



# 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](mailto:CapCert@idem.in.gov)

**INSTRUCTIONS:** A Certified Level 2 Assessor 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](mailto:CapCert@idem.in.gov).**

Public Water System Identification (PWSID) number 2020025	Name of system Metea Park
Name of system representative <i>Amy Simpson</i>	How representative is affiliated with the system <i>Sampler</i>

1. SAMPLING SITES	Issue(s) Found?	Description of Issue	Corrective Action(s)
Unclean, leaking, damaged or unsuitable tap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Changed sampling location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Unapproved or unsuitable sampling location	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Low / inadequate disinfection residual	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Plumbing changes or additions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Plumbing breaks or failure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cross connection adjacent sampling site (such as, but not limited to, reverse osmosis unit)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Untested backflow device(s) adjacent sample site	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	<i>Sampler did not disinfect taps prior to sampling</i>	<i>Taps (both Routine and Source taps) need to be disinfected before sampling</i>
Tap wasn't disinfected (prior to sampling)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Aerator or screen damaged or corroded	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Public Water System Identification (PWSID) number <b>2020025</b>	Name of system
---	----------------

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

3. OPERATIONAL CHANGES	Issue(s) Found?	Description of Issue	Corrective Action(s)
New sample tap installed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>System is using a water softener cleaning chemical adding device in the softener brine tank.</p> <p>(However, the chemical being used is NSF certified.)</p>	<p>Will confirm w/ Section Chief that this additive is approved.</p>
New treatment device added	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Source added	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Source abandoned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
New storage tank added	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Visible indicators of unsanitary conditions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Recent repairs to water lines	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water system was NOT disinfected / flushed following plumbing construction or repairs	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Loss of power	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Public Water System Identification (PWSID) number

2920025

Name of system

4. DISTRIBUTION SYSTEM	Issue(s) Found?	Description of Issue	Corrective Action(s)
Low flow / dead end main	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	System has an outside yard hydrant + system for filling pond that may be plumbed directly into the well. Pipe for filling pond runs directly to the outside. Pond appears to be >200 ft. from well.	System must investigate how yard hydrant / pond filling system are connected.
Low disinfection residuals (if applicable) review systems records, sample (if needed)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water line breaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Loss of pressure or low pressure (less than 20 psi)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water leaks	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Construction or installation of plumbing	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No		
Untested backflow device(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inadequate flushing of water lines due to inactivity or closure of the facility	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of vandalism	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

5. TREATMENT	<input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Treatment device malfunctioning		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water level above salt level in water softener brine tank. Visible contamination in brine water. Sampler stated that water softener routinely overfills with water.	Must maintain salt level above water level. System needs to empty brine tank, disinfect, and refill with salt. May want to consider having softener and/or brine
Treatment added or changed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cross connection issue(s)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Inadequate disinfection		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Interruption in treatment / power loss		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Chemical feed rate problems		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Filter contamination		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		


Public Water System Identification (PWSID) number <b>2920025</b>	Name of system
--	----------------

<b>5. TREATMENT (continued)</b> <input type="checkbox"/> N/A	Issue(s) Found?	Description of Issue	Corrective Action(s)
Maintenance schedules not followed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<i>tank serviced/replaced if the water level is consistently going above salt level.</i>
Chemical day tanks empty / inadequately sealed (e.g. softener out of salt)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence of short circuiting in treatment process	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of contamination	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>6. STORAGE TANK</b> <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 checked="" type="checkbox"/> No		
Tank bladder(s) is waterlogged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hydropneumatic tank malfunctioning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Vent / overflow screen damaged / missing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Signs of vandalism / unauthorized access	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Recent work or repair of tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Standing water around tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Debris around tank	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Water age / inadequate turnover	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Lack of maintenance or inspection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Public Water System Identification (PWSID) number <b>2920025</b>	Name of system
--	----------------

7. SOURCE - WELLS	Issue(s) Found?	Description of Issue	Corrective Action(s)
Cracked, broken, or missing well cap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Cracked or damaged well casing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If well casing is cracked, is the protective barrier missing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Well screen missing or damaged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Missing or damaged grout seal (voids around well allowing contaminants into well)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Recent work on pump	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Well pump cycling improperly	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Pump assembly leaking / damaged (jet pump or vertical turbine only)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Evidence of contamination	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Flooding or standing water near well	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Standing water / flooding in well pit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Ground slopes toward well casing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Air relief valve missing screen and / or air gap	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" 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.			
Signature 	Date (month, day, year) <b>7/1/24</b>		
Printed name <b>Judson Baker</b>	Title <b>Field Inspector</b>	License number(s) (if applicable)	
Telephone number <b>(574) 413-8833</b>	E-mail address <b>JTBAKER@idem.in.gov</b>		

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.

Public Water System Identification (PWSID) number **2920025** Name of system

**FOR IDEM USE ONLY**

Name of IDEM reviewer \_\_\_\_\_ Date of IDEM consultation (if needed) (month, day, year)

Document preparer completed INWBC  Yes  No Level 2 Assessment accepted  Yes  No PWS has corrected the problem  Yes  No Corrective Action Plan approved  Yes  No Approved with changes  Yes  No

Comments

Empty text area for comments.

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## Public Water System Sanitary Survey / Field Inspection Report

Public Water System Sanitary Survey Field Inspection Report 

PWS Name

Metzger County Park

PWSID Number

2 0 2 0 0 2 5

Date

7/1/24

Yes No 

\* Are there any possible system problems not addressed by this survey that deserve attention of system staff?

## 42. Comments and Recommendations

Level 2 Assessment

- yard hydrant / system used to fill pond may be plumbed directly into well
  - \* pipe used to fill pond may serve as point of entry for contamination into system
  - \* system must investigate to determine how these connections are plumbed

- sampler must wash hands + disinfect tap before taking sample

- salt level must be maintained above water level in softener brine tank; system is to investigate cause of brine tank continually overflowing with water (brine tank size, refills not done frequently enough, possible need for maintenance, etc.)

Parties present: Judron Baker (IDEM)  
Amy Simpson (system rep.)

Survey Performed By

Judron Baker

Person Interviewed and Signature

Amy Simpson

Recheck Date

~~X~~