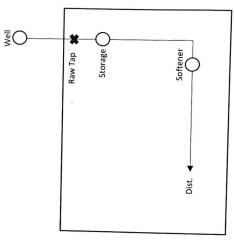
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  Public Water System Sanitary Survey / Field Inspection Report	Page
Public Water System Sanitary Survey Field Inspection Report	
PWS Name PWSID Number	Date
Ross Bartist (hurch 24500686-	70-74
Yes No	70-00
* Are there any possible system problems not addressed by this survey that deserve attention of system staff?  42. Comments and Recommendations	
and resonant indutions	
No issues at time of Sanitarys	
FINE OC DANTALGO	reveyo
	`
They removed the particulate filte	/
abd 1/2 0010 50	4
and itstalled reverse asmosist sys	tem-
I will enter this in to the record!	·
XT West of the Color of the Col	
The what over the SSP with the O.P.	
Survey Performed By Person Interviewed and Signature	Recheck Date
NY STATISTICS	70)
This Sanitary Survey is being conducted under regulations required by Indiana Code 13-18-16-10 and 13-18-16-13.	28-29
0 - 13-16-13.	

System Basic Information Summary Plan.

ROSS BAPTIST CHURCH IN2450068

Activity	Activity Date	Source Type	System Type	Pop	ulation	Total Population	Seas	onal Dates	Service Area
Α	4/14/2009	GW	NC	R	2	110	1 1	to 12 31	CHURCH
Operator	r Class Service	Connections	Field Inspector	Т	108	Contact Type I	Key		OTHER TRANSIENT AREA
Daniel Keane  AC - Mailing Contact									
Туре	Contact Name		Street		City	State	Zip	Phone	Ext Fax

Туре		Contact Name	Street	City	State	Zip	Phone	Ext	Fax
AC	Mr.	MOORE, ANDREW rossbaptist@sbcglobal.net	4790 Noble Street	GARY	IN	46408	219-980-1533		
EC	Ms.	EATON, KATHRYN kecakelady@sbcglobal.net	4639 Roosevelt Place	GARY	IN	46408	219-677-1986		\ c\-
FC	Ms.	ETHERIDGE, TERESA	2326 West 46th Avenue	GARY	IN	46408	219-980-1533 219-801-2818		704
OP	Mr.	ETHERIDGE, GLEN (BUTCH)	2326 West 46th Avenue	GARY	IN	46408	219-805-0315		
PL		PHYSICAL ADDRESS, IN2450068	4790 Noble Street	GARY	IN	46408	219-980-1533		
SA	Ms.	EATON, KATHRYN kecakelady@sbcqlobal.net	4639 Roosevelt Place	GARY	IN	46408	219-677-1986		



Need to add reverse Oshasis.

## Unresolved Site Visit Deficiencies By PWSID

## IN2450068 ROSS BAPTIST CHURCH

Visit Date Visit Reason

**Deficiency Date** Severity Deficiency Type

**Deficiency Description** 

Comments

11/9/2020

Level 2 Assessment

11/9/2020 MIN

Cross connection(s) in

the treatment process

Cross connection in the treatment process

Airgap needs to be adjusted to meet the requirement.