



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We Protect Hoosiers and Our Environment.

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Eric J. Holcomb
Governor

Brian C. Rockensuess
Commissioner

June 27, 2024

66-34

PWSID# IN2490064

Southeast Family Dental

Attention: Dr. Mark V. Bohnert
6020 Southeastern Avenue
Indianapolis, IN 46203

Re: Repeat Sample Requirements

One (1) routine microbiological sample collected on June 25, 2024, by your system tested positive for Total Coliform. Under the 40 CFR 141.858 incorporated by reference at 327 IAC 8-2-4.1, **you must collect three (3) repeat samples within twenty-four (24) hours of notification.** Further, in accordance with 327 IAC 8-2.3-4(a)(2) **you must also collect one (1) source water sample within twenty-four (24) hours.** The sample report must clearly indicate that the sample is marked "source".

| Repeat Sampling Requirements | | | Regular Monitoring |
|---|---------------------------|---|---|
| Number of Repeat Samples from the Distribution System | Number Source/Well Sample | Total Samples (Distribution Repeats + Well) | You must continue monthly routine sampling |
| 3 | 1 | 4 | |

1. The repeat samples must be taken at the locations described in your approved sample siting plan¹ or must be taken as follows: one (1) sample must be taken from the tap where the original positive sample was taken; one (1) sample at a tap within five service connections up-stream; one (1) sample at a tap within five service connections downstream; and one (1) sample at the source/well for a total of four (4) samples.

All repeat samples must be taken on the same day and received by the lab within thirty (30) hours of collection time. The Bacteriological Report Form sample types must be marked as follows: The three (3) repeat samples are marked Repeat (RP); the source sample is marked GWR Source Triggered (TG). You must provide the original unsatisfactory sample number and date of collection. Please note: A *replacement* sample is required for any sample received over thirty (30) hours of collection time or if a sample is invalidated by the lab.

2. The source water well sample must be taken as follows: samples must be collected at a point representative of each groundwater source, prior to any storage, including pressure tanks or treatment to determine the water quality of the source(s).
3. If Total Coliform-positive is detected in any repeat sample, you will be required to complete an assessment. Please contact your assigned compliance staff for questions.
4. If any original or repeat samples are coliform-positive, the result is counted as an unsatisfactory result in compliance calculations. Any coliform-positive sample must also be tested for *E. coli*. Presence of *E. coli* in a repeat sample constitutes an *E. coli* MCL (maximum contaminant level) violation and triggers a Level 2 Assessment.
5. If the source water sample is *E. coli* positive, you have violated the GWR for your system and must conduct additional source water monitoring or the corrective action as required by the state.
6. To ensure that your repeat sample results are submitted to IDEM in a timely manner, you may check Drinking Water Watch, the IDEM public database. That database can be found at; <https://myweb.in.gov/IDEM/DWW/>. If your repeat results do not appear in the database within 24-48 hours after you have collected them, please call the analyzing laboratory and inquire as to the status of those results. All labs are required to submit results to IDEM.

If you have any questions concerning the repeat sampling requirements and source water monitoring please call Yahira Rosado at (317) 234-7940 or your IDEM Field Inspector, Lucio Ternieden, at (317) 234-7461.

cc: Lucio Ternieden, Field Inspection Staff

¹ If you do not have an approved Total Coliform Site Sampling Plan you will be required to submit one and have it approved.