



# 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*

October 3, 2024

Mr. Bret McClane  
Trevi  
512 Lincoln Way West  
Osceola, IN 46561

Dear Mr. McClane :

Re: Inspection Summary Letter  
Trevi  
PWSID# IN2710298  
Osceola, St. Joseph County

On **Thursday, October 3, 2024**, an IDEM Office of Water Quality representative conducted an inspection of Trevi, located in Osceola, 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: Kali Young: or (574) 229-7502

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](mailto:ASims@idem.IN.gov)

(317) 234-7453

cc: St. Joseph County Health Department  
Kali Young, IDEM Field Inspector  
File

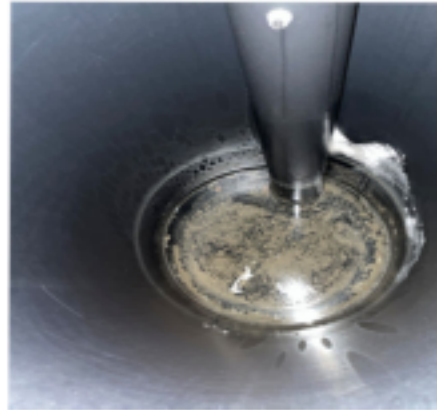
[bmcclane56@gmail.com](mailto:bmcclane56@gmail.com)

# Summary of Recommendations Identified

Trevi - IN2710298

- 1 A **Recommendation** deficiency was identified regarding: **Instrumentation and/or controls not adequate**

The inspector noted: "Deficiency - 327 IAC 8-2-8.2(e)(5)(B) There was no salt observed in the softener system's brine tank, and there was a scum layer observed on the water's surface. The salt level must be kept above the water level in the brine tank at all times, and it is recommended to clean the brine tank annually."



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## Public Water System Sanitary Survey Report

PWS ID: IN2710298 PWS Name: TREVI

Source Type: GW System Type: NC Population: 356

County: ST. JOSEPH City: OSCEOLA

Water System Class:	Service Connections
	1

### Points of Contact

Name (Job Title)	POC Type	Address	Phone	Email
PHYSICAL ADDRESS, IN2710298	PL	512 Lincoln Way West  OSCEOLA 46561	574-674-6261	
MCCLANE, BRET	AC   EC   SA   FC   OP   OW	512 Lincoln Way West  OSCEOLA 46561	574-575-0642	bmcclane56@gmail.com

### 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 #1	TP001	
WELL #1	WL001	EP001,GW001

### Treatment Processes

There is no Treatment Process data.

### Sources

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

### Finished Water Storage

Type	Comments	Construction Material	Capacity		
Bladder			NAME	VALUE	VALUE_ CODE
			EFTV	35.000	GAL












### Unresolved Deficiencies

CODE (NAME)	Visit Date	Identified Date	WSF	Category	Severity
SMDE	10/3/2024	11/21/2014		SM	REC
CCDE	10/3/2024	3/12/2010		DS	REC
SWDE	10/3/2024	11/21/2014		SO	MIN

## Sanitary Survey Report




### Sources

**WELL #1**

- |    |                                                                                                                                                                       |                                                                                       |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1  | <b>Is the source(s) sufficient in quantity?</b>                                                                                                                       |    |
| 2  | <b>Is the source(s) adequate in quality for the primary drinking water standards?</b><br><br>If not, does the have adequate treatment installed?<br><br>Yes<br><br>No |    |
| 3  | <b>Is the top of the well protected so that foreign matter or surface water cannot enter the well?</b>                                                                |    |
| 4  | <b>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?</b>                      |  |
| 9  | <b>Is the site protected against flooding?</b>                                                                                                                        |  |
| 11 | <b>Are the pressure and check valves blow off valves and other well system appurtenances maintained and operating properly?</b>                                       |  |
| 12 | <b>Does the system own or control the sanitary setback area?</b>                                                                                                      |  |
| 13 | <b>System has no new potential sources of contamination within the sanitary setback area relevant to this system since previous survey?</b>                           |  |
| 15 | <b>Is there proper grading around the casing to divert surface water?</b>                                                                                             |  |
| 16 | <b>Is there an adequate raw water sample tap for each source?</b>                                                                                                     |  |
| 17 | <b>Are there measures put into place to prevent unauthorized access to intakes or wells?</b>                                                                          |  |







**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>      |  |
| 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>                                     |  |
| 4 | <b>Are storage reservoirs secure?</b>                                                             |  |
| 5 | <b>Is the storage reservoir structurally sound?</b>                                               |  |
| 8 | <b>Are all pipes, air vents, and related appurtenances appropriately constructed and located?</b> |  |
| 9 | <b>Is access restricted where necessary to prevent contamination?</b>                             |  |

## MR Data Verification

- |   |                                                                                    |                                                                                       |
|---|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1 | <b>Is the system free from any current monitoring and/or reporting violations?</b> |  |
|---|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|


## Management and Operation

- |   |                                                                 |                                                                                       |
|---|-----------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 2 | <b>Are supplies and maintenance parts inventories adequate?</b> |  |
| 3 | <b>Is the financing and budget satisfactory?</b>                |  |

- |    |                                                                                                                                                                                   |                                                                                      |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 4  | Are sufficient operation and maintenance records being kept?                                                                                                                      |   |
| 6  | Are routine maintenance schedules established and adhered to?                                                                                                                     |   |
| 7  | Is there a current site sampling plan available and on file with IDEM?                                                                                                            |   |
| 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?                                                                                                                                       |  |

## Treatment

### TREATMENT PLANT #1

- |   |                                                                                                       |                                                                                       |
|---|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 3 | Are instrumentation and controls adequate for the process being utilized and in proper working order? |  |
|---|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

Deficiency - 327 IAC 8-2-8.2(e)(5)(B)



There was no salt observed in the softener system's brine tank, and there was a scum layer observed on the water's surface. The salt level must be kept above the water level in the brine tank at all times, and it is recommended to clean the brine tank annually.

TR03

Instrumentation and/or controls not adequate

REC  
Deficiency



- |   |                                                                                                     |                                                                                       |
|---|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| 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?



-End of Report-