

**From:** [David Menefee](#)  
**To:** [STEPHANOFF, BRENDA](#)  
**Subject:** #000634 Land Application Renewal  
**Date:** Monday, June 24, 2024 12:53:46 PM  
**Attachments:** [2024 Mistaven Resort Land Application Renewal..pdf](#)  
[2024 Annual Analysis Misthaven Resort.pdf](#)  
[pH Land Test 2024.pdf](#)

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Please find attached the Permit Application for the Land Application of Domestic Wastewater. Please let me know if there is anything else I need or you need me to turn in. Thank you.

**David Menefee**

Regulatory Assistant

Peru Utilities

(765) 473-7651



# PERMIT APPLICATION FOR THE LAND APPLICATION OF DOMESTIC WASTEWATER

State Form 50409 (R/1-08)  
327 IAC 6.1-7

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
Solid Waste Permits Section  
Office of Land Quality  
100 N. Senate Ave.  
Indianapolis, IN 46204

### INSTRUCTIONS:

1. For a new permit, or permit modification, this form must be completed, signed, dated, and submitted to IDEM at least 180 days prior to the proposed commencement of operation.
2. For renewal of an existing permit, this form must be completed, signed, dated, and submitted to IDEM at least 180 days prior to the expiration date of the existing permit.
3. Submit original with signature and one copy, plus one additional copy for each affected county.
4. Minimize use of folders, binders, sheet protectors, tab dividers, etc. Applications will be electronically scanned upon receipt.

PART I. GENERAL INFORMATION					
<b>A. APPLICATION TYPE (check one)</b>			<b>B. LAND APPLICATION PERMIT NUMBER</b>		
<input type="checkbox"/> New	<input type="checkbox"/> Modification	<input checked="" type="checkbox"/> Renewal	Permit # (if renewal or modification):		IN LA 000634
<b>C. APPLICANT INFORMATION (city, town, industry, etc.)</b>					
Applicant:		MISTHAVEN RESORT			
Name & Title (Mayor, President, CEO, etc.):		DENNIS DAY (OWNER)			
Mailing Address:		4252 WEST 200 NORTH			
City:	PERU	State:	INDIANA	ZIP:	46970
Phone:	574-601-0984			Facsimile:	
E-mail address:		dennis@misthavenresort.com			
<b>D. FACILITY INFORMATION (entity generating domestic wastewater)</b>					
Facility Name:		MISTHAVEN RESORT			
Mailing Address:		4252 WEST 200 NORTH			
City:	PERU	State:	INDIANA	ZIP:	46970
Phone:	574-601-0984	Extension:		Facsimile:	
E-mail address:					
Physical Location:		4252 W 200 N		County:	MIAMI
<b>E. CERTIFIED OPERATOR (or person documented in attached affidavit)</b>					
Name:		DAVID MENEFFEE		Cert. #:	VW022079
Phone:	260-203-8122	Extension:		Facsimile:	
E-mail address:		dmenefee@peruutilities.com			
<b>F. LAND APPLICATION COORDINATOR (if different from Certified Operator)</b>					
Name:		DENNIS DAY			
Phone:	574-601-0984	Extension:		Facsimile:	
E-mail address:		dennis@misthavenresort.com			
<b>G. PUBLIC NOTICE CONTACT PERSON</b>					
Name & Position or Title:		DENNIS DAY			
Phone:	574-601-0984	Extension:		Facsimile:	
E-mail address:		dennis@misthavnrresort.com			
<b>H. PERSON COMPLETING APPLICATION (if different from Certified Operator)</b>					
Name:					
Company:					
Mailing Address:					
City:		State:		ZIP:	
Phone:		Extension:		Facsimile:	
E-mail address:					

**PART II. LAND APPLICATION PROGRAM SUMMARY**

**A. VOLUME OF DOMESTIC WASTEWATER TO BE LAND APPLIED**

Estimated total amount of domestic wastewater to be land applied annually by applicant.

1000000

*Gallons*

**B. APPLIERS AND EQUIPMENT**

Identify who applies the domestic wastewater. If application is done by applicant, list the type and capacity of equipment the applicant has available for use.

