2120844

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

November 4, 2016

66-34
Heritage Childcare Ministry
Attn: Jennifer Wood
3000 East Wabash Street
Frankfort, IN 46041

Re: POE Inactivation – POE 02 (Crossing Education Center)
PWSID #2120844

Dear Ms. Wood:

The Indiana Department of Environmental Management's Drinking Water Branch has received information indicating Point of Entry (POE) 02 (Crossing Education Center) under 2120844 is a duplicate of EP001 under 2120006 The Crossing – Frankfort. Consequently, as of November 4, 2016, POE 02 (Crossing Education Center) has been inactivated under your PWSID – 2120844. **All sampling requirements for the Crossing need to be submitted under 2120006 – POE 01.**

A current summary of the sampling requirements for Heritage Childcare Ministry (2120844) can be found at any time on our Drinking Water Watch website: https://myweb.in.gov/IDEM/DWW/. Detailed instructions for using the site are enclosed.

Total Coliform: You are required to collect one (1) sample quarterly. **Your next sample is due in the 1st Quarter (January 1 – March 31) of 2017.** If you have any questions concerning your bacteriological monitoring requirements, please contact Mr. Wili de la Rosa at (317) 234-7445.

All other contaminants: You must also continue to sample for all other contaminants as previously instructed. These contaminants include Lead and Copper, Nitrate, Inorganic Chemicals (IOCs), Volatile Organic Compounds (VOCs), and Synthetic Organic Compounds (SOCs).

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

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

If you have any further questions regarding your system's POE inactivation, please contact Ms. Sara Pierson at (317) 234-7452, or your field inspector, Mr. Alan Melvin, at (317) 694-2754.

Sincerely,

Sara Pierson, Chief
Total Coliform & Compliance Support Section
Drinking Water Branch
Office of Water Quality

SP/sjp
cc: Clinton County Health Department
Alan Melvin, Field Inspection Section
rossvilleww@geetel.net

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Sampling Requirements

Your sampling requirements have been detailed in the letter. You are able to view a quick-reference of all these requirements for your system on our website, Drinking Water Watch. These schedules are always up-to-date. Instructions for viewing your sample schedules on Drinking Water Watch are detailed below. *Drinking Water Watch can also be used to see the samples and contact information we have on file for your system.

Getting to Drinking Water Watch

Go to the IDEM webpage (www.in.gov/idem) and click on Safe Drinking Water Information Search on the right side of the page under Online Services.

OR go directly to https://myweb.in.gov/IDEM/DWW/

Find Your Public Water System (PWS)

Type your PWSID into the Water System No. field and click on Search for Water Systems.

Click on the Water System No. for your water system.

Viewing Your Sample Schedules

Click on the Sample Schedules link on the left, second from the top.

TCR Schedules (Total Coliform Bacteria) are listed first. It shows the number of samples required as well as the frequency with which they need to be taken.

TCR Schedules

Sample Count	Sample Type	Sample Frequency	Effective Begin Date	Effective End Date	Seasonal Start MMDD	Seasonal End MMDD	Analyte Code	Analyte Name
1	RT	QT	10-01-2015		1/1	12/31	3100	COLIFORM (TCR)

Chemical schedules will be listed next – the Group Schedules followed by the Individual Schedules.

Schedules will show the specific time period your samples should be collected. They will show if you have completed the monitoring for the current monitoring period. You can see the next time your samples will be due.

Non-TCR Group Schedules

Water System Facility State Asgn ID	Water System Facility Name	Analyte Group Code	Analyte Group Name	Sample Count	Sample Type	Sample Frequency	Current Monitoring Period Date Range	Next Monitoring Period Date Range
DS001	DISTRIBUTION SYSTEM	PBCU	LEAD AND COPPER	5	RT	3Y	06-01-2018 to 09-30-2018	06-01-2021 to 09-30-2021
SS001	SAMPLING STATION	RINT	REG IOC-NTNC-NO CYAN	1	RT	3Y	Monitoring Completed	01-01-2018 to 12-31-2018
SS001	SAMPLING STATION	RS2S	REG SOC-PCBDIOX	1	RT	3Y	01-01-2016 to 12-31-2016	01-01-2019 to 12-31-2019
SS001	SAMPLING STATION	RV21	REG VOC	1	RT	3Y	Monitoring Completed	01-01-2018 to 12-31-2018

