



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

October 1, 2024

66-34
VIA CERTIFIED MAIL#7020 0090 0002 2461 7240
Flying Elbow Bar & Grill
Attn: Linda And Bruce Berry
8687 North 300
Lake Village, IN 46349

Re: **Noncompliance Letter (NCL)**
Monitoring and Reporting
Drinking Water Branch - Compliance
PWSID #IN2560026
Lake Village, Newton County

Dear Berry:

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

This review noted the following:

Drinking Water Rule	Date	Violation	Corrective Actions
Revised Total Coliform Rule	2nd Quarter 2024 Failure to collect the required monthly distribution sample	40 CFR 141.860(c)(1) 40 CFR 141.860(d)(1) Monitoring & Reporting	Public Notice (PN) per the attached instructions, and submit a copy to IDEM Continue to collect one (1) Total Coliform sample per month
	July 2024 Failure to complete and submit the Site Sampling Plan (SSP)	40 CFR 141.853(a)(1) Site Sampling Plan (SSP) <i>Rules cited have been incorporated by reference at 327 IAC 8-2.4-1</i>	The next Total Coliform sample is due in 4 th Quarter 2024 (Oct – Dec) Complete and submit the Site Sampling Plan (SSP)



A State that Works

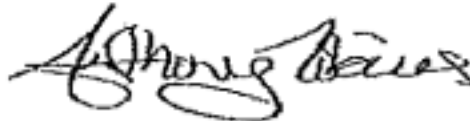
Submit your correspondence to:

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

Failure to collect future samples may result in a referral to IDEM's Enforcement. *If your system is referred to Enforcement, it might result in civil penalties.*

Thank you for your attention to this matter. If you have any questions, please call your Field Inspector Sara Benkert at (765) 577-0020 or Compliance Officer Sandra DeCastro at 317/234-7444.

Sincerely,



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

CN

Attachments: Public Notice and Certification Form & Site Sampling Plan
cc: Sara Benkert, Field Inspection Section
Newton County Health Department
Sandra DeCastro, Compliance Section

**INFORMATION ABOUT YOUR DRINKING WATER
REVISED TOTAL COLIFORM RULE
Monitoring and Reporting Requirements Not Met for:
Flying Elbow Bar & Grill**

Our water system violated the requirements of the Revised Total Coliform Rule. Although this is not an emergency, as our customers, you have a right to know what happened, what you should do, and what we are doing to correct this situation.

We are required to monitor your drinking water for specific contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water standards meet EPA's health standards. During 2nd Quarter 2024 we did not collect samples for Total Coliform and therefore cannot be sure of the quality of our drinking water at that time. In July 2024 we also failed to complete or submit the required site sampling plan.

What should I do? There is nothing you need to do at this time. You do not need to boil your water or take other corrective actions. You may continue to drink the water.

What does this mean? This is not an immediate risk. If it had been, you would have been notified immediately. If a situation arises where the water is no longer safe to drink, you will be notified within 24 hours.

What Happened? What is being done? *Explain below.*

We anticipate resolving the problem within _____.

For more information, please contact the public water system:

Contact Name: _____ Phone Number: _____

**Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail. **

This notice is being sent to you by: IN2560026 Flying Elbow Bar & Grill

Date Distributed: _____

Certification of Public Notice

PWSID# IN2560026 PWS Name: Flying Elbow Bar & Grill

For Violation: Monitoring & Reporting – RTCR

Occurring in: (RTCR) 2nd Quarter 2024; July 2024

The public water system indicated above hereby affirms that the public notice has been provided to consumers in accordance with the delivery, content, and format requirements and deadline in 327 IAC 8-2.1-7

Name & Signature of System Representative: _____ Date: _____

Tier 2 Public Notice Instructions

You are required to provide the enclosed public notice within the next thirty (30) days. You must use one or more of the following methods to deliver the notice to consumers:

Community systems must use one of the following methods:

- Hand or direct delivery
- Mail, as a separate notice or included with the bill
- Publishing in newspaper within the area served

Non-community systems must use one of the following methods:

- Posting in conspicuous locations
- Hand or direct delivery
- Mail, as a separate notice or include in the mail

You may need to use additional methods since notice must be provided in a manner reasonably calculated to reach all persons served. You may modify the enclosed public notice to tailor it to your specific situation, but you must still include all the required elements and language in italics must remain unchanged.