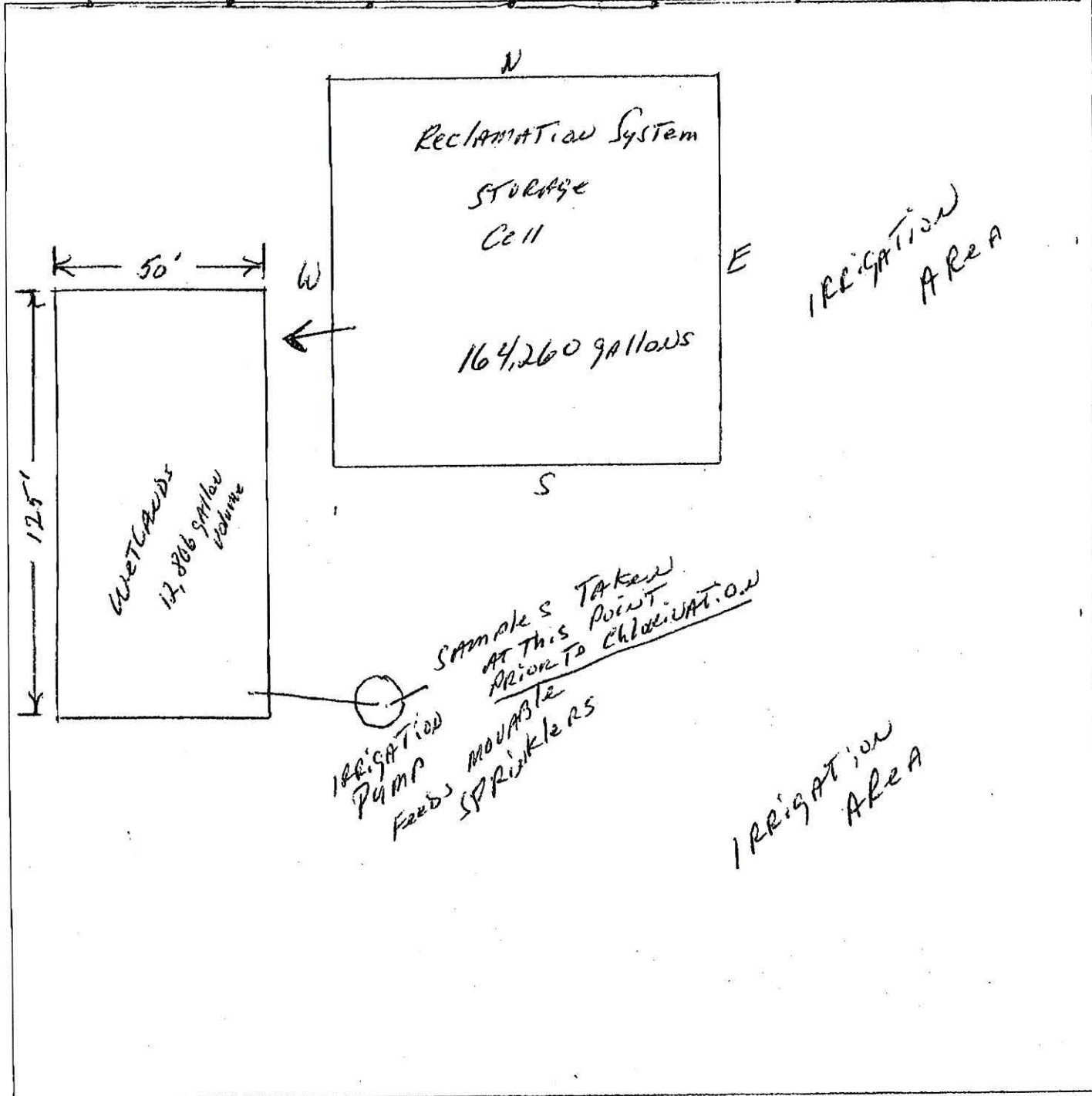
DENNIS DAY

USES SPRINKLER HEADS IN DESIGNATED AREAS TO APPLY DOMESTIC WASTEWATER

**C. NPDES PERMIT**

If applicable, enter the permit number for any NPDES permit held by the applicant.

SPLIT RAIL FENCE + NO TRESSPASSING SIGNS



**PART III. TREATMENT & GENERATION PROCESS DETAILS**

Provide below a narrative description of the domestic wastewater treatment and/or generation process. Include details such as, but not necessarily limited to:

- 1) the type of wastewater treatment process,
- 2) the number, type and volume of all treatment and storage units, and
- 3) sampling points at which domestic wastewater is withdrawn from the system for land application.

**INCLUDE A SCHEMATIC DRAWING OF THE SYSTEM WITH THIS APPLICATION**

**PART IV. STORAGE DOCUMENTATION**

**A. EFFECTIVE STORAGE** (Check one or more as applicable and provide capacity, location and year permitted.)

Unit	Capacity	At Treatment Facility	At Application Site	Year Permitted or Approved for Construction
Lagoon #1	175000 <input checked="" type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1999
Lagoon #2	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Lagoon #3	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Lagoon #4	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Holding Tank #1	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Holding Tank #2	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Holding Tank #3	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Holding Tank #4	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/> gallons <input type="checkbox"/> ft <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	