Non-TCR Individual Schedules

Water System Facility State Asgn ID	Water System Facility Name	Analyte Code	Analyte Name	Sample Count	Sample Type	Sample Frequency	Current Monitoring Period Date Range	Next Monitoring Period Date Range
DS001	DISTRIBUTION SYSTEM	2456	TOTAL HALOACETIC ACIDS (HAA5)	1	RT	3Y	09-07-2015 to 09-28-2017	09-07-2018 to 09-28-2020
DS001	DISTRIBUTION SYSTEM	2950	TTHM	1	RT	3Y	09-07-2015 to 09-28-2017	09-07-2018 to 09-28-2020
SS001	SAMPLING STATION	1024	CYANIDE	1	RT	3Y	Monitoring Completed	01-01-2018 to 12-31-2018
SS001	SAMPLING STATION	1010	NITRATE	1	RT	YR	01-01-2016 to 12-31-2016	01-01-2017 to 12-31-2017

Requirements of Lead Consumer Notices and Consumer Confidence Reports are also shown.

Compliance Schedule

Activity Name	Activity Due Date	Activity Projected Date	Activity Achieved Date	Activity Reported Date
LEAD CONSUMER NOTICE OF RESULTS	12-31-2012			
CCR CERTIFICATION	09-30-2016	10-01-2016	06-23-2016	06-23-2016

COPY

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Michael R. Pence
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Carol S. Comer
Commissioner

September 8, 2016

66-34
The Crossing – Frankfort
Attn: Darrell Keith
3002 East Wabash Street
Frankfort, IN 46041

Re: Monitoring Requirements for
Nontransient Noncommunity Water Systems
Reactivation
PWSID #2120006

Dear Mr. Keith:

The Indiana Department of Environmental Management's Drinking Water Branch (DWB) **reactivated** your facility as a nontransient noncommunity public water system on September 8, 2016. **Your system has been assigned a Public Water Supply Identification number (PWSID) of 2120006. Please make sure your PWSID number is included on all correspondence and report forms submitted to the DWB.** It has been determined that you are a ground water public water system serving a nontransient population of ninety (90). 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 each quarter. **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. **We require you 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.

Lead and Copper: You are required to collect samples for Lead and Copper during two (2) consecutive six-month periods, January 1 - June 30 and July 1-December 31. After that time, you will be notified of your future monitoring requirements. Based on your population, you are required to sample from five (5) different locations within the distribution system during each monitoring period. **Your first five (5) samples need to be collected from July 1 – December 31, 2016.** Samples need to be collected from high-risk locations for lead (buildings constructed after 1983 containing copper lines with lead solder) if available. After all these locations have been used, you may select sites from buildings constructed before 1983 containing copper lines with lead solder, if available. These samples need to be taken from an interior drinking water tap typically used for consumption, and must be collected after the water has been standing in the line for at least six (6) hours. If you do not have enough sampling locations for lead and copper to meet the required number of samples, you may take multiple samples from the same location at a minimum of six (6) hour intervals, but preferably after a two (2) week interval. Also, once you have received a copy of your Lead and Copper results, you need to provide the Consumer Notice of Lead Result in Drinking Water form to your customers and submit a sample copy to IDEM. If you have any questions concerning your lead and copper requirements, please contact Mr. Matt Prater at (317) 234-7437.

Inorganic Chemicals (IOCs): You are required to monitor for Inorganic Chemicals (antimony, arsenic, barium, beryllium, cadmium, chromium, cyanide, mercury, nickel, selenium, and thallium) once every three (3) years at each POE. **Your first sample should be collected during 2016.** These samples need to 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 your IOC monitoring, please contact Mr. David Forsee at (317) 234-7442.

Volatile Organic Compounds (VOCs): You are required to collect samples for the regulated and unregulated Volatile Organic Compounds once every three (3) years. **Sampling should be completed in 2016.** These samples need to be

collected from 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 your VOC monitoring requirements, please contact Mr. David Forsee at (317) 234-7442.

Synthetic Organic Compounds (SOCs): You are required to collect samples for Synthetic Organic Compounds quarterly for one (1) year beginning the second year that you are identified as a public water system. **Sampling should start in the 4th quarter (October 1 – December 31) of 2017.** These samples need to be collected from 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 the SOC monitoring requirements, please contact Mr. David Forsee at (317) 234-7442.

Asbestos: You are required to monitor for asbestos once in **2017** if we do not grant you a waiver for asbestos monitoring.

Certified Operator: The Indiana Administrative Code (IAC), found at 327 IAC 8-12, requires that your system be under the supervision of a certified operator. A list of certified operators in your area has been included for your use. Please send written notification to Ms. Liz Melvin with the name and the classification of your certified operator, as required under this rule, within thirty (30) days upon receipt of this letter. Your system may qualify for a Facility Specific Operator (FSO). ~~Please contact Mr. Roger Svendsen at (317) 234-9745 to see if you qualify.~~ If you have any questions concerning certified operator requirements, please contact Ms. Ruby Keslar at (317) 234-7431.

