



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

Eric J. Holcomb

Governor

Bruno Pigott

Commissioner

March 21, 2019

Mr. Ronald B. Shaw
Roann Water Works
P.O. Box 276
Roann, IN 46974

Dear Mr. Shaw :

Re: Inspection Summary Letter
Roann Water Works
PWSID# IN5285013
Roann, Wabash County

On **Tuesday, March 19, 2019**, an IDEM Office of Water Quality representative conducted an inspection of Roann Water Works, located in Roann, Indiana pursuant to IC 13-14-2-2. For your information, and in accordance with IC 13-14-5, an inspection summary is provided below:

Type of Inspection: Sanitary Survey Inspection

Primary Inspector: Rob McLaughlin: RMclaugh@idem.IN.gov or 317-617-9350

Results of Inspection: **IDEM discovered deficiencies that require a submittal from you and/or a follow-up inspection by IDEM.**

Within thirty (30) days of receipt of this letter, a written detailed explanation documenting compliance with each of the requirements noted on the attached survey must be submitted to this office. Failure to respond adequately to this letter may result in further action. Please respond to the inspector listed in this report at the address on the letterhead. I can be reached by email or phone as provided below.

Sincerely,

Lucio M. Ternieden
Chief, Field Inspection Section
Drinking Water Branch
Office of Water Quality
LTernied@idem.IN.gov

(317) 234-7461

cc: Wabash County Health Department
Rob McLaughlin, IDEM Field Inspector
File

Summary of Deficiencies Identified

- 1 A **Minor** deficiency was identified regarding: **No "Danger Chlorine" sign**

The inspector noted: "10 States Standards 2.18 The system needs to move the current "Danger Chlorine" sign to the newly constructed chlorine building."

- 2 A **Minor** deficiency was identified regarding: **System does not have a cross connection policy in effect**

The inspector noted: "Deficiency - 327 IAC 8-10-2 The system does not have in place a plan to identify or control cross connections. The system is to draft and implement a program that will prevent cross-connections from occurring and a mechanism to eliminate them."

3 A Minor deficiency was identified regarding: ERP not available or up to date

The inspector noted: "Deficiency - 327 IAC 8-2-8.2(e)(7)(B) The system is to draft and implement an Emergency Response Plan (ERP). All community public water systems are required to develop an Emergency Response Plan. The ERP must include at least the core elements of: System specific information, water system roles and responsibilities, communication procedures, personnel safety, identification of alternate water sources, replacement equipment and chemical supplies, property protection, and water sampling and monitoring. Documentation must be provided that includes annual certification that the ERP was reviewed in the past year, was updated if necessary, and that the contact information included in the ERP is current. This documentation is to be available for review by this office."

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Public Water System Sanitary Survey Report

PWS ID: IN5285013 PWS Name: ROANN WATER WORKS

Source Type: GW System Type: C Population: 479

County: WABASH City: ROANN

Service Connections
194

Points of Contact

Name (Job Title)	POC Type	Address	Phone	Email
FERGUSON, ROBERT	FC	P.O. Box 276 ROANN 46974	765-833-2100	bferguson@roannin.us
PELL, JAMES	OW	P.O. Box 276 ROANN 46974	765-833-2100	townofroann@centurylink.net
PHYSICAL ADDRESS, IN5285013	PL	State Road 16 & Washington Street ROANN 46974		
SHAW, RONALD B.	AC SA	P.O. Box 276 ROANN 46974	765-833-2341	
SHAW, RONALD B.	OP EC	P.O. Box 64 ROANN 46974	765-833-2341	roannww@centurylink.net

Active Water System Facilities

Active WS Facilities Type Name	WS Facility ID	Active Sample Point Name
DISTRIBUTION SYSTEM	DS001	WQ001,SP001,SP002,SP004,SP003,THM-1,HAA-1
PUMPING FACILITY	PF001	
SAMPLING STATION	SS001	EP001
STORAGE TANK	ST001	
TREATMENT PLANT #1	TP001	
WELL #1	WL001	GW001
WELL #2	WL002	GW002

Treatment Processes

Active Treatment Plant Name	Objective Name	Process Name	Process Number
TREATMENT PLANT #1	DISINFECTION	HYPOCHLORINATION, PRE	423

Unresolved Deficiencies

There is no Unresolved Deficiencies data.













