



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

Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

August 23, 2024

Mr. Don Swartz
Dillman United Brethren In Christ
2271 West 100 South
Keystone, IN 46759

Dear Mr. Swartz :

Re: Inspection Summary Letter
Dillman United Brethren In Christ
PWSID# IN2900020
Warren, Wells County

On **Thursday, August 22, 2024**, an IDEM Office of Water Quality representative conducted an inspection of Dillman United Brethren In Christ, located in , 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: **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: Wells County Health Department
Darek Petro, IDEM Field Inspector
File

dswartz@watchtv.net

Summary of Deficiencies Identified

Dillman United Brethren In Christ - IN2900020

- 1 A **Minor** deficiency was identified regarding: **Top of the well is not protected**

The inspector noted: "Deficiency - 327 IAC 8-2-8.2{e}{1}{G}{iii) The system shall install well cap such that no gap exists in electrical conduit feed. System shall also install landscaping and/or impact barrier to prevent damage from lawn care equipment."



- 2 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 branches to storage/pressure tanks and any 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."



- 3 A **Minor** deficiency was identified regarding: **All additives are not NSF/ANSI approved**

The inspector noted: "Deficiency - 327 IAC 8-1-2(b) The salt used in the water softener must be NSF certified. The system must provide documentation of the water softener salt certification."



- 4 A **Minor** deficiency was identified regarding: **Cross connection(s) in the treatment process**

The inspector noted: "Deficiency - 327 IAC 8-10 System is to provide an air gap separation on the water softener discharge drain tube to the drain. A minimum of one (1) inch is to be provided."



- 5 A **Minor** deficiency was identified regarding: **Distribution system is not free from uncontrolled cross connection**

The inspector noted: "Deficiency - 327 IAC 8-10 The system shall install a hose bib vacuum breaker at threaded connection in utility room."



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Public Water System Sanitary Survey Report

PWS ID: IN2900020 PWS Name: DILLMAN UNITED BRETHREN IN CHRIST

Source Type: GW System Type: NC Population: 50

County: WELLS City:

Water System Class:	Service Connections
	1

Points of Contact

Name (Job Title)	POC Type	Address	Phone	Email
SWARTZ, DEBORAH TREASURER	FC	8888 South 1100 West, 90 WARREN 46792	260-438-3363	
STORY, BARRY	OW	0633 West 100 South BLUFFTON 46714		barrystory@yahoo.com
SWARTZ, DON PASTOR	AC EC	2271 West 100 South KEYSTONE 46759	260-273-2328	dswartz@watchtv.net
SWARTZ, DON PASTOR	SA	2771 West 1000 South KEYSTONE 46759	260-273-2328	
PHYSICAL ADDRESS, IN2900020	PL	8888 South 1100 West, 90 WARREN 46792	260-375-2779	

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

Sources

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

Deficiency - 327 IAC 8-2-8.2(e)(1)(G)(iii)



The system shall install well cap such that no gap exists in electrical conduit feed. System shall also install landscaping and/or impact barrier to prevent damage from lawn care equipment.









SO04

Top of the well is not protected



- 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? |  |

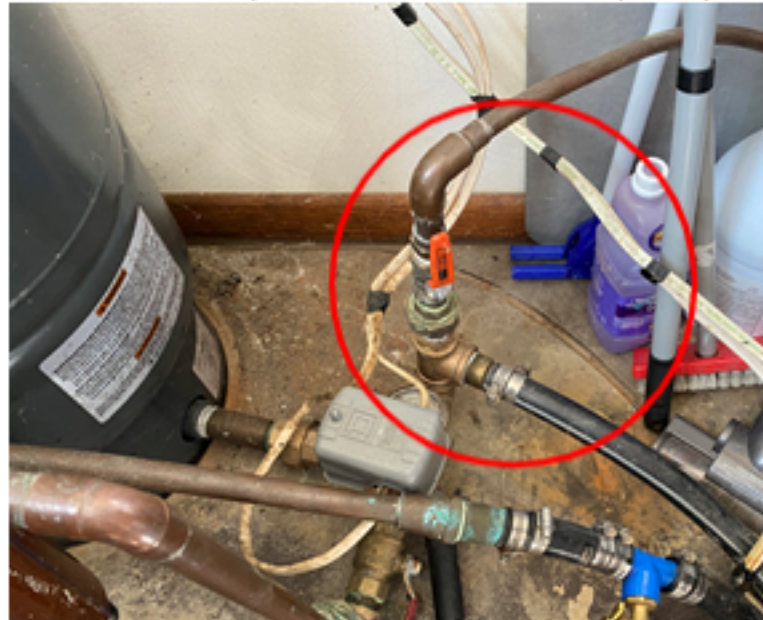
16 **Is there an adequate raw water sample tap for each source?**

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 branches to storage/pressure tanks and any 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?**



24 **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?**



Deficiency - 327 IAC 8-1-2(b)

The salt used in the water softener must be NSF certified. The system must provide documentation of the water softener salt certification.

TR10

All additives are not NSF/ANSI approved

MIN
Deficiency



- 11 **Was the treatment process free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations?**



Deficiency - 327 IAC 8-10

System is to provide an air gap separation on the water softener discharge drain tube to the drain. A minimum of one (1) inch is to be provided.

TR11

Cross connection(s) in the treatment process

MIN
Deficiency



- 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?



Deficiency - 327 IAC 8-10

The system shall install a hose bib vacuum breaker at threaded connection in utility room.

DS09

Distribution system is not free from uncontrolled cross connection

MIN
Deficiency



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?**
- 15 **Inspection completed on time?**
- 16 **Was the system free from additional issues?**



-End of Report-