



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 30, 2024

Mr. Jordan Selking
Decatur Truck & Tractor
1850 West Us Highway 224
Decatur, IN 46733

Dear Mr. Selking :

Re: Inspection Summary Letter
Decatur Truck & Tractor
PWSID# IN2010055
Decatur, Adams County

On **Tuesday, April 30, 2024**, an IDEM Office of Water Quality representative conducted an inspection of Decatur Truck & Tractor, located in Decatur, 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: Darek Petro: dpetro@idem.in.gov or 317-617-9350

Results of Inspection: **No deficiencies were discovered during the inspection.**

Should you have any questions you may direct them 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: Adams County Health Department
Darek Petro, IDEM Field Inspector
File

jordanselking@selkinginternational.com

Public Water System Sanitary Survey Report

PWS ID: IN2010055 PWS Name: DECATUR TRUCK & TRACTOR

Source Type: GW System Type: NC Population: 35

County: ADAMS City: DECATUR

Water System Class:	Service Connections
	1

Points of Contact

Name (Job Title)	POC Type	Address	Phone	Email
SELKING, JORDAN	AC OW OP EC FC	1850 West US Highway 224 DECATUR 46733	260-724-2166	jordanselking@selkinginternational.com
SELKING, JORDAN	SA	1850 West US Highway 224 DECATUR 46733	260-724-2166	
PHYSICAL ADDRESS, IN2010055	PL	1850 West US Highway 224 DECATUR 46733	260-724-2166	

Active Water System Facilities

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

Treatment Processes

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

Sources

Source	Pump Capacity	Depth		Date
WL-WELL #1		Bottom Depth MSR	Diameter	
		0	0	

Finished Water Storage

Type	Comments	Construction Material	Capacity
Bladder			


Unresolved Deficiencies

There is no Unresolved Deficiencies data.

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? |  |
| 4 | 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? |  |
| 5 | Does the casing extend at least 18 inches above finished grade or at least 36 inches above the regulatory flood elevation? |  |
| 6 | If a well pit is used are all entry points tightly sealed? |  |
| 7 | If standby or auxiliary power is available for the source(s) is it in operable condition and well maintained? |  |
| 8 | Is the source(s) adequately metered?





Meter Type: |  |
| 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? |  |
| 17 | Are there measures put into place to prevent unauthorized access to intakes or wells? |  |
| 20 | Does the system have an approved GWR triggered monitoring plan? |  |
| | Yes | |
| | System follows triggered monitoring Plan | |
| | No | |
| | Yes | |
| | No | |
| 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

Yes




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? |  |
| 9 | If the rated pump capacity is greater than 70 gpm, is the system submitting the proper reports to the Indiana DNR? |  |

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-