



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

June 28, 2024

66-34
Southeast Family Dental
Attn: Dr. Mark V. Bohnert
6020 Southeastern Avenue
Indianapolis, IN 46203

Re: Level 2 Assessment
Drinking Water Branch - Compliance
PWSID #IN2490064
Marion County

Dear Mark V. Bohnert:

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

Table with 4 columns: Contaminant, Date, Citation, and Corrective Actions You must take. It details Total Coliform violations on June 25, 26, and 27, 2024, and the required Level 2 Assessment and corrective actions.

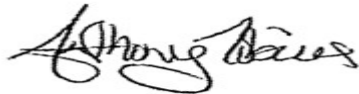
Under the RTCR, total coliform serves as an indicator of a potential pathway of contamination into the distribution system and since your system exceeded the specified frequency (*see Citation Column in the Table above*), you must conduct an assessment to determine if any sanitary defects exist, and if found, correct them.

Submit the Level 2 Assessment form to:

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

Failure to submit the required Level 2 Assessment will result in a coliform Treatment Technique violation. Thank you for your attention to this matter. If you have any questions, please call Mr. Alan Melvin of our Capacity and Development Section at 317-719-4032.

Sincerely,



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

CC

Attachment: Level 2 Assessment & Certified Level 2 Assessors
cc: Thomas Wiseman, Field Inspector
Alan Melvin, Capacity and Development Section
Alan Esko, Compliance Officer
Marion County Health Department
care@southeastfamilydental.com



LEVEL 2 ASSESSMENT – TRANSIENT PUBLIC WATER SYSTEM

State Form 55983 (R5 / 12-20)
 Indiana Department of Environmental Management
 Office of Water Quality – Drinking Water Branch

Mail, e-mail, or fax this form and supporting documents to:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DRINKING WATER BRANCH
 100 North Senate Avenue, Room N1201
 Indianapolis, IN 46204
 E-mail: CapCert@idem.in.gov

INSTRUCTIONS: A Certified Level 2 Assessors or agent of the State **must** complete this form. The goal of this assessment is to resolve this system's total coliform contamination. The assessor will provide a determination of the cause of this total coliform contamination by checking "Yes" on the appropriate checkboxes below. With each issue checked "Yes", the assessor will follow with a narrative in the "Issue Description" AND "Corrective Action" columns. If any question or section does not apply, simply strike through or mark as N/A. **The system representative listed below is responsible for implementing the corrective actions identified within thirty (30) days of this assessment and will provide documentation (photos or receipts) of the corrective actions to IDEM at CapCert@idem.in.gov.**

Public Water System Identification (PWSID) number 2490064	Name of system Southeast Family Dental
Name of system representative	How representative is affiliated with the system

1. SAMPLING SITES	Issue(s) Found?	Description of Issue	Corrective Action(s)
Unclean, leaking, damaged or unsuitable tap	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Changed sampling location	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unapproved or unsuitable sampling location	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Low / inadequate disinfection residual	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plumbing changes or additions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Plumbing breaks or failure	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross connection adjacent sampling site (such as, but not limited to, reverse osmosis unit)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Untested backflow device(s) adjacent sample site	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. SAMPLING PROTOCOL	Issue(s) Found?	Description of Issue	Corrective Action(s)
Tap wasn't flushed (prior to sampling)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tap wasn't disinfected (prior to sampling)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Aerator or screen damaged or corroded	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. SAMPLING PROTOCOL (continued)	Issue(s) Found?	Description of Issue	Corrective Action(s)
Old sample bottle	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Bottle seal broken	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New person collected water sample	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sampling error	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Improper hold time	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Improper storage temperature	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. OPERATIONAL CHANGES	Issue(s) Found?	Description of Issue	Corrective Action(s)
New sample tap installed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New treatment device added	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source added	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Source abandoned	<input type="checkbox"/> Yes <input type="checkbox"/> No		
New storage tank added	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Visible indicators of unsanitary conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recent repairs to water lines	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Water system was NOT disinfected / flushed following plumbing construction or repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of power	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