Community systems must also include the violation in the CCR that covers this time period.

After issuing the notice

Send a copy of each type of notice and certification form within ten (10) days from the time you issue the notice to the following address:

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



TRANSIENT TOTAL COLIFORM SITE SAMPLING PLAN

State Form 55982 (R2 / 3-20)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



System Name <i>(ie: name of your store, business, etc.)</i>	PWSID	Date <i>(month, day, year)</i>
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STEP 1. Identify and describe the location where you collect a routine sample for coliform bacteria. This location is from your distribution system.

Example: kitchen sink, bathroom sink, break room sink, etc.

Routine Location

STEP 2. Identify repeat sample locations. These are your repeat sample sites, which you will use if you have an unsatisfactory or total coliform present routine sample result.

<u>Original</u> Routine Location

Original refers to the location where the original routine sample was collected.
(same location from Step 1)

<u>Upstream</u> Location

Upstream refers to a location closer to the well than your routine location.

<u>Downstream</u> Location

Downstream refers to a location further from the well than your routine location.
(For a full definition of these terms, please see the attached document titled Repeat Sample Locations Definition or refer to the following web page <http://www.in.gov/idem/cleanwater/2494.htm>.)

STEP 3. Identify the well tap (located near the well and prior to any bladder/storage tank/treatment). This is a **source sample tap** that is required by the Ground Water Rule (327 IAC 8-2.3-4(a)(2)). It is used only when a routine sample is positive. If you have more than one well, please identify the locations of any other well sample taps.

<u>Source Sample</u> Location

If you don't have a source water sample tap, one needs to be installed immediately. Please call IDEM Drinking Water Branch at (317) 234-7430 or at (800) 451-6027 ext. 5 to speak with someone from the Drinking Water Capacity Development Section about sample tap specifications and where the source sample tap should be located.