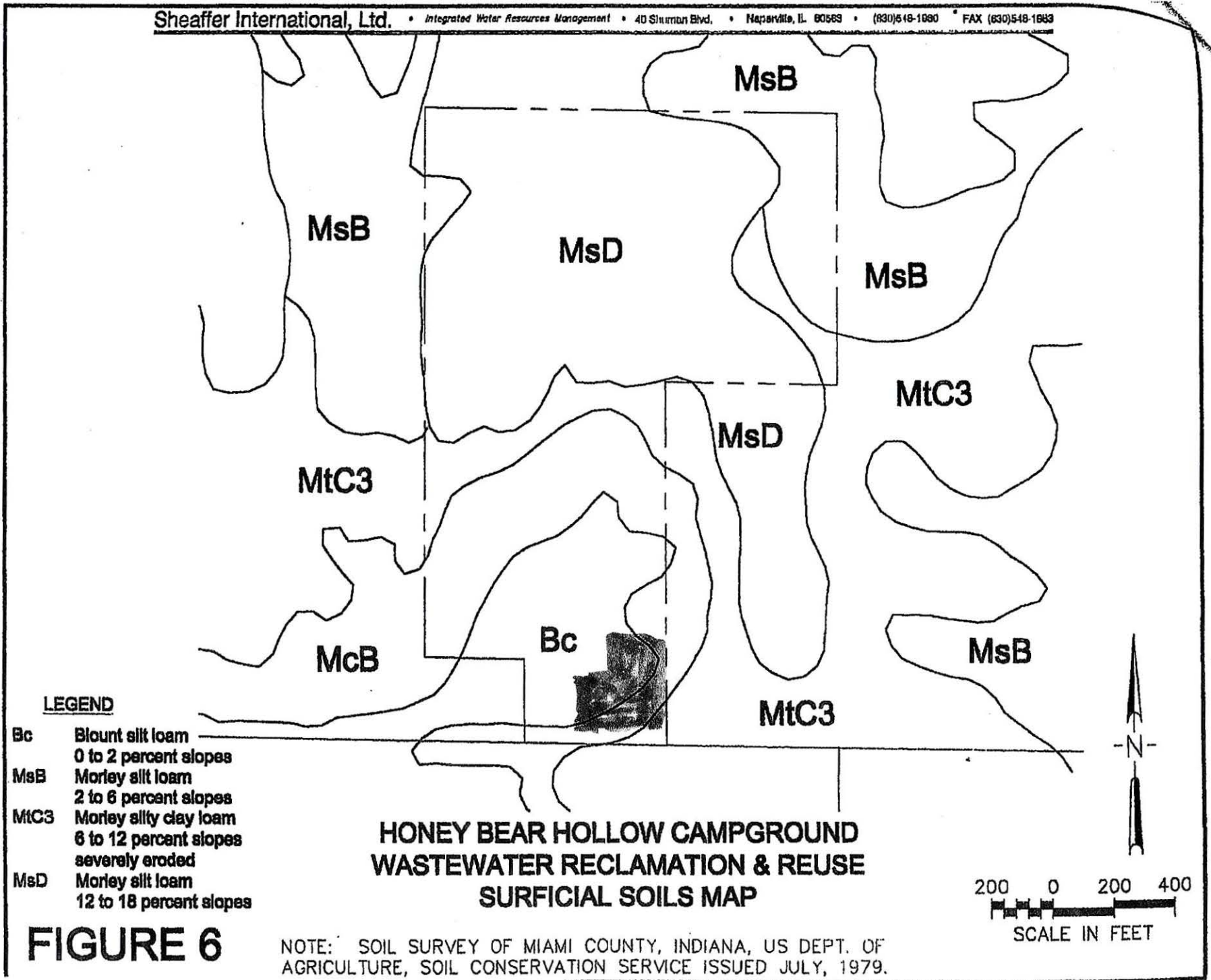
**B. OTHER STORAGE ALTERNATIVES OR DISPOSAL METHODS**

Provide below any additional information regarding storage capacities, structures, disposal methods or management practices pertaining to your land application program.

WET LANDS ADDED FOR ADDITIONAL FILTRATION

**PART V. APPLICATION SITE INFORMATION FORM (duplicate as needed)**

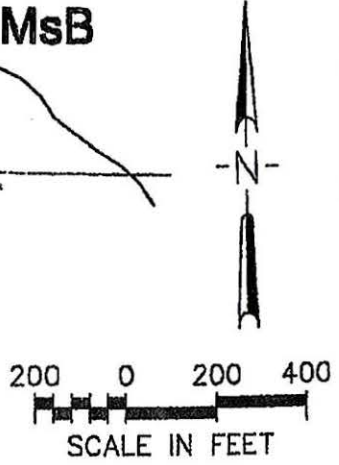
<b>A. SITE INFORMATION</b>		Site ID (10 characters or less; if renewal, use original ID):		MISTHAVEN	
<b>B. DEGREE OF PUBLIC ACCESS</b>		This site meets the definition of "Land with a HIGH potential for public exposure".			<input type="checkbox"/>
		This site meets the definition of "Land with a LOW potential for public exposure".			<input checked="" type="checkbox"/>
<b>C. OWNER INFORMATION</b>					
Owner Name:		DENNIS DAY		Phone: 574-601-0984	
Mailing Address:		4252 W 200 N		Extension:	
City:		PERU	State:	INDIANA	ZIP: 46970
<b>D. SITE LOCATION/ACREAGE</b>					
County:		MIAMI	Civil Township (name):		JEFFERSON
Range No(s):		03E	Township No(s):	27N	Section No(s): 11
Grant or other alternate surveying unit name/number:					
Tillable acres available for application (include buffer areas & setbacks):					1.50
<b>E. SOIL ANALYSIS DATA (attach copy of soil analyses for each site, one composite analysis per 25 acres is required)</b>		Soil pH (enter the range from all analyses) (NOT buffer pH)			6.3
<b>F. USDA NATURAL RESOURCE CONSERVATION SERVICE (NRCS) SOIL SURVEY INFORMATION</b>		List all soil types at site (NRCS soil map symbols).			BC AND MSB
		List any soil types that have a depth to bedrock of less than 20 inches.			
		List any soil types that indicate a potential for flooding.			BC
		List any soil types that have a slope in excess of 18%.			
<b>G. WELLS (check as appropriate and show location of on-site wells on site map for this site)</b>					
Does this site contain any type of well?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, is the well...		<input type="checkbox"/> in use <input type="checkbox"/> inactive <input type="checkbox"/> capped			
If yes, what type?		<input type="checkbox"/> potable <input type="checkbox"/> livestock <input checked="" type="checkbox"/> irrigation <input type="checkbox"/> other (specify)			
<b>H. PLANNED LAND USE (check one or more)</b>					
<input type="checkbox"/> row crop <input checked="" type="checkbox"/> set aside <input type="checkbox"/> pasture <input type="checkbox"/> hay <input type="checkbox"/> reclamation <input type="checkbox"/> truck/garden crop <input type="checkbox"/> turf <input type="checkbox"/> other (specify)					
<b>I. SITE FEATURES</b>					
Is any area of the site within 33 feet of surface waters or the surface conduit to a subsurface feature?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is any area of the site within 300 feet of surface waters or the surface conduit to a subsurface feature?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is any area of the site within 300 feet of any residence? (the structure itself)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will land application violate historic preservation requirements (IC 14-20-1 & 310 IAC 15-3)?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will land application adversely affect threatened or endangered species or critical habitat?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Will land application violate the endangered species regulation (IC 14-22-34)?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J. SITE-USE HISTORY</b>					
Provide below a list of all facilities, other than the applicant, that have applied biosolids, industrial waste products or pollutant-bearing water to this site in the past.					
N/A					
Provide below a list of all facilities, other than the applicant, that currently include this site in their biosolids, industrial waste product or pollutant-bearing water land application program.					
N/A					
Is the site currently involved in a program to receive animal manure or other waste materials? (If yes, explain below)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



