



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

Public Water System Identification (PWSID) number 2760942	Name of system Best Western Fremont
Name of system representative <i>Jigna Patel</i>	How representative is affiliated with the system <i>owner</i>

1. SAMPLING SITES	Issue(s) Found?	Description of Issue	Corrective Action(s)
Unclean, leaking, damaged or unsuitable tap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>Owner used unapproved sampling site. Sampling site was visibly dirty.</i>	<i>Routine samples must be taken only from approved locations on official Site Sampling Plan.</i>
Changed sampling location	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Unapproved or unsuitable sampling location	<input checked="" type="checkbox"/> Yes <input 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>Owner used alcohol wipes, did not disinfect with 50% bleach/water solution.</i>	<i>Must spray with bleach/water solution and wait 5 minutes, then flush for 5 minutes, before taking sample.</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		

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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	Owner did not remove aerator from faucet before taking sample.	Must remove aerator before taking sample.
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 checked="" type="checkbox"/> Yes <input 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	System has removed Source Sample Tap.  Source sample (TG) that tested Positive for Total Coliform was taken from a hotel room sink.	System must immediately install a smooth bore Sample Tap on the line coming into the building, before any split/tee.  System must take a sample from this smooth bore tap (i.e. directly from well) that is Absent for Total Coliform to clear the well.
New treatment device added	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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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	Softener drain line goes to cross connection on floor drain.	System needs to cut pipe so that there is a 1" air gap above floor drain.
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	System has fire suppression system, unknown if it is being served by potable well / needs backflow prevention.	May want to investigate fire suppression system after other issues are corrected.
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water level is above salt level in softener brine tank. Lid was kept off brine tank. Brine tank lid does not close securely; plus there is a hole at the edge of the lid. Water in brine tank visibly contaminated.	Must clean brine tank according to manufacturer's recommendations, and refill with salt. Always keep salt level above water level.
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		

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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 checked="" type="checkbox"/> No		(Brine tank needs to be drained and cleaned). I.e. rinsed w/ bleach water.  Lid must be tightly sealed, no open gaps (seal with 24# mesh screen).
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 type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	System replaced storage tanks last year.  However, system did collect clean Routine samples since then.	May want to investigate storage tanks after other issues are corrected.
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 checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

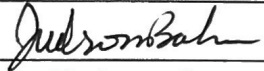
Public Water System Identification (PWSID) number  
2760942

Name of system  
Best Western Fremont

7. SOURCE - WELLS	Issue(s) Found?	Description of Issue	Corrective Action(s)
Cracked, broken, or missing well cap	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well cap is cracked, loose, and visibly open (slight gap where contaminants can enter the system).  Well cap has loose bolt.	System must call well driller to repair + tighten well cap. Since there is a visible opening, also may want to disinfect the well.
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) 6/27/24
Printed name Judson Baker	Title Field Inspector
Telephone number (574) 413-8833	License number(s) (if applicable)
E-mail address JTBaker@idem.in.gov	

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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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				

## INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

## Public Water System Sanitary Survey / Field Inspection Report

Public Water System Sanitary Survey

Field Inspection Report

PWS Name

Best Western Fremont

PWSID Number

2760942

Date

6/27/24

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

- Routine sample was taken from unapproved location, not disinfected w/ bleach+water solution, aerator on faucet was not removed
- Repeat sample that tested Positive was taken from unapproved location
- TC+ Repeat sample labeled as "source" sample (TG) was taken from a hotel room sink, not actually taken from source
- Water softener brine tank lid was open; even when closed, lid does not seal tightly and there is an open hole
- water level above salt level, visible debris in water
- system needs to verify that softener discharge is draining correctly; drain needs to have 1" air gap above floor drain
- system does not have Source Sample Tap, cannot take clear sample from well
- well cap is loose, visibly cracked, has loose bolt
- need to call well driller, may want to disinfect well
- may want to investigate storage tanks (adequate turnover?) and fire suppression system (is it being served by the potable well? Is backflow prevention needed?) after other issues are corrected

Parties present: Judson Baker (IDEM)

Jigna Patel (system owner)

Survey Performed By

Judson Baker

Person Interviewed and Signature

Jigna S. Patel

Recheck Date