

2430263



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
Greg Hershberger
Bay Point Condos – Phase II
9928 Northwind Circle
Indianapolis, Indiana 46256

Dear Mr. Hershberger:

Re: Monitoring Requirements for
Transient Public Water Systems - New
PWSID #2430263

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 2430263. 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 forty-three (43) and a residential population of two (2) for a total population of forty-five (45). 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 to 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.

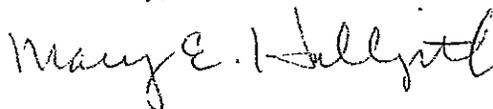
You will also need to fill out the attached form for Ground Water Under the Direct Influence of Surface Water.

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. 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



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NEW SYSTEM QUESTIONNAIRE

State Form 46977 (R3/2-13)
Indiana Department of Environmental Management (IDEM)

Please return form to: IDEM-Drinking Water Branch or IDEM-NRO in South Bend
 100 N. Senate Ave. Mail Code 66-34 300 N. Michigan St., Ste. 450
 Indianapolis, IN 46204-2251 South Bend, IN 46601
 FAX: (317) 234-7436 FAX: (574) 245-4877

or IDEM-SWRO in Petersburg or IDEM-NWRO in Valparaiso
 P.O. Box 128 330 W. US Hwy 30, Ste. B & F
 Petersburg, IN 47567 Valparaiso, IN 46385
 FAX: (812) 380-2304 FAX: (219) 464-0553

System name RAY POINT Condos - PHASE II		County KOSCIUSKO
Physical facility address 9001-9447 E. HATCHERY Rd.		Telephone -
City SYRACUSE	State INDIANA	Zip 46567

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

Number of Wells 1	Depth of Well(s) 7	Number of Service Connections (buildings, trailers, units, etc.) 18
Population (Residential) 2	Population (Transient)* 43	Population (Non-Transient)* 0
Is this Well Seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Number of Entry Points (to distribution system)* 1
If yes, give the season dates		From _____ To _____

Service Areas:

<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Day Care Center	<input 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"/> Subdivision	<input type="checkbox"/> Campground	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Rest Area		

Other, specify: _____

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 9928 NORTH WIND CIRCLE			
City INDIANAPOLIS	State IN	ZIP 46256	E-mail GWHORSHBERGER@GMFC.COM
Mailing Name (First) GREG	Mailing Name (Last) HORSHBERGER	Check one: <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Mailing Title -	Telephone (317) 201-7015	Extension -	

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

Address SAME		E-mail	
City	State	ZIP	Are you a certified operator? <input type="checkbox"/> Yes <input type="checkbox"/> No
Operator Name (First)	Operator Name (Last)	Telephone ()	Extension

OWNER INFORMATION (Owner or ultimately responsible party.)

Address SAME		E-mail	
City	State	ZIP	Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Owner Name (First)	Owner Name (Last)	Telephone ()	Extension

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

Address SAME		City	State	ZIP
Billing Name (First)	Owner Name (Last)		Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Title	Telephone ()	Extension	Fax ()	

SAMPLING REMINDER INFORMATION Enter the telephone number or e-mail to be used 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 sixty (60) days per year).
 *Non-Transient Population: An average number of the same persons which are served regularly by a facility (at least six (6) months or 180 days per year).

System Name BAY POINT CONDOS - PHASE II

Comments / Reason For Change:
PLEASE ACTIVATE.

Complexity of treatment (Check all that apply.)
 Pressure tank Softener Pressure filtration Reverse Osmosis (RO) Other: _____
Chlorination: Gas Liquid Pellet
Was building construction date AFTER 10/01/1999? (Needed for capacity development) Yes No

System type (check one)
 Transient Public Water System Non-Transient Public Water System Community Public Water System

Field signature <u>[Signature]</u>	Date signed (mm/dd/yy) <u>9/26/16</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.