2170038

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
Brenda Lockhart
Hartland Winery, LLC
425 County Road 23
Ashley, Indiana 46705

Dear Ms. Lockhart:

Re: Monitoring Requirements for Transient Public Water Systems - New PWSID #2170038

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 2170038. 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 thirty (30). 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 (1st) Quarter:	January 1 through March 31
Second (2nd) Quarter:	April 1 through June 30
Third (3rd) Quarter:	July 1 through September 30
Fourth (4th) 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 4th Quarter (October 1 to December 31) of 2016.** If you have any questions concerning your bacteriological monitoring requirements, please contact Mr. Wili 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. Lucio Ternieden, at (574) 274-5610.

Sincerely,

Mary E. Hollingsworth

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

AL/LM/SJ/sjp
cc: DeKalb County Health Department
Lucio Ternieden, Field Inspection Section

2170038 P 9/11/16 SP

NEW SYSTEM QUESTIONNAIRE
State Form 46977 (R2 /6-07)
Indiana Department of Environmental Management (IDEM)

Please return form to: IDEM-Drinking Water Branch, 100 N. Senate Ave. Room 1255, Indianapolis, IN 46204, FAX: (317) 234-7462 or ☒ IDEM-NRO in South Bend, 300 N. Michigan St., Ste. 450, South Bend, IN 46601, FAX: (574) 245-4877 or IDEM-SWRO in Petersburg, P.O. Box 128, Petersburg, IN 47567, FAX: (812) 380-2304 or IDEM-NWRO, 8380 Louisiana St., Merrillville, IN 46410, FAX: (219) 757-0267

NEW SYSTEM QUESTIONNAIRE

SYSTEM NAME: HARTLAND WINERY, LLC			County: DEKALB
PHYSICAL FACILITY ADDRESS: 0425 County Road 23			PHONE: 260-587-3301
CITY: Ashley	STATE: T INDIANA		ZIP: 46705

Water Supplied by: (Ground Water) Surface Water Water Company (Name _____)

Number of Wells: 1	Depth of Well(s): 171'		Number of Service Connections: (buildings, trailers, units, etc.) 1
Population (Residential): 0	*Population (Transient): 30	*Population (Non-Transient): 0	*Number of Entry Points (to distribution system): 1

Is this Well Seasonal? YES (NO) N/A | *If yes*, give the dates: From To

Service Areas:
☐ Hotel/Motel ☐ Day Care Center ☐ Office Building ☐ Mobile Home Park ☐ Restaurant ☐ Store
☐ Recreational Area ☐ Service Station ☐ Summer Camp ☐ Municipality ☐ School ☐ Airport
☐ Golf Course ☐ Industrial/Agricultural ☐ Medical Facility ☐ Residential Area ☐ Institution ☐ Church
☐ Subdivision ☐ Campground ☐ Nursing Home ☐ Rest Area
☑ Other, Specify: FARM WINERY

Type of Ownership:
☐ Federal Government ☐ Local Government ☑ Private ☐ Municipal ☐ Native American ☐ State Government ☐ Non-Profit
☐ Other, Specify: _____

- **MAILING INFORMATION** (Individual responsible for communication with IDEM via mail.)

ADDRESS: 425 County Road 23			
CITY: Ashley	STATE: IN	ZIP: 46705	EMAIL: info@hartlandwinery.com
MAILING NAME (First) Brenda	(Last) Lockhart		MR./MS. (MRS.)
MAILING TITLE: OWNER	PHONE (260) 587-3301		EXT:

- **OPERATOR INFORMATION** (Individual responsible for operation, maintenance, and sampling.)

ADDRESS: Same as above			EMAIL:
CITY:	STATE:	ZIP:	ARE YOU A CERTIFIED OPERATOR? (Y or N):
OPERATOR NAME (First)	(Last)	PHONE ( )	EXT:

- **OWNER INFORMATION** (Owner or ultimately responsible party.)

ADDRESS: Same as above			EMAIL:
CITY:	STATE:	ZIP:	MR /MS /MRS.
OWNER NAME (First)	(Last)	PHONE( )	EXT:

- **BILLING INFORMATION** (Financial contact for Drinking Water fees. Please provide a year-round address.)

ADDRESS Same as above	CITY:	STATE:	ZIP:
BILLING NAME: (First)	(Last)		MR /MS /MRS.
TITLE:	PHONE( )	EXT:	FAX ( )

- **SAMPLING REMINDER INFORMATION** Please enter the Phone # or Email we should use for sampling reminders: info@hartlandwinery.com

*An Entry Point: The point where the water enters the distribution system; after all treatment (chlorination, softening, etc.), but before entry into the distribution system.
*Transient Population: An average number of people served daily by a facility (at least 60 days per year)
*Non-Transient Population: An average number of the same persons which are served regularly by a facility (at least 6 months or 180 days per year)

System Name: HARTLAND WINERY.

Comments/Reason For Change:		
Complexity of Treatment: Pressure tank Softener Pressure filtration RO Other_____ (Circle all that apply) Chlorination: Gas Liquid Pellet		
Was Building Construction Date AFTER 10/01/1999? YES NO (Needed For Capacity Development)	*Circle one →*	*System Type:* Transient PWS Non-Transient PWS Community PWS
Field Signature: [signature]		**Date Signed (mm/dd/yy):** 9/6/16
Changed By:		**Date Changed (mm/dd/yy):**

Flow Diagram: Please sketch the water flow from source, through storage, treatment and how the distribution system is set up.