4. DISTRIBUTION SYSTEM	Issue(s) Found?	Description of Issue	Corrective Action(s)
Low flow / dead end main	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Low disinfection residuals (if applicable) review systems records, sample (if needed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Water line breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Loss of pressure or low pressure (less than 20 psi)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Water leaks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Construction or installation of plumbing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross connection issue(s) including but not limited to softener waste lines, irrigation, boiler make-up, baptismal, fire suppression, mop sinks, manufacturing process systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Untested backflow device(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inadequate flushing of water lines due to inactivity or closure of the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of vandalism	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. TREATMENT	<input type="checkbox"/> N/A	Description of Issue	Corrective Action(s)
Treatment device malfunctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Treatment added or changed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cross connection issue(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inadequate disinfection	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Interruption in treatment / power loss	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chemical feed rate problems	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Filter contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Public Water System Identification (PWSID) number
2490064

Name of system
Southeast Family Dental

5. TREATMENT (continued)	<input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Maintenance schedules not followed	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Chemical day tanks empty / inadequately sealed (e.g. softener out of salt)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Evidence of short circuiting in treatment process	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Evidence of contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
6. STORAGE TANK	<input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Tank(s) is damaged, rusty, or has holes	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tank bladder(s) is waterlogged	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Hydropneumatic tank malfunctioning	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vent / overflow screen damaged / missing	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Signs of vandalism / unauthorized access	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Recent work or repair of tank	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Evidence of contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Standing water around tank	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Debris around tank	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water age / inadequate turnover	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lack of maintenance or inspection	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

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7. SOURCE - WELLS	Issue(s) Found?	Description of Issue	Corrective Action(s)
Cracked, broken, or missing well cap	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cracked or damaged well casing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If well casing is cracked, is the protective barrier missing?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Well screen missing or damaged	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Missing or damaged grout seal (voids around well allowing contaminants into well)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recent work on pump	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Well pump cycling improperly	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pump assembly leaking / damaged (jet pump or vertical turbine only)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Flooding or standing water near well	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Standing water / flooding in well pit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ground slopes toward well casing	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Air relief valve missing screen and / or air gap	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATION	
I certify, under penalty of law, that I am a Certified Level 2 Assessor, and that this document was prepared by me or under my direction, and the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am also aware that there are significant penalties for submitting false information.	Date (month, day, year)
Signature	License number(s) (if applicable)
Printed name	Title
Telephone number ()	E-mail address

Please save a copy of this form and return the original form along with a copy of your training information (including, but not limited to, an Indiana Water Basics Course (INWBC) certificate of completion) to the Indiana Department of Environmental Management. It is important to provide the system representative with a copy of this document. The drinking water system is responsible for completion of all corrective action(s) identified within thirty (30) days of this assessment.

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Public Water System Identification (PWSID) number 2490064	Name of system Southeast Family Dental
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FOR IDEM USE ONLY				
Name if IDEM reviewer	Date of IDEM consultation (if needed) (month, day, year)			
Document preparer completed INWBC <input type="checkbox"/> Yes <input type="checkbox"/> No	Level 2 Assessment accepted <input type="checkbox"/> Yes <input type="checkbox"/> No	PWS has corrected the problem <input type="checkbox"/> Yes <input type="checkbox"/> No	Corrective Action Plan approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved with changes <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments				

IDEM CERTIFIED LEVEL 2 ASSESSORS

State	County	City	First Name	Last Name	Phone Number	Email Address
IN	Adams	Decatur	William J.	Carpenter	(260) 223-5198	bcarpenter@decaturin.org
IN	Adams	Berne	John A.	Crider	(260) 589-8526	water@cityofberne.com
IN	Adams	Bluffton	Todd	Shady	(260) 824-6064	todd.shady@blufftonindiana.gov
IN	Allen	Ft. Wayne	Donald	Papai	(317) 607-0531	dpapai@inh2o.org
IN	Allen	Auburn	Clinton R.	Sites	(260) 235-0289	crsites@ci.auburn.in.us
IN	Allen	Woodburn	Dylan	Atchley	(260) 797-8383	dylan@wcchonline.org
IN	Bartholomew	Hope	David J.	Clouse	(812) 546-5469	david@hopeutilities.net
IN	Boone	Lebanon	Ryan C.	Ottinger	(765) 482-8851	rottinger@lebanon-utilities.com
IN	Clay	Rockville	John M.	Batronis	(765) 832-4163	batronisim@elanco.com
IN	Crawford	Paoli	Mark	Brace	(812) 347-2551	mbrace@ramseywater.com
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IN	Orange	Orleans	Joshua	Dixon	(812) 705-8186	jmdixon1976@yahoo.com
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