**LEGEND**

- Bc** Blount silt loam  
0 to 2 percent slopes
- MsB** Morley silt loam  
2 to 6 percent slopes
- MtC3** Morley silty clay loam  
6 to 12 percent slopes  
severely eroded
- MsD** Morley silt loam  
12 to 18 percent slopes

**HONEY BEAR HOLLOW CAMPGROUND  
WASTEWATER RECLAMATION & REUSE  
SURFICIAL SOILS MAP**



**FIGURE 6**

NOTE: SOIL SURVEY OF MIAMI COUNTY, INDIANA, US DEPT. OF AGRICULTURE, SOIL CONSERVATION SERVICE ISSUED JULY, 1979.

**PART VI. APPLICATION SITE LAND-USE AGREEMENT** (other signed agreements may be submitted in lieu of this form)

**A. PERMISSION STATEMENT**

I, \_\_\_\_\_ (landowner name), hereby give permission for  
*N/A* \_\_\_\_\_ (facility name) to land apply  
\_\_\_\_\_ (description of material to be applied) to my land as described below:

**B. SITES FOR WHICH PERMISSION IS GIVEN**

SITE ID	RANGE(S)	TOWNSHIP(S)	SECTION(S)

**C. SPECIFIC CONDITIONS AGREED UPON BETWEEN LANDOWNER AND APPLICANT**

List below any specific conditions that the landowner and applicant have agreed upon for use of the site(s) listed above.

*N/A*

**D. CERTIFICATION** (applicant's signature is not required if no specific conditions are listed above)

Landowner's Printed Name	Applicant's Printed Name
Landowner's Signature	Applicant's Signature
<i>N/A</i>	
Date Signed	Date Signed



**PART VII. FROZEN/SNOW-COVERED GROUND MANAGEMENT PLAN** *(Optional)*

Surface application of domestic wastewater is prohibited on frozen or snow-covered ground unless approved through a management plan. If you wish to have a management plan considered for approval, you must provide detailed information regarding each of the following items:

**A. SETBACK DISTANCES FROM RESIDENCES AND PUBLIC BUILDINGS, SURFACE WATERS, WELLS, AND OTHER STRUCTURES**

NONE

**B. APPLICATION RATES**

N/A

**C. SITE CHARACTERISTICS, INCLUDING: FLOOD PLAINS, WATER TABLE AND SLOPE**

N/A

**D. SUPERVISION AND OPERATIONAL OVERSIGHT**

N/A

**E. OTHER RELEVANT INFORMATION TO SHOW COMPLIANCE WITH 327 IAC 6.1**

N/A

**PART VIII. REQUEST FOR APPROVAL OF EQUIVALENT METHOD(S) (Optional)**

Applicants may request approval of a method of meeting certain regulatory requirements that are equivalent to or more protective of the environment. If you wish to have an equivalent method considered for approval, you must provide detailed information regarding the proposed method. Requests for approval of equivalent methods may be submitted for the following:

**A. SITE RESTRICTIONS IN 327 IAC 6.1-7-5**

**B. STORAGE REQUIREMENT IN 327 IAC 6.1-7-9(a)**

MUST MAINTAIN 90 DAYS OF EFFECTIVE STORAGE CAPACITY FOR POLLUTANT BEARING WATER

**C. LOADING RATES IN 327 IAC 6.1-7-10(a)(1) through 327 IAC 6.1-7-10(a)(3)**



**D. MONITORING AND ANALYSIS REQUIREMENTS IN 327 IAC 6.1-7-2 through 327 IAC 6.1-7-4**

PH BETWEEN 6 AND 9 STANDARD UNITS  
BOD LESS THAN OR EQUAL TO 30 MILLIGRAMS PER LITER AS DETERMINED FROM THE 5 DAY BOD TEST.  
SUSPENDED SOLIDS LESS THAN OR EQUAL TO 30 MILLIGRAMS PER LITER.  
FECAL COLIFORM NO RESTRICTIONS ARE PLACED ON FECAL COLIFORM ORGANISMS DUE TO LAND APPLICATION OCCURRING ON LAND TO PUBLIC ACCESS IS STRICTLY RESTRICTED AND FOOD CROPS ARE NOT GROWN.  
TOTAL CHLORINE RESIDUAL (WHEN APPLICABLE) AFTER A MINIMUM CONTACT TIME OF 30 MINUTES, MUST BE AT LEAST 1 MILLIGRAM PER LITER  
PCB'S LESS THAN 2MG/KG ON A DRY WEIGHT BASIS

**PART X. CERTIFICATION**

“Application is hereby made for a permit to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and to the best of my knowledge and belief, such information is true, complete, and accurate.”

