

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 Rockensuess Commissioner

June 25, 2024

<u>Via Email to:</u> tancakb@yahoo.com Mr. Brandon Tancak, Town Council President Town of Cloverdale 154 S. Main Street Cloverdale, Indiana 46120

Dear Mr. Tancak:

Re: Inspection Summary Letter Cloverdale Water NPDES Permit No. IN0059846 Cloverdale, Putnam County

An inspection of the above-referenced facility or location was conducted by a representative of the Indiana Department of Environmental Management, Office of Water Quality, pursuant to IC 13-18-3-9. A summary of the inspection is provided below:

Date(s) of Inspection:	June 25, 2024
Type of Inspection:	Compliance Evaluation Inspection
Inspection Results:	Conditions evaluated were found to be satisfactory at the time of the inspection.

A copy of the NPDES Industrial Facility Inspection Report is enclosed for your records. Please direct any response to this letter and any questions to Holly Zurcher at 317-954-8028 or by email to hzurcher@idem.IN.gov.

Sincerely,

Kim Rohr, Chief Wastewater Inspection Section Office of Water Quality

Enclosure



NPDES Industrial Facility Inspection Report INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Cyber Security Contact Name: Email: Responsible Official: Permittee: Town	8/31/20 Design Flow NA Phone 765-720-827 o? Yes r@cloverdalein.com 765-720-827 of Cloverdale (b@yahoo.com Contac	028 : '4 74				
Type of Inspection: Compliance Evaluation Inspection Name and Location of Facility Inspected: Receiving Waters/P Cloverdale Water 10844 S. County Road 675 E. County: 10844 S. County Road 675 E. County: Higgins Branch On Site Representative(s): First Name Last Name Title Email Richard Saucerman Operator water@cloverdalein.or Was a verbal summary of the inspection given to the on-site report Class: Effective Date: Expiration Date: Email: Cyber Security Contact Number: Class: Class: Firstion Date: Email: Responsible Official: Number: Class: Effective Date: Formation Date: Email: Responsible Official: Number: Class: Effective Date: Formation Date: Email: Responsible Official: Mr. Brandon Tancak, Town Council President Email: E	8/31/20 Design Flow NA Phone 765-720-827 o? Yes r@cloverdalein.com 765-720-827 of Cloverdale (b@yahoo.com Contac	028 : /4 /4 /4 /ted?				
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	n. (5)					
\bigcirc Potential problems were discovered or observed. (3)						
\bigcirc Violations were discovered and require a submittal from you and/or a follow-u						
\bigcirc Violations were discovered and may subject you to an appropriate enforcemer	t response. (1)					
AREAS EVALUATED DURING INSPECTI						
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = No						
S Receiving Waters S Facility/Site S Self-Monitoring	N Enforcement					
N Effluent/Discharge S Operation S Flow Measuren	ient					
S Permit S Maintenance S Laboratory	S Effluent Limits Comp	oliance				
N Sludge S Records/Repor	s N Other:					
DETAILED AREA EVALUATIONS						
Receiving Waters:						
S 1. The receiving stream was visibly free of excessive deposits of settled solids, floating debris, oil, scum, or billowy foam.						
Comments: The receiving stream was free of notable foam, algae or solids.						
not appear to be in violation of the local Sewer Use Ordinance.						
N 3. Pretreatment discharge into sanitary sewers did not contain materials that pass through or interfere with the						
operation of the POTW.						
Comments: The facility was not discharging at the time of the inspection.						
Permit:						
<u>S</u> 1. Did the facility have a copy of the current permit available for reference.						

N 2. If the permit expires within 180 days, has a renewal application been submitte	ed?
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- S 3. Receiving waters are accurately described in the permit.
- N 4. The permit has been properly transferred if there is a new owner.

N 5. The NPDES Permit Schedule of Compliance monitoring and reporting milestones have been met.

Comments:

The facility has a valid permit.

Facility/Site:

- N 1. The facility was found to have standby power or equivalent provision, If required.
- N facility.
- S 3. Safe and adequate access was provided for inspection of all treatment units and outfalls.
- S 4. Facilities and equipment did not appear beyond their useful life.

