianapolis	Kirk	Kuroiwa	(765) 480-3196	kirkkuroiwa@hotmail.com
IN	Kosciusko	Atwood	Thaddeus	Borchers	(574) 858-2514	tad@crystallakelc.net
IN	Kosciusko	Nappanee	Gale	Gerber	(574) 356-6034	galegerber@gmail.com
IN	Kosciusko	Syracuse	Robert D	Lahman II	(574) 457-8020	ergoosmamt@centurylink.net

IDEM CERTIFIED LEVEL 2 ASSESSORS

IN	Kosciusko	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@tcrsd.com
IN	Kosciusko	Osceola	David B.	Majewski	(574) 258-1652	dmajewski@mishawaka.in.gov
IN	Kosciusko	Mill Creek	Robert	Hollingsworth	(574) 292-9289	r.hollingsworth1965@gmail.com
IN	Kosciusko	Hamilton	Justin M.	Stouder	(260) 316-2098	servicesbystouder@live.com
IN	Kosciusko	Lagro	Scott	Siders	(260) 571-3271	tlagro46941@gmail.com
IN	LaGrange	Middlebury	Jeffrey	Chiddister	(269) 268-4981	jchiddister@granddesignrv.com
IN	LaGrange	Lagrange	Joseph	Benak	(847) 226-8565	cbserve@lagrange@gmail.com
IN	LaGrange	Shipshewana	Gregory	McAninch	(574) 361-5303	gmacin@jw@gmail.com
IN	LaGrange	LaGrange	Donald	Papai	(317) 607-0531	dpapai@inh2o.org
IN	LaGrange	Auburn	Clinton R.	Sites	(260) 235-0289	crsites@ci.auburn.in.us
IN	LaGrange	Bremen	Alex K.	Mikel	(574) 248-0294	alexmikel22@gmail.com
IN	LaGrange	Albion	Scott	Mosley	(260) 349-8489	water@kendallville-in.org
IN	LaGrange	Osceola	David B.	Majewski	(574) 258-1652	dmajewski@mishawaka.in.gov
IN	LaGrange	Hamilton	Justin M.	Stouder	(260) 316-2098	servicesbystouder@live.com
IN	Lake	Cedar Lake	Esta A.	Barber	(219) 916-4638	watermanager@frontier.com
IN	Lake	Cedar Lake	Ryan R.W.	Kuiper	(219) 374-7478	ryan.kuiper@cedarlakein.org
IN	Lake	Cedar Lake	Dustin M.	Sheehy	(210) 696-0455	sheehyoffice@comcast.net
IN	Lake	Cedar Lake	Brienne	Meehan	(219) 696-0455	sheehyoffice@comcast.net
IN	Lake	Valparaiso	Bill	England	(219) 286-5914	benland@utilityservicescorp.com
IN	Laporte	Mill Creek	Robert	Hollingsworth	(574) 292-9289	r.hollingsworth1965@gmail.com
IN	Laporte	South Bend	Bradley	VanOosterum	(574) 309-2709	bvanooosterum@gmail.com
IN	Laporte	Bremen	Alex K.	Mikel	(574) 248-0294	alexmikel22@gmail.com
IN	Laporte	Valparaiso	Bill	England	(219) 286-5914	benland@utilityservicescorp.com
IN	Laporte	Walkerton	Timothy C.	Lindewald	(219) 575-1341	yamahagtim@gmail.com
IN	Laporte	Hamilton	Justin M.	Stouder	(260) 316-2098	servicesbystouder@live.com
IN	Laporte	Wolcott	Chad	Reynolds	(317) 771-0550	creynolds@inh2o.org
IN	Madison	Anderson	Joshua A.	Castor	(765) 648-6444	jcastor@cityofanderson.com
IN	Madison	Indianapolis	Kirk	Kuroiwa	(765) 480-3196	kirkkuroiwa@hotmail.com
IN	Marion	Indianapolis	Sherri	Winters	(317) 912-8749	watercomptech@outlook.com
