

2430088



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
Dennis Polk
Towne Emporium
4916 North State Road 15
Warsaw, Indiana 46582

Dear Mr. Polk:

Re: Monitoring Requirements for
Transient Public Water Systems
Reactivation
PWSID #2430088

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 2430088. Please make sure your PWSID number is included on all correspondence and report forms submitted to the DWB.** It has been determined that you own a ground water system serving a transient population of fifty (50) and a nontransient population of six (6) for a total population of fifty-six (56). 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. 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.

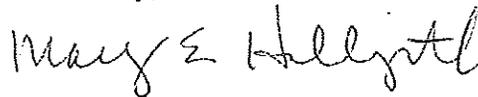
Please note: Separate and distinct test kits are required in order to monitor for each contaminant. Analysis shall only be conducted by laboratories that have been certified by EPA or the commissioner.

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

IN2430088 ~~SUNRISE DELI~~ Towne Emporium

Activity	Activity Date	Source Type	System Type	Population	Total Population	Seasonal Dates	Service Area	
I	11/14/2014	GW	NC	T 50 50	53	1 1 to 12 31	RESTAURANT/PLAZA	
Operator Class	Service Connections	Field Inspector						RESTAURANT
	5	Lucio Ternieden						OK RESTAURANT

Handwritten: Hair Salon, Restaurant, Office

AC - Mailing Contact	EC - Emergency Contact	OW - Owner
FC - Financial Contact	OP - Operator	SA - Reminders
DR - Drought Contact		

Contact Information

Type	Contact Name	Street	City	State	Zip	Phone	Ext	Fax
AC	Ms. MILLER, TINA christina.marie.miller@gmail.com	225 North Main Street	NORTH WEBSTER	IN	46555	574-834-3354		
EC	Ms. MILLER, TINA christina.marie.miller@gmail.com	225 North Main Street	NORTH WEBSTER	IN	46555	574-834-3354		
FC	Ms. MILLER, TINA christina.marie.miller@gmail.com	P.O. Box 699	NORTH WEBSTER	IN	46555	574-834-3354 260-239-5449		
OP	Ms. MILLER, TINA christina.marie.miller@gmail.com	225 North Main Street	NORTH WEBSTER	IN	46555	574-834-3354		
OW	Mr. WILLIAMS, ALAN alwillb21@yahoo.com <i>Dennis Polk</i> sales@dennispolk.com (DP&P Investments)	<i>4916 N SR 15</i> 54 EMS B 20 B Lane	<i>Warsaw</i> PIERCETON	IN	<i>46582</i> 46804	<i>773-294-1596</i> <i>574-831-3555</i> 574-371-5482		574-834-7827
PL	PHYSICAL ADDRESS, IN2430088	225 North Main Street	NORTH WEBSTER	IN	46555	<i>831-3555</i> 574-694-5049		
SA	Ms. MILLER, TINA christina.marie.miller@gmail.com	225 North Main Street	NORTH WEBSTER	IN	46555	574-834-3354		



NEW SYSTEM QUESTIONNAIRE
 State Form 46977 (R2 /8-07)
 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: <u>TOWNE EMPORIUM-2430088</u>		County: <u>HOSIUSCO</u>
PHYSICAL FACILITY ADDRESS: <u>225 N. MAIN ST.</u>		PHONE: <u>574/831-3555</u>
CITY: <u>NORTH WEBSTER</u>	STATE: <u>INDIANA</u>	ZIP: <u>46555</u>

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

Number of Wells: <u>1</u>	Depth of Well(s): <u>85'</u>	Number of Service Connections: (buildings, trailers, units, etc.) <u>5</u>
Population (Residential): <u>2</u>	*Population (Transient): <u>50</u>	*Population (Non-Transient): <u>6</u>
Is this Well Seasonal? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		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 checked="" 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"/> Subdivision	<input type="checkbox"/> Campground	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Rest Area	

Other, Specify: HAIR SALON

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: <u>SAME AS OWNER</u>		EMAIL:
CITY:	STATE:	ZIP:
MAILING NAME (First)	(Last)	MR./MS./MRS.
MAILING TITLE:	PHONE()	EXT:

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

ADDRESS:		EMAIL:
CITY:	STATE:	ZIP:
OPERATOR NAME (First)	(Last)	PHONE ()
		EXT:

OWNER INFORMATION (Owner or ultimately responsible party.)

ADDRESS: <u>4916 N. SR 15</u>		EMAIL: <u>SALES@DENNISPOLK.COM</u>
CITY: <u>WARSAW</u>	STATE: <u>IN</u>	ZIP: <u>46582</u>
OWNER NAME (First) <u>DP&P INVESTMENTS DENNIS</u>	(Last) <u>POLK</u>	PHONE(<u>773</u>) <u>294-1596 (C)</u>
		EXT: <u>574/831-3555 (O)</u>

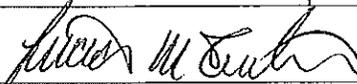
BILLING INFORMATION (Financial contact for Drinking Water fees. Please provide a year-round address.)

ADDRESS: <u>SAME AS OWNER</u>		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: _____

*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: TOWNE EMPORIUM

Comments/Reason For Change:		
2430088		
Complexity of Treatment: <input checked="" type="checkbox"/> Pressure tank <input checked="" type="checkbox"/> Softener <input type="checkbox"/> Pressure filtration <input type="checkbox"/> RO <input type="checkbox"/> Other _____ (Circle all that apply) Chlorination: <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Pellet		
Was Building Construction Date AFTER 10/01/1999? YES <input checked="" type="radio"/> NO (Needed For Capacity Development)	Circle one →	System Type: <input checked="" type="radio"/> Transient PWS <input type="radio"/> Non-Transient PWS <input type="radio"/> Community PWS
Field Signature: 	Date Signed (mm/dd/yy): <u>9/6/16</u>	
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.