



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

2430160

October 6, 2016

66-34

Tom Allen

Micro Machine/Iconacy Orthopedics Implants

4130 Corridor Drive

Warsaw, Indiana 46582

Dear Mr. Allen:

Re: Monitoring Requirements for
Transient Public Water Systems
Reactivation
PWSID #2430160

The Indiana Department of Environmental Management's Drinking Water Branch (DWB) reactivated your facility as a transient public water system on October 6, 2016. **Your system has been assigned a Public Water Supply Identification number (PWSID) of 2430160. 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-four (24) and a nontransient population of four (4) for a total population of twenty-eight (28). 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 st) Quarter:	January 1 through March 31
Second (2 nd) Quarter:	April 1 through June 30
Third (3 rd) Quarter:	July 1 through September 30
Fourth (4 th) 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 – 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 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.

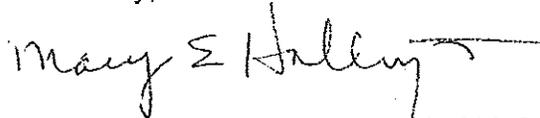
Please note: Separate and distinct test kits are required in order to monitor for each contaminant. Analysis shall only be conducted by laboratories that have been certified by EPA or the commissioner.

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, Branch Chief
Drinking Water Branch
Office of Water Quality

AL/LM/SJ/sjp

cc: Kosciusko County Health Department
Lucio Ternieden, Field Inspection Section

REACT

System Basic Information Summary

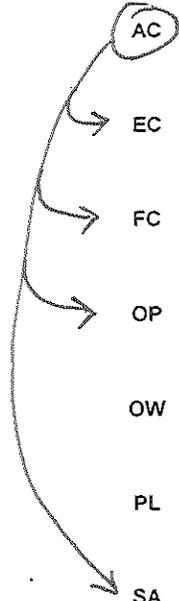
IN2430160 ~~BDI ENGINEERING~~ Micro Machine / Iconacy Orthopedics Implants

Activity	Activity Date	Source Type	System Type	Population	Total Population	Seasonal Dates	Service Area
I	12/29/2008	GW	NT/NC T	NT 28 24	56 28	1 1 to 12 31	INDUSTRIAL/AGRICULTURE
Operator Class	Service Connections	Field Inspector	Contact Type Key				
DST1	34	Lucio Ternieden	<div style="border: 1px solid black; padding: 5px;"> AC - Mailing Contact EC - Emergency Contact OW - Owner FC - Financial Contact OP - Operator SA - Reminders DR - Drought Contact </div>				

INDUSTRIAL/AGRICULTURE
Office Bldg

Contact Information

Type	Contact Name	Street	City	State	Zip	Phone	Ext	Fax
AC	Mr. Tom Allen LYBARGER, MARK mlybarger@bdieng.com trallen@iconacy.com	4130 Corridor Drive	WARSAW	IN	46582	453-6567 574-269-0100 269-4266 x 231 574-268-8240		574-269-0101
EC	Mr. JOHNSON, BRAD	4130 Corridor Drive	WARSAW	IN	46582	574-269-0100		
FC	Mr. LYBARGER, MARK mlybarger@bdieng.com	4130 Corridor Drive	WARSAW	IN	46582	574-269-0100 574-268-8240		574-269-0101
OP	Mr. LYBARGER, MARK mlybarger@bdieng.com	4130 Corridor Drive	WARSAW	IN	46582	574-269-0100 574-268-8240		574-269-0101
OW	Mr. Michael Khorshid JOHNSON, BRAD (JPBM, LLC)	204 N 2nd St 4130 Corridor Drive	Garrett WARSAW	IN	46738 46582	574-269-0100		
PL	PHYSICAL ADDRESS, IN2430160	4130 Corridor Drive	WARSAW	IN	46582	574-269-0100 4266		
SA	Mr. LYBARGER, MARK mlybarger@bdieng.com	4130 Corridor Drive	WARSAW	IN	46582	574-269-0100 574-268-8240		574-269-0101