*Refer to IC 13-30-6-1 through 5 for penalties for submission of false information.*

<b>A. SIGNATURE</b>	<b>D. SIGNATURE OF PERSON COMPLETING APPLICATION</b>
	
<b>B. PRINTED NAME AND OFFICIAL TITLE</b> <i>(print or type)</i>	<b>Do you want the opportunity to review a draft permit prior to permit issuance?</b>
David Menefee Ww022079 Certified operator	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>C. DATE SIGNED</b>	
06/18/2024	

*An application submitted by a municipality must be signed by a ranking elected official (mayor, town council president, etc.) or other duly authorized person. Documentation of such authorization must be submitted with the application if signed by someone other than the elected official.*

*An application submitted by a corporation must be signed by a principal executive officer of at least vice president level or their duly authorized representative. However, such representative must be responsible for the complete operation of the facility for which the permit is being secured (i.e., General Manager). In the case of a partnership or a sole proprietorship, the application must be signed by a general partner or a proprietor.*

## PART XII. PUBLIC NOTIFICATION DOCUMENTS

There are two points in the permitting process where public notice is required:

1. **Application submittal:** IC 13-15-8 requires the applicant to provide notice of application submittal to adjoining landowners and/or occupants within 10 working days of submitting an application. This notice must be completed for any permit application (including renewals) in which application sites are identified (i.e. site specific land application permits, including all pollutant-bearing water permits, as well as hybrid land application permits).

In addition, IC 13-15-3-1 requires IDEM to notify the board of county commissioners, the mayor and the town council president of any county, city and town, respectively, that is affected by the permit application.

Finally, a notice will be placed by IDEM in the newspaper of largest circulation within the county or counties where identified application sites are located, where non site-specific land application activities are proposed, or where a marketing and distribution program will be operated. This notice informs the public that a copy of the application is available at the county library and provides a 30-day comment period for anyone wishing to provide comments on the permit application.

2. **Permit Issuance:** IC 4-21.5 (Administrative Orders and Procedures Act or AOPA) requires IDEM to give notice of its decision on your application to all potentially affected persons. In the case of a site-specific land application permit, this would normally include at least adjoining property owners but may include others as well.

The following documents are provided to aid in the public notice process:

1. A suggested notification form for use in notifying adjoining property owners and/or occupants of identified application sites.
2. An affidavit to be completed and notarized stating that the required notice to adjoining property owners and/or occupants will be completed within ten (10 ) working days of application submittal.
3. A form for providing a list of counties, cities and towns affected by the permit application. IDEM will provide notice of application receipt to these entities.
4. A form for providing a list of potentially affected persons.

# NOTIFICATION OF APPLICATION SUBMITTAL

Notification Date 06/20/2024

As an adjoining property owner and/or occupant of the property listed below, you are hereby notified, in accordance with Indiana Code IC 13-15-8, that the following applicant has applied to the Solid Waste Permits Section of the Indiana Department of Environmental Management (IDEM) for a land application permit for the following proposed application site:

Facility or Applicant's Name: Misthaven Resort

## Site Description

Site Identification: INLA000634  
County: Miami  
Political Township: \_\_\_\_\_  
Range: 03E  
Township: Jefferson  
Section: 11  
Acres: 1.5  
Landowner: Dennis Day

This application was submitted on 06/20/2024 (submittal date).

If the application site identified above is found to meet requirements set forth in 327 IAC 6.1 (Land Application Regulations) the site will be permitted by IDEM for land application of materials specified in the permit application at agronomic application rates. Your name and address have been provided to IDEM so that they can notify you of their decision regarding this site.

Questions regarding the proposed application site or other aspects of the land application program should be addressed to the contact person listed below. Please include the Site Identification listed above in any correspondence.

Contact Person Name: Dennis Day  
Contact Person Title: Owner  
Address: 4252 W 200 N  
City: Peru  
State: Indiana  
ZIP: 46970  
Phone: 574-601-0984

# IDENTIFICATION OF AFFECTED COUNTIES, CITIES AND TOWNS

## COUNTIES in which:

- 1) a proposed land application site(s) is located (*including sites in site-specific, hybrid and pollutant-bearing water permits*),
- 2) a non site-specific land application activity will take place, or
- 3) a marketing and distribution generating facility is located.

Miami

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## CITIES and TOWNS within which: (*either within the city or town or within the city or towns zoning authority*)

- 1) a proposed land application site(s) is located (*including sites in site-specific, hybrid and pollutant-bearing water permits*), or
- 2) a marketing and distribution generating facility is located.

Peru

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# IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

(Duplicate as necessary)

Name SCOTT WRIGHT  
Address 4082 W 200 N  
City PERU State IN ZIP 46970

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name ANTHONY REHL  
Address 4248 W 200 N  
City PERU State IN ZIP 46970

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
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Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PUBLIC NOTICE AFFIDAVIT**

**A. STATEMENT OF ACKNOWLEDGEMENT OF NOTIFICATION REQUIREMENTS**

This affidavit is required if site-specific application sites are included in the permit application. This indicates that the applicant is aware that "Notification of Application Submittal" forms must be mailed to adjoining property owners and/or occupants within 10 days of submitting the application to IDEM.