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5. List any safety concerns noted during the inspection in the box below:				
Comments: The settling pond does not require backup power or alarms.				
Operation:				
S 1. All facilities and systems necessary for achieving compliance with the terms and conditions of the permit				
were operated efficiently, including an anticipated bypass report for steps of treatment taken out of service.				
S 2. An adequate, qualified operating staff was found to be provided to carry out the operation of the facility,				
including:				
a. Certified Operator's on-site attendance and/or qualified operations personnel attendance was adequate.				
b. Adequate documentation of operational activities, including system monitoring and cleaning.				
c. Adequate funding to ensure proper operation.				
N 3. Solids handling procedures were adequate.				
N 4. Documentation of solids removal, handling, and disposal was adequate.				
Comments:				
The settling pond appears to be operated efficiently.				
Maintenance:				
N 1. A maintenance record system has been established and includes maintenance/repair history and				
 preventative maintenance plan. S 2. Facility maintenance activities appeared adequate. 				
Comments:				
Pond maintenance appears adequate. It is noted that the pond is becoming somewhat filled in by dead				
vegetative growth that will eventually need to be removed to restore pond settling capacity. The facility should				
consider planning for this future maintenance expense.				
Sludge:				
N 1. Sludges, screenings, and slurries were found to be handled and disposed of properly.				
Comments:				
No solids were removed during the review period.				
Self-Monitoring:				
S 1. Samples were found to be taken at pre-designated locations and were found to be representative.				
N 2. Flow-proportioned samples were found to be obtained where needed.				
S 3. The facility was found to conduct sampling of all waste streams, including type and frequency, as required in the permit.				
S 4. Sample collection procedures, including automatic sampling, include:				
a. Samples refrigerated during compositing.				
b. Proper preservation techniques used.				
c. Containers and holding times conform to 40 CFR 136.3.				
S 5. Sample documentation was adequate and includes:				
a. Dates, times, and locations of sampling.				
b. Name of individual performing sampling.				
c. Instantaneous flow for flow-weighted aliquots.				
d. Chain of Custody records.				
N 6. NPDES Permit Total Toxic Organic (TTO) requirements were being met.				
N 7. NPDES Permit Whole Effluent Toxicity (WET) testing requirements were being met.				
Comments:				

The Self Monitoring Program was rated as satisfactory. All sampling practices are conducted accurately and at the frequency required by the permit.

Flow Measurement:

- S 1. Flow was found to be properly monitored as required by the permit.
- S 2. Flow data and calibration records were available for review, and document that monitoring equipment has been calibrated at the frequency required in the permit.

^{Comments:} The facility's flow measurement program, including all documentation, is adequate and representative. The effluent flow meter was last calibrated in August 2023.

Laboratory:

The following laboratory records were reviewed:

pH Bench Sheets Chlorine Bench Sheets TSS Bench Sheets

Chain-of-Custody Contract Lab Reports

- S 1. The laboratory practices and protocol reviewed were adequate, including:
 - a. A written laboratory QA/QC manual was available.
 - b. Samples were found to be properly stored.
 - c. Approved analytical methods were used.
 - d. Calibration and maintenance of instruments was adequate.
 - e. QA/QC procedures were adequate.
 - f. Dates of analyses (and times, where required) were recorded.
 - g. Name of person performing analyses was recorded.

S 2. Review of lab records and/or on-site field testing equipment and protocols was found to be adequate.

Contract Lab Information					
Environmental Labs (Iron)	Madison, Indiana				
Coverdale WWTP (TSS)	Cloverdale, Indiana				
Comments: The documents reviewed during the inspection appeared to be accurate and complete.					
Records/Reports: The following records/reports were reviewed: DMRs for the period of April 2023 to March 2024 were reviewed as part of the inspection. S 1. All facility records for the period including the previous three years were available for review. S 2. DMRs and MMRs were completed properly and accurately including: a. "No Ex" column was accurate. b. Signatory requirements were met. c. Reports were prepared by or under the direction of a certified operator. N 3. Bypass and Noncompliance reporting are adequate. Comments: The requested records were available and appear complete and accurate. Since this facility has quarterly monitoring, the review period for this facility does not include the most recent months of data.					
Enforcement: <u>N</u> 1. Agreed Order compliance milestones have be Comments: There was no Agreed Order at the time of the inspection.	een met.				
Effluent Limits Compliance: Yes 1. Were DMRs reviewed as part of the inspection?					
DMRs for the period of April 2023 to March 2024 were reviewed as part of the inspection. No 2. Were violations noted during the review of DMRs? Comments:					
There were no reported effluent limit exceedances during the review period.					
IDEM REP Inspector Name: Email:	RESENTATIVE Phone Number:				

Holly Zurcher hzurch	er@idem.IN.gov 317-954-8028			
IDEM MANAGER REVIEW				
IDEM Manager:	Date:			
Kim Rohr	6/25/2024			