Finished Water Storage

Type	Comments	Construction Material	Coating Material
Elevated			

Sanitary Survey Report

Sources

WELL #1

- | | | |
|----|---|---|
| 1 | Is the source(s) sufficient in quantity? |  |
| 2 | Is the source(s) adequate in quality for the primary drinking water standards? |  |
| 4 | Is the top of the well protected so that foreign matter or surface water cannot enter the well? |  |
| 5 | Is the grouting or concrete pad surrounding the casing at the well head free from cracks or chips and does it seal tightly to the casing? |  |
| 6 | Does the casing extend at least 18 inches above finished grade or at least 36 inches above the regulatory flood elevation? |  |
| 8 | If standby or auxiliary power is available for the source(s) is it in operable condition and well maintained? |  |
| 9 | Is the source(s) adequately metered? |  |
| | Meter Type: | |
| 10 | Is the site protected against flooding? |  |
| 11 | Is the well vent screened and properly constructed? |  |
| 12 | Are the pressure and check valves blow off valves and other well system appurtenances maintained and operating properly? |  |
| 13 | Does the system own or control the sanitary setback area? |  |
| 14 | System has no new potential sources of contamination within the sanitary setback area relevant to this system since previous survey? |  |

- 15 Are unused wells properly abandoned within the Well Head Protection Area and and/or sanitary setback area?
- 16 Is there proper grading around the casing to divert surface water?
- 17 Is there an adequate raw water sample tap for each source?
- 18 Are there measures put into place to prevent unauthorized access to intakes or wells?
- 23 Is there an approved wellhead protection program being implemented by the system and is the plan up to date?
- 24 Has the Phase 1 WHPP been submitted?
- 25 Has the Phase 2 WHPP been submitted?
- 26 Has the five (5) year update been completed?
- 27 Are well logs being kept and available on site?



MUNICIPAL

11011 San Park Drive (Westside) in 40214 / 512.885.2807 / Fax 512.885.3148

WELL & PUMP SERVICE INSPECTION REPORT

Owner: _____ Town of Roanoke _____ City _____ State _____ Date: 01/14/2014

Location: Southwestern well 100' north of SR 48 on Washington Street _____ At 61400 / 685.52250

Well No: 1 Date Installed: 1940 Dia: 8" Depth: 114 Type Well: Tub

Screen ID: 1" Screen Length: 10' Depth to Screen: 100' Type Screen: Screen WW

Dates of Cleaning: 1993, 2008 (Julius & Associates)

Phone: (512) 822-1244 - Plant _____ Person to Contact: _____ Bruce Baker, Superintendent

	DATE	STATION	G.P.M.	INJECTED MEDIA	PRESSURE	APPROX. CAPACITY
Installed	1940					
NO DATA AVAILABLE						
AFTER LAST CLEANING	1993					
NO DATA AVAILABLE						
AFTER LAST TEST	2010	55.8'	112	27.5	100	2.9
AT PUMP & RETURN FLOW	2010	55.7'	111	58.5	5.0	2.5
AT DISCHARGE OPERATING	2010	55.7'	94	51.0	100	2.6

Test Completed Through Main: No Flange Size: 8" Couplings (Spine & Lines): Yes

Main: 30" Dia. Material: Cast Iron Volute: 220 RPM: 1400 Pumps: 3

Gate Valve: None Size: 8" Rate: _____ Valve Water Resistant: Yes















Pump Mfg: Grundfos Model No: 1074130.5 Discharge Capacity: 34.000

Water Parameter: 110 GPM 220' TCH Operating Pressure: 728

WELL #2

- 1 Is the source(s) sufficient in quantity?
- 2 Is the source(s) adequate in quality for the primary drinking water standards?