DENNIS DAY (name), being first duly sworn upon oath, deposes and says:

- 1. I live in MIAMI COUNTY, INDIANA (county, state), and being of sound mind and over eighteen (18) years of age, I am competent to give this affidavit.
- 2. I hold the position of OWNER for MISTHAVEN RESORT (permit applicant's name).
- 3. By virtue of my position, I am authorized to make the representation contained in this affidavit on behalf of the facility.
- 4. I understand that the notice requirement for Indiana Code 13-15-8 applies to the applicant for purposes of the accompanying permit application.
- 5. As required by Indiana Code 13-15-8, the permit applicant will send written notice to adjacent landowners or occupants not more than ten (10) days after submission of the accompanying application filed on behalf of the applicant.

Further Affiant Saith Not,

I affirm under penalty for perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Dennis Day  
Signature of Affiant

6/21/24  
Date

DENNIS DAY  
Printed Name of Affiant

**B. NOTARIZATION**

State of Indiana }  
County of MIAMI }

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Dennis Day known by me to be the person who executed the foregoing instrument, signed the same and acknowledged to me that he/she did so sign the same, and that his/her free act and deed and that the statements made in the foregoing instrument are true.

IN WITNESS WHEREOF, I have set my hand and official seal this 21 day of June, 2024.

I am a resident of CASS County, INDIANA.

Linda L. Loposser  
Signature of Notary Public

LINDA L. LOPOSSER  
Printed name of Notary Public

My Commission Expires: 6-23-2032



**LINDA L. LOPOSSER**  
STATE OF INDIANA, CASS COUNTY  
COMMISSION NUMBER NP0687249  
MY COMMISSION EXPIRES  
JUNE 23RD, 2032





3711 Vanguard Drive, Ste D  
Fort Wayne IN, 46809  
ph: 260-449-9299  
fax: 260-918-7128

**Misthaven Resort**

4252 West 200 North  
Peru, IN 46970

*Annual  
Analysis*

**Project:** IN LA 000634

**Work Order:** A24E0076

**Project Manager:** David Menefee

**RE: IN LA 000634**

Enclosed are the results of analyses for samples received by our laboratory on 5/1/2024.

The reported results relate only to the samples as they have been received by the laboratory. The analytical methods used conform to the current version of 40CFR part 136.3 unless otherwise noted. All Standard Methods for the Examination of Water and Wastewater test procedures are performed in accordance with the most recent approved edition.

Indiana Chemistry Certified Lab ID: C-02-05  
Indiana Bacteriological Certified Lab ID: M-02-06

Please feel free to contact me with any questions or concerns on this report.

Sincerely,

*Cindi Fuhrman*

Approved By and Title

**Cindi Fuhrman**  
President



3711 Vanguard Drive, Ste D  
Fort Wayne IN, 46809  
ph: 260-449-9299  
fax: 260-918-7128

**Misthaven Resort**  
4252 West 200 North  
Peru, IN 46970

**Project:** IN LA 000634  
**Work Order:** A24E0076  
**Project Manager:** David Menefee

**Sampled By:** David Menefee  
**Reported:** May 16, 2024

### Reported Samples

Lab ID	Sample	Sample Type	Matrix	Qualifiers	Date Sampled	Date Received
A24E0076-01	Lagoon Discharge Water	Grab	Wastewater		05/01/2024 07:30	05/01/2024 16:10



3711 Vanguard Drive, Ste D  
 Fort Wayne IN, 46809  
 ph: 260-449-9299  
 fax: 260-918-7128

**Misthaven Resort**  
 4252 West 200 North  
 Peru, IN 46970

**Project:** IN LA 000634  
**Work Order:** A24E0076  
**Project Manager:** David Menefee

**Sampled By:** David Menefee  
**Reported:** May 16, 2024

## Sample Results

**Sample: A24E0076-01 Lagoon Discharge Water Grab**

**Sampled:** 05/01/2024 07:30

Analyte	Result	Qual	Reporting		Units	Date Analyzed	Analyst	Method
			Limit	Limit				
<b>Total Metals</b>								
Arsenic	< 0.007		0.007		mg/L	05/08/2024 11:39	CF	EPA 200.7
Cadmium	< 0.0010		0.0010		mg/L	05/08/2024 11:39	CF	EPA 200.7
<b>Copper</b>	<b>0.0047</b>		0.0020		mg/L	05/08/2024 11:39	CF	EPA 200.7
Lead	< 0.005		0.005		mg/L	05/08/2024 11:39	CF	EPA 200.7
Molybdenum	< 0.010		0.010		mg/L	05/08/2024 11:39	CF	EPA 200.7
Nickel	< 0.010		0.010		mg/L	05/08/2024 11:39	CF	EPA 200.7
Selenium	< 0.015		0.015		mg/L	05/08/2024 11:39	CF	EPA 200.7
Zinc	< 0.0030		0.0030		mg/L	05/08/2024 11:39	CF	EPA 200.7



3711 Vanguard Drive, Ste D  
Fort Wayne IN, 46809  
ph: 260-449-9299  
fax: 260-918-7128

**Misthaven Resort**  
4252 West 200 North  
Peru, IN 46970

**Project:** IN LA 000634  
**Work Order:** A24E0076  
**Project Manager:** David Menefee

**Sampled By:** David Menefee  
**Reported:** May 16, 2024

### Notes and Definitions

Item	Definition
<b>Dry</b>	Sample results reported on a dry weight basis.
<b>ND</b>	Analyte NOT DETECTED at or above the reporting limit.
<b>RPD</b>	Relative Percent Difference
<b>%REC</b>	Percent Recovery
<b>Source</b>	Sample that was matrix spiked or duplicated.