NEW SYSTEM-QUESTIONNAIRE

State Form 45977 (R2, 10-07)
Indiana Department of Environmental Management (IDEM)

Please return form to: IDEM-Drinking Water Branch or IDEM-NRO in South Bend
100 N. Senate Ave. Room 1255 300 N. Michigan St., Ste. 450
Indianapolis, IN 46204 South Bend, IN 46601
FAX: (317) 234-7462 FAX: (574) 245-4877

pwSID#: 2430160

IDEM-SWRO in Petersburg or IDEM-NWRO
P.O. Box 128 8380 Louisiana St.
Petersburg, IN 47567 Merrillville, IN 46410
FAX: (812) 380-2304 FAX: (219) 757-0267

NEW SYSTEM QUESTIONNAIRE

SYSTEM NAME: MICRO MACHINE / ICONACY ORTHOPEDICS IMPLANT		County: KOSCIUSKO
PHYSICAL FACILITY ADDRESS: 4130 CORRIDOR DR.		PHONE: 574/269-4266
CITY: WARSAW	STATE: INDIANA	ZIP: 46582

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

Number of Wells: 1	Depth of Well(s):	Number of Service Connections: (buildings, trailers, units, etc.) 4
Population (Residential): 2	*Population (Transient): 4	*Population (Non-Transient): 24
*Number of Entry Points (to distribution system): 01		
Is this Well Seasonal? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	If yes, give the dates: From _____ To _____	

Service Areas:

<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Day Care Center	<input checked="" type="checkbox"/> Office Building	<input type="checkbox"/> Mobile Home Park	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Store
<input type="checkbox"/> Recreational Area	<input type="checkbox"/> Service Station	<input type="checkbox"/> Summer Camp	<input type="checkbox"/> Municipality	<input type="checkbox"/> School	<input type="checkbox"/> Airport
<input type="checkbox"/> Golf Course	<input type="checkbox"/> Industrial/Agricultural	<input type="checkbox"/> Medical Facility	<input type="checkbox"/> Residential Area	<input type="checkbox"/> Institution	<input type="checkbox"/> Church
<input type="checkbox"/> Other, Specify: _____	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Campground	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Rest Area	

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: 4130 CORRIDOR DR.		CITY: WARSAW		STATE: IN	ZIP: 46582	EMAIL: TRALLEN@ICONACY.COM
MILING NAME (First): TOM	(Last): ALLEN			MR/MS/MRS.		
MAILING TITLE:		PHONE (574) 453-6567 (C) 574/269-4266		EXT: 231		

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

ADDRESS: SAME AS MAILING		CITY:		STATE:	ZIP:	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: 204 NORTH 2nd ST.		CITY:		STATE:	ZIP:	EMAIL:
CITY: GARRETT		STATE: IN		ZIP: 46738		MR/MS/MRS.
OWNER NAME (First): JOBM, LLC MICHAEL	(Last): KHORSHID	PHONE ()		EXT:		

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

ADDRESS: SAME AS MAILING		CITY:		STATE:	ZIP:
BILLING NAME (First):		(Last):		MR/MS/MRS.	
TITLE:		PHONE ()		EXT: FAX ()	

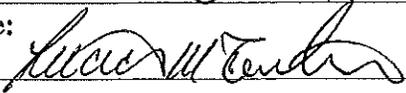
SAMPLING REMINDER INFORMATION Please enter the Phone # or Email we should use for sampling reminders: TRALLEN@ICONACY.COM

*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: MICROMACHINES / ECONOMY ORTHO.

Comments/Reason For Change:		
REACTIVATION - 2430160 BDI ENGINEERING.		
Complexity of Treatment: <u>Pressure tank</u> <u>Softener</u> Pressure filtration RO Other _____ (Circle all that apply) Chlorination: Gas Liquid Pellet		
Was Building Construction Date AFTER 10/01/1999? <input checked="" type="radio"/> YES NO (Needed For Capacity Development) NO	Circle one →	System Type: <input checked="" type="radio"/> Transient PWS Non-Transient PWS Community PWS
Field Signature: 		Date Signed (mm/dd/yy): 9/1/10
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.