



# Indiana Department of Environmental Management

*We Protect Hoosiers and Our Environment*

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(800) 451-6027 • (317) 232-8603 • [www.idem.IN.gov](http://www.idem.IN.gov)

**Eric J. Holcomb**  
*Governor*

**Brian C. Rockensuess**  
*Commissioner*

July 23, 2024

Mr. Gurpreet Singh  
Lake Stop Mart  
8530 East Us Highway 36  
Rockville, IN 47872

Dear Mr. Singh :

Re: Inspection Summary Letter  
Lake Stop Mart  
PWSID# IN2610831  
Rockville, Parke County

On **Monday, July 22, 2024**, an IDEM Office of Water Quality representative conducted an inspection of Lake Stop Mart, located in Rockville, 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: Liam Murphy: [lmurphy@idem.in.gov](mailto:lmurphy@idem.in.gov) or 317-431-6941

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](mailto:ASims@idem.IN.gov)  
(317) 234-7453

cc: Parke County Health Department  
Liam Murphy, IDEM Field Inspector  
File

[lakestopmart@gmail.com](mailto:lakestopmart@gmail.com)

# Summary of Deficiencies Identified

Lake Stop Mart - IN2610831

- 1 A **Minor** deficiency was identified regarding: **Routine maintenance schedules are not established or adhered to**

The inspector noted: "Deficiency - 327 IAC 8-2-8.2(e)(7)(E)(i) The system must remove debris from the softener and add salt"



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# Public Water System Sanitary Survey Report

PWS ID: IN2610831 PWS Name: LAKE STOP MART

Source Type: GW System Type: NC Population: 100

County: PARKE City: ROCKVILLE

Water System Class:	Service Connections
	1

## Points of Contact

Name (Job Title)	POC Type	Address	Phone	Email
SINGH, GURPREET	AC   OW   OP   EC   SA   FC	8530 East US Highway 36  ROCKVILLE 47872	231-288-4887	lakestopmart@gmail.com
PHYSICAL ADDRESS, IN2610831	PL	8530 East US Highway 36  ROCKVILLE 47872		

## Active Water System Facilities

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

## Treatment Processes

Active Treatment Plant Name	Objective Name	Process Name
TREATMENT PLANT UTILITY RM	MULTIPLE FLTRS	FILTERED
TREATMENT PLANT UTILITY RM	MULTIPLE FLTRS	FILTRATION, CARTRIDGE
TREATMENT PLANT UTILITY RM	SOFTENING	ION EXCHANGE
TREATMENT PLANT UTILITY RM	SOFTENING	REVERSE OSMOSIS

## Sources

Source	Pump Capacity			Depth		Date
WL-WELL #1	NAME	VALUE	VALUE_CODE	Bottom Depth MSR	Diameter	
	PUMP	15.000	GPM	0	0	
	PUMP	15.000	GPM			

## Finished Water Storage

Type	Comments	Construction Material	Capacity		
Bladder		Fiberglass	NAME	VALUE	VALUE_CODE
			EFTV	50.000	GAL



## 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?** 
  
- 8 **Is the source(s) adequately metered?**   

Meter Type: \_\_\_\_\_ Flow \_\_\_\_\_
  
- 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?** 

- 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? 
- 25 Are well logs being kept and available on site? 

**Treatment**

**TREATMENT PLANT**

- 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? 
- 5 Are adequate safety devices available and precautions observed (dust mask safety goggles protective clothing)? 
- 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 ANSISF 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? 
- 25 Filtration: Does the filter backwash go to a sanitary sewer? 

Yes

True

No





False

The system has a NPDES Permit.

The system does not have a NPDES Permit.

## Distribution

### DISTRIBUTION SYSTEM

- |    |   |   |
|----|---|---|
| 1  | <b>Are pressures and flows adequate throughout the system under all conditions of flow? (excluding maintenance, system failures, and fireflow)</b>      |    |
| 8  | <b>Is the installation, testing, and inspection of cross connection control devices conducted in accordance to 327 IAC 8-10?</b>                        |    |
| 9  | <b>Was the distribution system free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations?</b> |    |
| 11 | <b>Is the system free from issues with secondary drinking water standards?</b>  |  |







If so, are there customer complaints?




No

Yes





## Finished Water Storage

### STORAGE TANK





- |   |   |   |
|---|---|---|
| 1 | <b>Are storage reservoirs located above ground water level?</b>     |  |
| 2 | <b>Are the storage reservoirs protected against flooding?</b>       |  |
| 3 | <b>Are treated water storage reservoirs covered?</b>                |  |
| 4 | <b>Are storage reservoirs secure?</b>                               |  |
| 5 | <b>Is the storage reservoir structurally sound?</b>                 |  |
| 6 | <b>Is a storage maintenance schedule in place and records kept?</b> |  |

- 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? 
- 3 Are testing facilities and equipment adequate? 
- 5 Are records of all daily test results and compliance monitoring results being maintained? 
- 7 Are accurate records being maintained (amount of water treated, amount of chemical usage, etc)? 

#### 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?**

Deficiency - 327 IAC 8-2-8.2(e)(7)(E)(i)

The system must remove debris from the softener and add salt

SM06

Routine maintenance schedules are not established or adhered to



MIN  
Deficiency



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?**



15 **Inspection completed on time?**



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



**-End of Report-**