

2370081



# Indiana Department of Environmental Management

*We Protect Hoosiers and Our Environment.*

100 N. Senate Avenue • Indianapolis, IN 46204  
(800) 451-6027 • (317) 232-8603 • www.idem.in.gov

Michael R. Pence  
Governor

Carol S. Comer  
Commissioner

October 6, 2016

66-34  
John Ahler  
Hillcrest Family Dental Center  
331 East Amsler Road  
Rensselaer, Indiana 47978

Dear Dr. Ahler:

Re: Monitoring Requirements for  
Transient Public Water Systems - New  
PWSID #2370081

The Indiana Department of Environmental Management's Drinking Water Branch (DWB) has identified your water system as a transient public water system. **Your system has been assigned a Public Water Supply Identification number (PWSID) of 2370081. Please make sure your PWSID number is included on all correspondence and report forms submitted to the DWB.** It has been determined that you operate a ground water system serving a transient population of twenty-five (25). There are several drinking water contaminants that you are required to monitor for as a public water system. All samples must be analyzed by a certified laboratory and must be submitted to the DWB within ten (10) days of the end of each monitoring period. A list of certified laboratories has been included for your use.

**Total Coliform:** You are required to collect samples for Total Coliform every calendar quarter. We recommend sampling during the first month of each quarter. The quarters are as follows:

First (1 <sup>st</sup> ) Quarter:	January 1 through March 31
Second (2 <sup>nd</sup> ) Quarter:	April 1 through June 30
Third (3 <sup>rd</sup> ) Quarter:	July 1 through September 30
Fourth (4 <sup>th</sup> ) Quarter:	October 1 through December 31

Based on your population, you are to collect one (1) sample quarterly. **You will need to start sampling during the 4<sup>th</sup> Quarter (October 1 – December 31) of 2016.** If you have any questions concerning your bacteriological monitoring requirements, please contact Mr. Willi de la Rosa at (317) 234-7445.

The revised Total Coliform rule also requires you to submit a site sampling plan. Please contact Ms. Carrie Lowe at (317) 234-7426 for questions on the plan.

**Nitrate:** You are required to monitor for Nitrate annually. This sample must be collected at the entry point to your distribution system after all treatment, and must represent all source water serving that entry point. **You are to begin**



**sampling for Nitrate in 2016.** If you have any questions concerning monitoring requirements for nitrate, please contact Mr. David Forsee at (317) 234-7442.

**Nitrite:** You are required to monitor for Nitrite once during 2016. This sample must be collected at each entry point to your distribution system after all treatment, and must represent all source water serving that entry point. If you have any questions concerning monitoring requirements for nitrite, please contact Mr. David Forsee at (317) 234-7442.

*Please note: Separate and distinct test kits are required in order to monitor for each contaminant. Analysis shall only be conducted by laboratories that have been certified by EPA or the commissioner.*

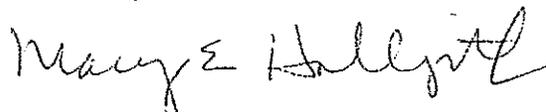
You will also need to fill out the attached form for Ground Water Under the Direct Influence of Surface Water.

Please send or fax all report forms/correspondence to the following:

Indiana Department of Environmental Management  
OWQ Drinking Water – Mail Code 66-34  
100 North Senate Avenue, Room 1255  
Indianapolis, Indiana 46204-2251  
(FAX) (317) 234-7436

If you have any further questions on the drinking water requirements for your public water system, please contact any member of the compliance staff or your field inspector, Mr. Glen Lechlitrer, at (765) 577-0020.

Sincerely,



Mary E. Hollingsworth, Branch Chief  
Drinking Water Branch  
Office of Water Quality

AL/LM/SJ/sjp

cc: Jasper County Health Department  
Glen Lechlitrer, Field Inspection Section

Pierson, Sara

2370081 P

9/13/16 SP

From: Lechlitner, Glen  
Sent: Thursday, September 08, 2016 11:59 AM  
To: Pierson, Sara  
Subject: FW: please send NSQ

*www.hillcrestdental.net  
hillcrest@hillcrestdental.net*

Activate this as a Transient system with a pop of 25

*PH:  
219-866-7117  
F: 219-866-8658*

Business Name: **HILLCREST FAMILY DENTAL CENTER, P.C.** Business ID: **1997091532**  
Entity Type: **Domestic Professional Corporation** Business Status: **Active**  
Creation Date: **09/19/1997** Inactive Date:  
Principal Office **331 E. Amsler Road, RENSSELAER, IN, 47978, USA** Expiration Date: **Perpetual**  
Domicile State: **Indiana** Business Entity Report Due Date: **09/30/2017**  
Years Due:

**Incorporators Information**

Title	Name	Address
Incorporator	R. Gordon Klockow	331 E. Amsler Road, RENSSELAER, IN, 47978 - 0000, USA

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**Principal Information**

Title	Name	Address
Secretary	Melissa Ahler	331 E. Amsler, Rensselaer, IN, 47978, USA
President	<b>JOHN P AHLER</b>	331 E. Amsler Road, RENSSELAER, IN, 47978, USA
Treasurer	Jana Drone	331 E. Amsler, Renssealer, IN, 47978, USA
Vice President	JOHN DRONE	331 E. Amsler Road, RENSSELAER, IN, 47978, USA

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**Registered Agent Information**

Type: **Individual**

Name: **JANA DRONE**

Address: 331 E. AMSLER RD, , RENSSELAER, IN, 47978 - , USA

Thank you,  
Glen Lechlitner

Indiana Department of Environmental Management  
Drinking Water Branch, Field Inspection Section  
(765) 577-0020 Cell  
[glechlit@idem.in.gov](mailto:glechlit@idem.in.gov)