# SAMPLE CHAIN OF CUSTODY FORM

Company Name: <b>Misthaven Resort</b>	PO Number:	Project Name: <b>N LA 000634</b>
Contact: <b>David Menefee</b>		PWSID Number:
Address: <b>4252 West 200 North Peru, IN 46970-7569</b>	Quote Number:	Samplers Signature: <i>[Signature]</i>
Phone:	Standard Turn Time <input checked="" type="checkbox"/> Rush <input type="checkbox"/>	
Fax:	Standard turn time is normally 6-10 business days	
Email: <a href="mailto:dmenefee@peruutilities.com">dmenefee@peruutilities.com</a>	Preservatives: None, HNO <sub>3</sub> (nitric acid), HCl (hydrochloric acid) H <sub>2</sub> SO <sub>4</sub> (sulfuric acid), NaT (sodium thiosulfate), ZnOAc (zinc acetate) NaOH (sodium hydroxide)	

**Sample Matrix Codes**

AQ = Aqueous      GW = Ground Water  
 DI = Deionized Water      O = Oil  
 DW = Drinking Water      L = Liquid (non-aqueous)  
 S = Solid      RGW = reagent grade water  
 SL = Sludge      SW = Storm Water  
 WW = Wastewater  
 SO = Soil

If billing address is different please list in comments section  
 Prior approval from the lab is needed for Rush analysis  
 Container Type: P=plastic, G=glass, V=vial, O=other **A24E0076**

COLLECTION		SAMPLE LOCATION DESCRIPTION	SAMPLE PRESERVATIVE	SAMPLE TYPE			CONTAINER		ANALYTICAL TESTS REQUESTED	CF Environmental workorder number
DATE	TIME			Grab	Comp	Matrix	Type	Quantity		
<b>WEEKLY TESTING</b>										
		Lagoon Discharge Water	unpreserved	X		WW	P	1	BOD, TSS	
<b>MONTHLY TESTING</b>										
		Lagoon Discharge Water	H2SO4	X		WW	P	1	NH3, TKN, NO3/NO2, T. Nitrogen, Phos.	
		Lagoon Discharge Water	HNO3	X		WW	P	1	Potassium	

<b>ANNUAL TESTING</b>										
<i>5/1</i>	<i>730A</i>	Lagoon Discharge Water	HNO3	X		WW	P	1	503 Metals	<i>-01A</i>
Relinquished by (signature)		DATE	TIME	Received by (signature)			DATE	TIME	Received at lab on ice? <input checked="" type="radio"/> Yes <input type="radio"/> No	
<i>David Menefee</i>		<i>5/1/24</i>	<i>1134 AM</i>	<i>David Menefee</i>			<i>5/1/24</i>	<i>1134</i>	ph:	
Relinquished by (signature)		DATE	TIME	Received by (signature)			DATE	TIME	Temperature Upon Receipt at lab: <i>1-5</i> °C	
<i>David Menefee</i>		<i>5-1-24</i>	<i>1230</i>	<i>[Signature]</i>			<i>5-1-24</i>	<i>1230</i>	temp: °C	
Relinquished by (signature)		DATE	TIME	Received by (signature)			DATE	TIME	Delivery Method: <input type="radio"/> UPS <input type="radio"/> FED-EX <input checked="" type="radio"/> CF ENV <input type="radio"/> USPS <input type="radio"/> Walk-in <input type="radio"/> Other	
<i>[Signature]</i>		<i>5-1-24</i>	<i>1610</i>	<i>[Signature]</i>			<i>5/1/24</i>	<i>1610</i>		

COMMENTS:

# Purves Environmental, Inc.

Mercury Analysis

**Analytical Report**  
**EPA Method 245.1/7471A**

**Report #: 240508-06 CF ENV 245.1**

Page 1 of 1

Customer Name:

CF Environmental Labs  
 1314 Meyer Road  
 Fort Wayne, IN 46803

5/8/24

Attention:

Project/PO#

cfe01

Lab /(Field ID) or (Customer ID)	Results ug/L	Results ug/L	Results ug/L	Results ug/L	Purves Env ID
Mist Haven - Lagoon Discharge Water	<0.19				240507-06
Sample Type	Wastewater				
Date Sampled:	05/01/24				
Date Received:	5/7/24				
Date Prepared:	5/7/24				
Date Analyzed:	5/8/24				
Time Analyzed	7:25:47 PM				
Dilution Factor					
High Cal Range Used 1-1000 ng/L					<b>QCS/MS/MSD</b>
Method Detection Limit	0.1ug/L				Acceptable Range
QCS (Quality Control Standard)	96%				71-125%
Method Blank Result	<0.1 ug/L	Method Blank Requirement			<0.2

**M= Modified: See Below for Explanation**

Dilution Factors are calculated into the results.