IN	Marion	Indianapolis	Jaimie L.	Foreman	(317) 571-4144	jforeman1031@yahoo.com
IN	Marion	Indianapolis	Kirk	Kuroiwa	(765) 480-3196	kirkkuroiwa@hotmail.com
IN	Marshall	Bremen	Alex K.	Mikel	(574) 248-0294	alexmikel22@gmail.com
IN	Marshall	South Bend	Bradley	VanOosterum	(574) 309-2709	bvanooosterum@gmail.com
IN	Marshall	Osceola	David B.	Majewski	(574) 258-1652	dmajewski@mishawaka.in.gov
IN	Marshall	Walkerton	Timothy C.	Lindewald	(219) 575-1341	yamahagtim@gmail.com
IN	Marshall	Mill Creek	Robert	Hollingsworth	(574) 292-9289	r.hollingsworth1965@gmail.com
IN	Marshall	Nappanee	Gale	Gerber	(574) 356-6034	galegerber@gmail.com
IN	Miami	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@tcrsd.com
IN	Miami	Lagro	Scott	Siders	(260) 571-3271	tlagro46941@gmail.com
IN	Monroe	Bloomington	Don	Gramlich	(812) 272-4858	gramlicd@bloomington.in.gov
IN	Monroe	Bloomington	Shawn	Medsker	(812) 606-5204	medskers@bloomington.in.gov
IN	Monroe	Bloomington	Douglas K.	Steury	(812) 824-4900	steurydoug@gmail.com
IN	Montgomery	Crawfordsville	David A.	Dixon	(765) 361-2659	dave.sulc@nucor.com
IN	Montgomery	Rockville	John M.	Batronis	(765) 832-4163	batronism@elan.co.com
IN	Morgan	Martinsville	James R.	Saucerman	(765) 720-8274	WATER@CLOVERDALEIN.COM
IN	Newton	Kentland	Dustin	Standish	(219) 869-5954	dstandish83@gmail.com
IN	Newton	Valparaiso	Bill	England	(219) 286-5914	benland@utilityservicescorp.com
IN	Newton	Wolcott	Chad	Reynolds	(317) 771-0550	creynolds@inh2o.org
IN	Noble	Albion	Jeffrey	Boyle	(260) 894-1292	jboyle@ligonier-in.gov
IN	Noble	Albion	Scott	Mosley	(260) 349-8489	water@kendallville-in.org
IN	Noble	Albion	Scott	Buckles	(260) 609-6401	mgbuckles75@hotmail.com
IN	Noble	Avilla	Donald	Papai	(317) 607-0531	dpapai@inh2o.org
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IN	Noble	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@tcrsd.com
IN	Orange	Paoli	Mark	Brace	(812) 347-2551	mbrace@ramseywater.com
IN	Orange	Orleans	Joshua	Dixon	(812) 705-8186	jmdixon1976@yahoo.com
IN	Parke	Rockville	John M.	Batronis	(765) 832-4163	batronism@elan.co.com
IN	Porter	Valparaiso	Bill	England	(219) 286-5914	benland@utilityservicescorp.com
IN	Porter	Hebron	Rick	Newton	(219) 816-1301	rick_newton89@hotmail.com
IN	Porter	Cedar Lake	Esta A.	Barber	219 916-4638	watermanager@frontier.com
IN	Pulaski	Monterey	Robert	Porter	(574) 292-3943	culverstreet@townofculver.org
IN	Pulaski	Wolcott	Chad	Reynolds	(317) 771-0550	creynolds@inh2o.org
IN	Putnam	Greencastle	David R.	Adkins	(812) 585-0009	dadkins@inh2o.org
IN	Putnam	Rockville	John M.	Batronis	(765) 832-4163	batronism@elan.co.com
IN	Putnam	Martinsville	James R.	Saucerman	(765) 720-8274	WATER@CLOVERDALEIN.COM