Ground Water Under the Direct Influence of Surface Water: You will also need to fill out a form for Ground Water Under the Direct Influence of Surface Water. Questions regarding this requirement may be directed to your field inspector, Mr. Alan Melvin, at (317) 694-2754.

Your system is eligible to apply for monitoring waivers for the SOCs, VOCs, and Asbestos. We have included a copy of the waiver application and instructions. In order for us to review your waiver application, you must submit at least one (1) sample for the VOCs and SOCs. These samples will count towards your required four (4) quarters of sampling if your waivers are denied. If you need help applying for your waivers, please contact Ms. Stacy Jones at (317) 234-7454.

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.

Sincerely,

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

AGL/SJ/sjp
Enclosures
cc: Clinton County Health Department
Alan Melvin, Field Inspection Section

*

THE CROSSING - FRANKFURT
PWSID IN120006 POE# EP001
Standard Monitoring Framework 3 (SMF3)

	<< << NINE YEAR COMPLIANCE CYCLE >> >>								
	First Compliance Period			Second Compliance Period			Third Compliance Period		
Contaminants	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
VOCs						Annual			Annual
SOCs							4th quarter	1st, 2nd and 3rd quarter	
IOCs						Annual			Annual
Asbestos							Annual*		
PCBs & Dioxin									
Nitrate						Annual	Annual	Annual	Annual
Nitrite						Annual			
Other Monitoring Requirements	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Bacteriological						1 / quarter	1 / quarter	1 / quarter	1 / quarter
Lead & Copper						5 samples between July & December	5 samples between January & June	5 samples between June & September	5 samples between June & September

***Waiver will be reassessed. If granted, schedule will be reduced.**

The SMF summarizes ongoing monitoring requirements. The SMF is used in conjunction with approved waivers and additional requirements as determined by IDEM. The SMF assumes all waivers are applied for in a timely manner and approved by IDEM and there are no MCL exceedances or Action level exceedances. **Contact the Drinking Water Branch at 317/234-7442 if there is a detect of a contaminant or exceedance of the maximum contaminant level.**

Note: This SMF is intended solely as guidance and does not have the effect of law or represent formal IDEM decisions or final actions. This SMF shall be used in conjunction with applicable rules and statutes. It does not replace applicable rules and statutes, and if it conflicts with these rules and statutes, the rules and statutes shall control.

September 2016 IND

Courtesy of IDEM - Office of Water Quality - Drinking Water Branch

Pierson, Sara

From: Pierson, Sara
Sent: Friday, November 04, 2016 1:51 PM
To: 'rossvilleww@geetel.net'
Cc: MELVIN, ALAN
Subject: Heritage Childcare Ministry (2120844) & The Crossing - Frankfort (2120006)
Attachments: 2120844 POE02 inact.pdf; rptBasicInfoSummEtc-2120006.pdf

Chad Colby,

Here is a copy of the POE 02 inactivation letter I am sending to Jennifer. It explains how the Crossing is not a part of Heritage as POE 02, but rather is its own pwsid - 2120006. Also included is the Crossing (2120006) letter that went to Darrell Keith in September. It covers all the sampling requirements so you will know what is due by the end of the year for them. Thank you for your help making sure they the meet those initial requirements!

I'm attaching the contact information we have on file for the Crossing. They have not yet submitted a designation letter for their operator in responsible charge. Roger Svendsen (rsvends@idem.in.gov or 317-234-9745) can be contacted to walk them through the certified operator requirements and the paperwork for designating one. It may or may not end up being their operator, but please let us know who will be replacing Mr. Keith as their main drinking water contact so we can update our records.

Hopefully this clears things up, but let me know if anyone has any questions!

Thank you,

Sara Pierson
Total Coliform & Compliance Support Section Chief IDEM - Drinking Water Branch
317-234-7452
spierson@idem.in.gov

System Basic Information Summary

IN2120006 THE CROSSING - FRANKFORT

Activity	Activity Date	Source Type	System Type	Population	Total Population	Seasonal Dates	Service Area
A	9/8/2016	GW	NTNC	NT 90	90	1 1 to 12 31	PRIVATE SCHOOL
							SCHOOL

Operator Class	Service Connections	Field Inspector
DST1	4	Alan Melvin

Contact Type Key

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	Mr.	KEITH, DARRELL gone skeith@crossingcec.com	3002 East Wabash	FRANKFORT	IN	46041	407-952-6381		
EC	Mr.	EVANS, KEVIN kevans@crossingcec.com	3002 East Wabash	FRANKFORT	IN	46041	765-242-7187		
FC	Mr.	EVANS, KEVIN kevans@crossingcec.com	3002 East Wabash	FRANKFORT	IN	46041	765-242-7187		
OW	Mr.	EVANS, KEVIN kevans@crossingcec.com	3002 East Wabash	FRANKFORT	IN	46041	765-242-7187		
PL		PHYSICAL ADDRESS, IN2120006	3002 East Wabash	FRANKFORT	IN	46041			
SA	Mr.	KEITH, DARRELL skeith@crossingcec.com	3002 East Wabash	FRANKFORT	IN	46041	407-952-6381		

I EP002 Crossing Ed Ctr
11/04/16 SB

System Basic Information Summary

IN2120844 HERITAGE CHILDCARE MINISTRY

Activity	Activity Date	Source Type	System Type	Population	Total Population	Seasonal Dates	Service Area
A	2/28/1998	GW	NTNC	NT ~~120~~ 50	125	1 1 to 12 31	DAY CARE FACILITY
				T 5			DAY CARE CENTER

Operator Class	Service Connections	Field Inspector
DST1	1	Alan Melvin

Contact Type Key

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.	WOOD, JENNIFER hccmdaycare@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
EC	Ms.	MEYERS, DOROTHEA nlicinfo1@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
FC	Ms.	MEYERS, DOROTHEA nlicinfo1@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
OP	Mr.	COLBY, CHAD rossvilleww@geetel.net	3435 East County Road 800 North	FRANKFORT	IN	46041	765-650-1119 765-379-2279		
OW		PALMER, ROBERT pastorbobpalmer@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
PL		PHYSICAL ADDRESS, IN2120844 nlicinfo@att.net	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
SA	Ms.	WOOD, JENNIFER hccmdaycare@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		

\# 2 TCR/Qtr Pb/Cu - 5 or 10 - #sampling locations?
from both bldgs

System Basic Information Summary

IN2120844 HERITAGE CHILDCARE MINISTRY

Add POE 02 - Crossing Educational Ctr

Activity	Activity Date	Source Type	System Type	Population	Total Population	Seasonal Dates	Service Area
A	2/28/1998	GW	NTNC	NT ~~40~~ 50 + 70 120	~~40~~ 125	1 1 to 12 31	DAY CARE FACILITY
				T 5			DAY CARE CENTER

Operator Class	Service Connections	Field Inspector
DST1	1	Alan Melvin

Contact Type Key

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.	WOOD, JENNIFER hccmdaycare@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
EC	Ms.	MEYERS, DORTHEA nlicinfo1@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
FC	Ms.	WOOD, JENNIFER hccmdaycare@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
OP	Mr.	COLBY, CHAD rossvilleww@geetel.net	3435 East County Road 800 North	FRANKFORT	IN	46041	765-650-1119 765-379-2279		
OW		PALMER, ROBERT pastorbobpalmer@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
PL		PHYSICAL ADDRESS, IN2120844 nlicinfo@att.net	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		
SA	Ms.	WOOD, JENNIFER hccmdaycare@gmail.com	3000 East Wabash Street	FRANKFORT	IN	46041	765-659-4662		

Entry Points and Associated Facilities

IN2120844 HERITAGE CHILDCARE MINISTRY

Entry Point		*Activity Status*	*EP Date*		
EP001	*HERITAGE CHILDCARE MINISTRY*	A	2/28/1998		
WL001	WELL #1 - HERITAGE CHILDCARE MINIS			A	2/28/1998
EP002	*CROSSING EDUCATIONAL CTR*	~~A~~ I	12/8/2015		
WL002	WELL #2 - CROSSING EDUCATIONAL CT			A	12/8/2015

actually EP001 under 2120006

Facility Information

IN2120844 HERITAGE CHILDCARE MINISTRY **PWS Type: NTNC**

Service Connections: 1

Population: NT ~~120~~ 50
T 5

Operator Category Code: DST1

Well Information

WSF ID	*Facility Name*	*Pump Type*	*Activity*	*Comments Status - Date*	*Constructed Date*	*Water Type*	*Availability*
WL001	WELL #1 - HERITAGE CHILDCARE MINISTRY		A	2/28/1998		GW	P
WL002	WELL #2 - CROSSING EDUCATIONAL CTR		~~A~~ I	12/8/2015		GW	P

actually WL001 under 2120006