**Method Reporting Limit**

0.19ug/L

RPD Acceptable Range <20%

Matrix Spike/ Matrix Spike Duplicate Recoveries

MS/MSD Acceptable Range

71-125%

**Sample ID**

**MS %Recovery**

**MSD %Recovery**

**RPD**

240507-01

96.9%

92.9%

4.3%

Normal Calibration range 0.5-100ng/L

The results are related only to the samples presented on this report.

The test results are certified to meet all requirements of the certifying authority

West Virginia Cert # 348

Other Codes

J\* = Estimated result ,

\* A value found between the Reporting Limit and the Method Detection Limit is considered estimated or the sample was not received in proper condition as required by the method.

R\* = Rejected, Sample may not have met Method or sampling requirements.

CLYM

William W. Purves



Rev 4 6/23/11

**Chain of Custody**

Mercury One Ltd.  
77 Maple Drive  
Hudson, OH 44236

Phone: 330-963-0843  
Fax: 330-963-1016  
E-Mail: [customerservice@mercuryoneltd.com](mailto:customerservice@mercuryoneltd.com)

**Method 245.1 Mercury**

**Other:** \_\_\_\_\_

**ATTN:** cindi fuhrman

Need a <0.00019 DL.

**Client:** CF Environmental Laboratory

**Address:** 3711 Vanguard Drive, Suite d

**City:** Fort Wayne **State:** IN **Zip:** 46809

**Phone:** 260-449-9299

**Fax:** \_\_\_\_\_

**E-Mail:** [cindi@cf-environmental.com](mailto:cindi@cf-environmental.com)

**Sampled By:** \_\_\_\_\_

[Katie@cf-environmental.com](mailto:Katie@cf-environmental.com)

Collection Date	Time	Sample Matrix	Comp/Grab	Sample Description/Comments	Mercury One Lab ID
05/01/2024	0730	ww	Comp	MistHaven - Lagoon Discharge Water	240507-10

Relinquished By: *[Signature]* Date: 5/16/24 Time: 1400  
Received By: *[Signature]* Date: 5/17/24 Time: 1215  
Relinquished By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Use multiple lines for description if necessary.  
Temp



**Report of Analysis**

**Name:** Misthave Resort  
4252 West 200 North  
Peru, IN 46970

**Sample ID#:** 083433  
**Sample Type:** Soil  
**Sampler:** DM  
**Report Date:** 4/22/2024

**Site:** Land Application Area

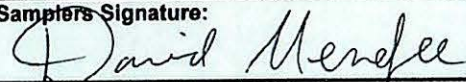
**Sample Date:** 3/26/2024 8:30 AM  
**Receipt Date:** 4/1/2024 9:00 AM

Analysis	Sample Result	Units	Method	LOQ	Analysis Date	Analyst
Conventional pH	6.30	s.u.	SW846-9045D	1.	04/01/24 9:30 AM	JPL

Analysis Approved By: *Cindi Fuhrman*  
Cindi Fuhrman, General Manager

Indiana Chemistry Certified Lab ID: C-02-05  
Indiana Bacteriological Certified Lab ID: M-02-06



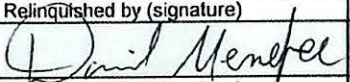
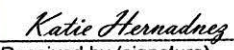
Company Name: Misthaven Resort	PO Number:	Project Name: IN LA 000634	<b>Sample Matrix Codes</b> AQ = Aqueous      GW = Ground Water DI = Deionized Water      O = Oil DW = Drinking Water      L = Liquid (non-aqueous) S = Solid      RGW = reagent grade water SL = Sludge      SW = Storm Water WW = Wastewater SO = Soil
Contact: David Menefee		PWSID Number:	
Address: 4252 West 200 North Peru, IN 46970-7569	Quote Number:	<b>Samplers Signature:</b> 	
Phone:	Standard Turn Time	<input checked="" type="checkbox"/> Rush <input type="checkbox"/>	
Fax:	Standard turn time is normally 6-10 business days		
Email: <a href="mailto:dmenefee@peruutilities.com">dmenefee@peruutilities.com</a>	<b>Preservatives:</b> None, HNO <sub>3</sub> (nitric acid), HCl (hydrochloric acid) H <sub>2</sub> SO <sub>4</sub> (sulfuric acid), NaT (sodium thiosulfate), ZnOAc (zinc acetate) NaOH (sodium hydroxide)		

If billing address is different please list in comments section

Prior approval from the lab is needed for Rush analysis

Container Type: P=plastic, G=glass, V=vial, O=other

COLLECTION		SAMPLE LOCATION DESCRIPTION	SAMPLE PRESERVATIVE	SAMPLE TYPE			CONTAINER		ANALYTICAL TESTS REQUESTED	CF Environmental workorder number
DATE	TIME			Grab	Comp	Matrix	Type	Quantity		
3/26/24	08:30 AM	hand Application Area	NONE			SO	Bag	1	pH	083433

Relinquished by (signature)	DATE	TIME	Received by (signature)	DATE	TIME	Received at lab on ice?    Yes <b>No</b>	Field Data:
	3/29/24	1:00 pm		04/01/24	1000		
Relinquished by (signature)	DATE	TIME	Received by (signature)	DATE	TIME	Temperature Upon Receipt at lab:    11    °C	temp:    C
Relinquished by (signature)	DATE	TIME	Received by (signature)	DATE	TIME		

COMMENTS: