



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

April 23, 2024

Mr. R. Bruce Oldham
Strawtown Koteewi Park
11299 East 234Th Street
Cicero, IN 46034

Dear Mr. Oldham :

Re: Inspection Summary Letter
Strawtown Koteewi Park
PWSID# IN2290000
Noblesville, Hamilton County

On **Friday, April 19, 2024**, an IDEM Office of Water Quality representative conducted an inspection of Strawtown Koteewi Park, located in Noblesville, Indiana pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, an inspection summary is provided below:

Type of Inspection: Sanitary Survey Inspection
Primary Inspector: Lily Alexander: lalexand@idem.in.gov or 317-694-2754

Results of Inspection: **IDEM discovered deficiencies that require a submittal from you and/or a follow-up inspection by IDEM.**

Within thirty (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. Please respond to the primary inspector listed above by email or at the address on the letterhead.

Sincerely,

April Sims
Compliance & Technical Assistance
Drinking Water Branch
Office of Water Quality
ASims@idem.IN.gov
(317) 234-7453

cc: Hamilton County Health Department
Lily Alexander, IDEM Field Inspector
File

bruce.oldham@hamiltoncounty.in.gov

Summary of Deficiencies Identified

Strawtown Koteewi Park - IN2290000

- 1 A **Minor** deficiency was identified regarding: **Inadequate source water sample tap**

The inspector noted: "Deficiency - 327 IAC 8-2.3-2(b)(6) The system is to install a smooth bore sample tap at a location prior to any storage or treatment. The tap is to be located at least eighteen (18) inches from the floor, in a location with relatively constant flow and readily accessible. The tap is to be smooth bore with no interior or exterior threads."



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Public Water System Sanitary Survey Report

PWS ID: IN2290000 PWS Name: STRAWTOWN KOTEEWI PARK

Source Type: GW System Type: NC Population: 104

County: HAMILTON City: NOBLESVILLE

Water System Class:	Service Connections
	1

Points of Contact

Name (Job Title)	POC Type	Address	Phone	Email
STICE, CHRIS	EC OW	15513 South Union Street CARMEL 46033	317-770-4402	chris.stice@hamiltoncounty.in.gov
SANFORD, HEATHER	FC	400 Lafayette Road NOBLESVILLE 46060	317-776-2523	parks.accounting@hamiltoncounty.in.gov
OLDHAM, R. BRUCE REGNL PARKS OP MGR	AC	11299 East 234th Street CICERO 46034	317-770-4430	bruce.oldham@hamiltoncounty.in.gov
BRYANT, CHANDLER REG. PARKS OP MGR	OP SA	12308 Strawtown Avenue NOBLESVILLE 46060	317-770-4401	chandler.bryant@hamiltoncounty.in.gov
PHYSICAL ADDRESS, IN2290000	PL	12308 East Strawtown Avenue NOBLESVILLE 46060	317-774-2574	

Active Water System Facilities

Active WS Facilities Type Name	WS Facility ID	Active Sample Point Name
DISTRIBUTION SYSTEM	DS001	SP004,SP003,SP001,SP002
STORAGE TANK #1	ST001	
TREATMENT PLANT #1	TP001	
WELL #1	WL001	GW001,EP001

Treatment Processes

Active Treatment Plant Name	Objective Name	Process Name
TREATMENT PLANT #1	SOFTENING	ION EXCHANGE

Sources

Source	Pump Capacity			Depth		Date
WL-WELL #1	NAME	VALUE	VALUE_CODE	Bottom Depth MSR	Diameter	
	APCD	235.000	GPM	0	0	
	APCD	235.000	GPM			

Finished Water Storage

Type	Comments	Construction Material	Capacity		
Hydro pneumatic			NAME	VALUE	VALUE_ CODE
			EFTV	15.000	GAL



Unresolved Deficiencies

CODE (NAME)	Visit Date	Identified Date	WSF	Category	Severity
SMDE	4/19/2024	6/9/2014		SM	REC
TR10	4/19/2024	4/25/2019		TR	REC
SM04	4/19/2024	4/25/2019		SM	REC
SWDE	4/19/2024	6/9/2014		SO	REC

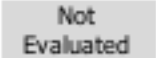
Sanitary Survey Report

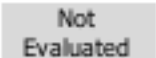
Sources

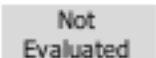






WELL #1





- 1 **Is the source(s) sufficient in quantity?** 
- 2 **Is the source(s) adequate in quality for the primary drinking water standards?** 

If not, does the have adequate treatment installed?

Yes 

No 


- 3 **Is the top of the well protected so that foreign matter or surface water cannot enter the well?** 
- 5 **Does the casing extend at least 18 inches above finished grade or at least 36 inches above the regulatory flood elevation?** 
- 9 **Is the site protected against flooding?** 
- 10 **Is the well vent screened and properly constructed?** 
- 11 **Are the pressure and check valves blow off valves and other well system appurtenances maintained and operating properly?** 
- 12 **Does the system own or control the sanitary setback area?** 

- 13 **System has no new potential sources of contamination within the sanitary setback area relevant to this system since previous survey?** 
- 14 **Are unused wells properly abandoned within the Well Head Protection Area and and/or sanitary setback area?** 
- 15 **Is there proper grading around the casing to divert surface water?** 
- 16 **Is there an adequate raw water sample tap for each source?** 

Deficiency - 327 IAC 8-2.3-2(b)(6)



The system is to install a smooth bore sample tap at a location prior to any storage or treatment. The tap is to be located at least eighteen (18) inches from the floor, in a location with relatively constant flow and readily accessible. The tap is to be smooth bore with no interior or exterior threads.

SO17

Inadequate source water sample tap




MIN
Deficiency







- 17 **Are there measures put into place to prevent unauthorized access to intakes or wells?** 
- 25 **Are well logs being kept and available on site?** 

Treatment





TREATMENT PLANT #1

- 1 **Is chemical storage adequate?** 
- 3 **Are instrumentation and controls adequate for the process being utilized and in proper working order?** 
- 4 **Are treatment processes covered and adequately sealed?** 

- | | | |
|----|--|---|
| 9 | Is there restricted access to any unauthorized personnel from any portion of the treatment process? |  |
| 10 | Do all the chemical additives used in the treatment process have ANSI/NSF approval? |  |
| 11 | Was the treatment process free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations? |  |
| 23 | Is the treatment(s) sufficient to meet all of the NPDWS? |  |




Distribution







DISTRIBUTION SYSTEM

- | | | |
|----|--|---|
| 1 | Are pressures and flows adequate throughout the system under all conditions of flow? (excluding maintenance, system failures, and fireflow) |  |
| 8 | Is the installation, testing, and inspection of cross connection control devices conducted in accordance to 327 IAC 8-10? |  |
| 9 | Was the distribution system free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations? |  |
| 11 | Is the system free from issues with secondary drinking water standards? |  |
| | If so, are there customer complaints? | |
| | No | <div>Not
Evaluated</div> |
| | Yes | <div>Not
Evaluated</div> |
| | | <div>Not
Evaluated</div> |



Finished Water Storage

STORAGE TANK #1








- | | | |
|---|--|---|
| 1 | Are storage reservoirs located above ground water level? |  |
| 2 | Are the storage reservoirs protected against flooding? |  |
| 3 | Are treated water storage reservoirs covered? |  |

- | | | |
|---|---|---|
| 4 | Are storage reservoirs secure? |  |
| 5 | Is the storage reservoir structurally sound? |  |
| 6 | Is a storage maintenance schedule in place and records kept? |  |
| 7 | Does surface run-off and underground drainage drain away from the storage structure? |  |
| 8 | Are all pipes, air vents, and related appurtenances appropriately constructed and located? |  |
| 9 | Is access restricted where necessary to prevent contamination? |  |

MR Data Verification

- | | | |
|---|--|---|
| 1 | Is the system free from any current monitoring and/or reporting violations? |  |
| 5 | Are records of all daily test results and compliance monitoring results being maintained? |  |

Management and Operation

- | | | |
|---|---|---|
| 2 | Are supplies and maintenance parts inventories adequate? |  |
| 3 | Is the financing and budget satisfactory? |  |
| 4 | Are sufficient operation and maintenance records being kept? |  |
| 5 | Are permits being obtained for all repairs and construction? |  |
| 6 | Are routine maintenance schedules established and adhered to? |  |
| 7 | Is there a current site sampling plan available and on file with IDEM? |  |
| 8 | For service interruptions lasting greater than 8 hours, are notifications being made to the customers? |  |

9 **Are all direct and indirect additives certified for conformance to American National Standards Institute(ANSI)/National Sanitation Foundation (NSF) International Standard 60/61?**



14 **Inspection completed on time?**



15 **Was the system free from additional issues?**



-End of Report-