



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live

Frank O'Bannon
Governor

John M. Hamilton
Commissioner

February 3, 1998

100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015
Telephone 317-232-8603
Environmental Helpline 1-800-451-6027

TO: **PWSID No. 2050820
SUNSET MOTEL
STATE ROAD 3 SOUTH
HARTFORD CITY, IN 47348**

FROM: Al Lao, Chief
Public Water Supply Compliance Section
Drinking Water Branch

RE: **Waiver for Five (5) Distribution Samples**

A routine microbiological sample collected on January 6, 1998 tested positive for total coliform. Under 327 IAC 8-2-8.1(a), your system was required to collect four (4) repeat samples within twenty-four (24) hours of being notified of a total coliform positive distribution sample. Four (4) repeat samples (sample numbers 43798, 43898, 43998, 44098) collected on January 12, 1998 were all present for total coliform bacteria. Four (4) distribution samples collected on January 19, 1998 (sample numbers 98-01-324A, -B, -C, -D) were all total coliform absent.

Under 317 IAC 8-2-8.1(e), if a system collects fewer than five (5) routine samples per month has one (1) or more total coliform-positive samples, it must collect at least five (5) samples during the next month the system provides water to the public. This requirement may be waived if it has been determined why the sample was total coliform-positive and establishes that the system has corrected the problem or will correct the problem before the end of the next month the system serves water to the public (327 IAC 8-2-8.1(e)(2)). Your system was required to collect five (5) routine distribution samples for the month of **February 1998**.

After reviewing all of the information provided on the waiver monitoring requirement form, the field inspection section staff, for your area, has determined that the five (5) routine distribution samples are **waived for the month of February 1998**. If your laboratory collects samples for your system, please notify the laboratory that you have received this waiver.

Again, you do not need to take five (5) additional distribution samples for the month of, **February 1998**. Your system will now return to your regular quarterly monitoring schedule (**January, February, March**). The Drinking Water Branch is available for your assistance. If you have any questions, please contact Mr. Patrick Dolan at 317/308-3298. If you would like to fax information to our office, our fax # is (317) 308-3339.

cc: Wayne Brattain, Field Representative

January 26, 1998

Waiver For Five Distribution Samples

To: Field Inspection Section

From: Patrick Dolan, Bacteriological Compliance

Attention: Wayne

PWSID#: 2050820

System Name & Address: Sunset Motel
State Road 3 South
Hartford City, IN 47348

Telephone Contact & Phone #: David Wilson-(765) 348-1245

Date of total coliform positive distribution: 1/6/98
Sample #:

Date of repeat samples: 1/12/98 Amount: (4)
Sample #'s: 43798, 43898, 43998, 44098
Results: All Present

* Four (4) distribution samples collected on 01/19/98 (sample numbers 98-01-324A, -B, -C, -D) were all total coliform absent.

*The system is required to collect five (5) distribution samples for the month of February 1998.

Field Inspection Waiver Determination

Waiver Granted? Yes No

Justification: The waiver is based upon any or all of the following criteria:

- An on-site inspection by field staff indicated that additional sampling was not necessary.
- The four (4) required repeat samples were coliform negative and the reason for the prior month's coliform-positive sample has been determined.
- Although the repeat samples were total coliform positive, an on-site survey has determined that the MCL violation has been corrected.

*Please provide the basis for the waiver determination and the remedial action taken to correct the problem:

Wayne L. Butcher 1/26/98
Field Inspector Signature/Date

Jim Mee 1-27-98
Supervisor Signature/Date

Patrick Dolan 1/13/98
Compliance Signature/Date