IN	Shelby	Shelbyville	Caleb M.	Osborne	(317) 967-0025	cosborne@greenfield.in.org

IDEM CERTIFIED LEVEL 2 ASSESSORS

IN	Spencer	Santa Claus	Chris W.	Glenn	(812) 544-3329	chris_glenn@townofsantaclaus.com
IN	St. Joseph	Granger	August	Kuehn	(574) 274-3610	akuehn@gmail.com
IN	St. Joseph	Osceola	David B.	Majewski	(574) 258-1652	dmajewski@mishawaka.in.gov
IN	St. Joseph	Mishawaka	Norman	Merritt	(574) 318-1318	dm@americanpumprepair.com
IN	St. Joseph	Walkerton	Timothy C.	Lindewald	(219) 575-1341	yamahagtim@gmail.com
IN	St. Joseph	South Bend	John	Wiltout	(574) 904-4074	jsjtrout@sbcglobal.net
IN	St. Joseph	South Bend	Bradley	VanOosterum	(574) 309-2709	bvanooosterum@gmail.com
IN	St. Joseph	Bremen	Alex K.	Mikel	(574) 248-0294	alexmikel22@gmail.com
IN	St. Joseph	Mill Creek	Robert	Hollingsworth	(574) 292-9289	r.hollingsworth1965@gmail.com
IN	St. Joseph	Nappanee	Gale	Gerber	(574) 356-6034	galegerber@gmail.com
IN	St. Joseph	Hamilton	Justin M.	Stouder	(260) 316-2098	servicesbystouder@live.com
IN	Starke	Knox	Jason D.	Cox	(574) 806-5398	hamletwater@gmail.com
IN	Starke	South Bend	Bradley	VanOosterum	(574) 309-2709	bvanooosterum@gmail.com
IN	Starke	Bremen	Alex K.	Mikel	(574) 248-0294	alexmikel22@gmail.com
IN	Starke	Walkerton	Timothy C.	Lindewald	(219) 575-1341	yamahagtim@gmail.com
IN	Starke	Wolcott	Chad	Reynolds	(317) 771-0550	creynolds@inh2o.org
IN	Steuben	Hamilton	Justin M.	Stouder	(260) 316-2098	servicesbystouder@live.com
IN	Steuben	Auburn	Clinton R.	Sites	(260) 235-0289	crsites@ci.auburn.in.us
IN	Steuben	Lagrange	Joseph	Benak	(847) 226-8565	cbserve@lagrange@gmail.com
IN	Tippecanoe	Lafayette	Steven E.	Tobias	(219) 406-3126	setobias@tsc.k12.in.us
IN	Union	Liberty	Bruce	Gregory	(765) 580-0326	haregregory@gmail.com
IN	Vermillion	Rockville	John M.	Batronis	(765) 832-4163	batronism@elan.co.com
IN	Vigo	Terre Haute	James N.	Crowley	(812) 240-2294	jimnc3@gmail.com
IN	Vigo	Rockville	John M.	Batronis	(765) 832-4163	batronism@elan.co.com
IN	Wabash	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@torsd.com
IN	Wabash	Lagro	Scott	Siders	(260) 571-3271	tlagro46941@gmail.com
IN	Warrick	Boonville	James	Baumgart	(812) 842-3350	JIM.BAUMGART@ALCOA.COM
IN	Wells	Bluffton	Todd	Shady	(260) 824-6064	todd.shady@blufftonindiana.gov
IN	White	Monticello	Wade	Cohagan	(574) 870-0061	wcohagan@monticelloin.gov
IN	White	Wolcott	Chad	Reynolds	(317) 771-0550	creynolds@inh2o.org
IN	Whitley	Churubusco	Jeremy	Hart	(260) 633-0894	jehart@mchsi.com
IN	Whitley	North Manchester	Timothy S.	Woodward	(260) 856-4341	tim@torsd.com
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