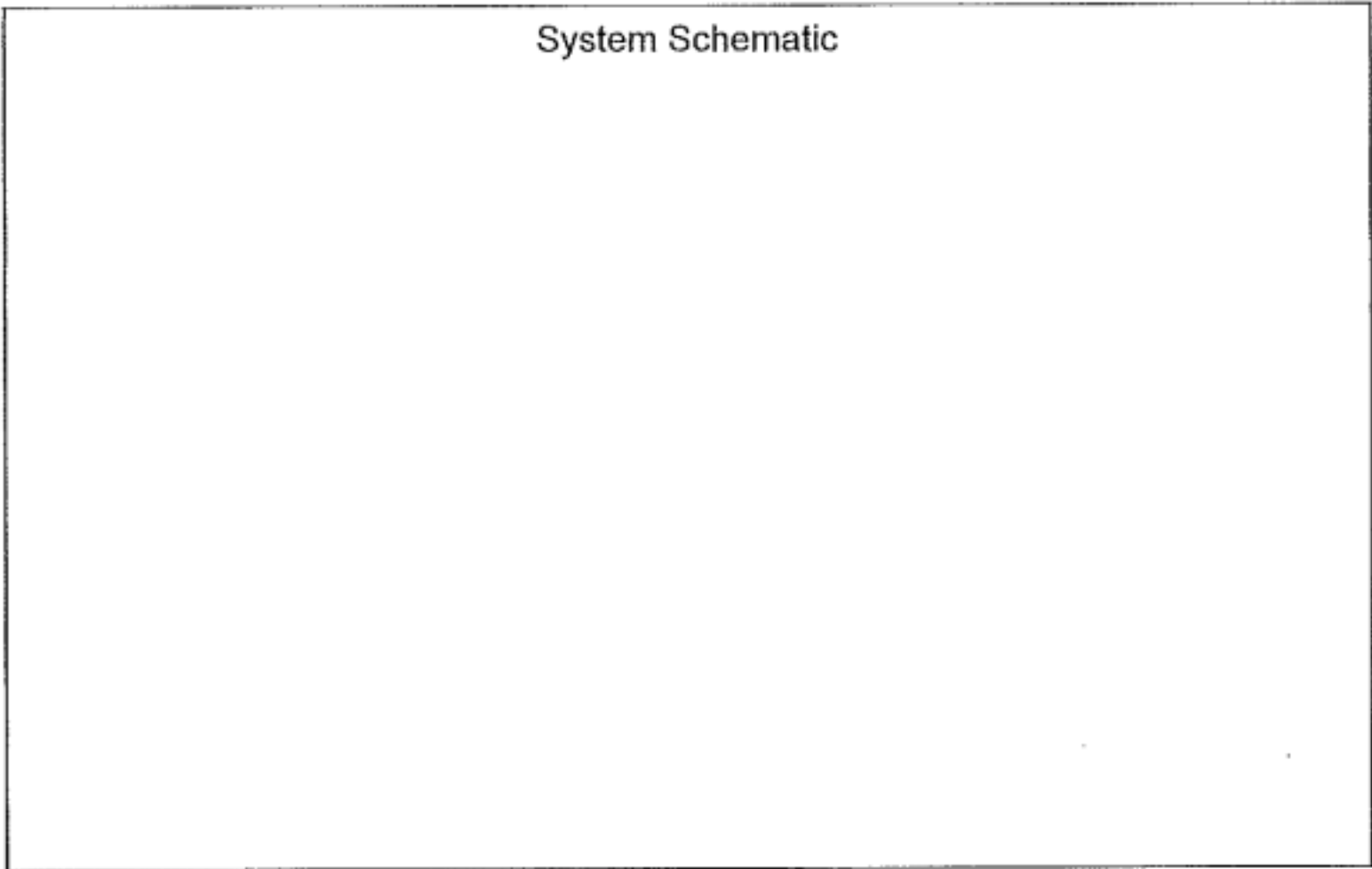
System Name *(i.e. name of your store, business, etc.)*

PWSID

Date *(month, day, year)*

STEP 4. Please use the space below to draw a simple schematic of your sample sites as identified in steps 1-3 above. Include wells, taps, storage and any treatment (including a water softener) at your facility on the drawing.

System Schematic



STEP 5. After completing this form, you must **sign** it below, then either mail or e-mail it to the IDEM Drinking Water Branch. You must also retain a copy for your records.

Name

Signature

Date (month, day, year)

Mail to:
Indiana Department of
Environmental Management
100 N. Senate Ave IGCN 1255;
Indianapolis, IN 46204
Or E-mail: CAPCERT@idem.in.gov

Should you have questions, please contact the IDEM Drinking Water Branch at (317) 234-7430 or at (800) 451-6027 ext. 5 to speak with someone from the Drinking Water Capacity Development Section about this form.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

66-34
 Flying Elbow Bar & Grill
 Attn: Linda and Bruce Berry
 8687 North 300
 Lake Village IN 46349



9590 9402 6688 1060 4564 02

7020 0090 0002 2461 7240

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | |
- Mail Restricted Delivery (over \$500)

Domestic Return Receipt

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.
CERTIFIED MAIL®



7020 0090 0002 2461 7240
 7020 0090 0002 2461 7240

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ _____ <input type="checkbox"/> Return Receipt (electronic) \$ _____ <input type="checkbox"/> Certified Mail Restricted Delivery \$ _____ <input type="checkbox"/> Adult Signature Required \$ _____ <input type="checkbox"/> Adult Signature Restricted Delivery \$ _____	Postmark Here
Postage \$ 66-34 Tot Flying Elbow Bar & Grill \$ Attn: Linda and Bruce Berry Se 8687 North 300 St Lake Village IN 46349 Cit	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