- | | | |
|----|---|---|
| 4 | Is the top of the well protected so that foreign matter or surface water cannot enter the well? |  |
| 5 | Is the grouting or concrete pad surrounding the casing at the well head free from cracks or chips and does it seal tightly to the casing? |  |
| 6 | Does the casing extend at least 18 inches above finished grade or at least 36 inches above the regulatory flood elevation? |  |
| 8 | If standby or auxiliary power is available for the source(s) is it in operable condition and well maintained? |  |
| 9 | Is the source(s) adequately metered? |  |
| | Meter Type: | |
| 10 | Is the site protected against flooding? |  |
| 11 | Is the well vent screened and properly constructed? |  |
| 12 | Are the pressure and check valves blow off valves and other well system appurtenances maintained and operating properly? |  |
| 13 | Does the system own or control the sanitary setback area? |  |
| 14 | System has no new potential sources of contamination within the sanitary setback area relevant to this system since previous survey? |  |
| 15 | Are unused wells properly abandoned within the Well Head Protection Area and and/or sanitary setback area? |  |
| 16 | Is there proper grading around the casing to divert surface water? |  |
| 17 | Is there an adequate raw water sample tap for each source? |  |
| 18 | Are there measures put into place to prevent unauthorized access to intakes or wells? |  |

- 23 **Is there an approved wellhead protection program being implemented by the system and is the plan up to date?**
- 24 **Has the Phase 1 WHPP been submitted?**
- 25 **Has the Phase 2 WHPP been submitted?**
- 26 **Has the five (5) year update been completed?**
- 27 **Are well logs being kept and available on site?**

**PEERLESS
MIDWEST**

31000 Sun Park Drive, Woodstock, IL 60091 (312) 688-0000 FAX (312) 688-0000

WELL & PUMP SERVICE INSPECTION REPORT

Client: _____ Town of Elmhurst _____ City: _____ Station: _____

Location: _____

Well No.: _____ Date Drilled: _____ 1981 _____ Dia: _____ 8" _____ Depth: _____ 130' _____ Type Well: _____

Screen Co.: _____ Screen Length (feet): _____ Screen to Top of Screen (feet): _____ Type Screen: _____

Date of Closing: _____ 1981 _____ 01/15 (year only)

Phone: _____ (312) 688-0000 _____ Fax: _____ (312) 688-0000 _____

(Print or Stamp)

	DATE	STATUS	Q.A.R.	PUMPING LEVEL	ANALYSIS	REMARKS
ORIGINAL	1/14/81		315			NO FURTHER DATA AVAILABLE
AFTER LAST CLEANING	1/20/81					NO DATA AVAILABLE
AFTER LAST TEST	2/2/81	OK	200	24.0	1000	27.8
AFTER PUMP & TEST	2/2/81	OK	200	22.0	1000	26.8
AFTER PUMP & TEST	2/2/81	OK	201	23.0	1000	26.7

Flow Controlled Through Meter: _____ Range Size: _____ Comments: System OK? _____ Yes _____ No

Flow Rate: _____ 25 _____ M/min _____ 12.5 _____ 1000 _____ 1100 _____ P/min _____ 8 _____

Draw Down: _____ 10' _____ 15' _____ 20' _____ 30' _____ 40' _____ 50' _____ 60' _____ 70' _____ 80' _____ 90' _____ 100' _____









Draw Down: _____ 10' _____ 15' _____ 20' _____ 30' _____ 40' _____ 50' _____ 60' _____ 70' _____ 80' _____ 90' _____ 100' _____




Draw Down: _____ 10' _____ 15' _____ 20' _____ 30' _____ 40' _____ 50' _____ 60' _____ 70' _____ 80' _____ 90' _____ 100' _____

Treatment

TREATMENT PLANT #1



- 1 Is chemical storage adequate?
- 2 Are chemical feeders and pumps operable in good condition and being properly calibrated and maintained?
- 3 Are instrumentation and controls adequate for the process being utilized and in proper working order?
- 4 Are treatment processes covered and adequately sealed?
- 5 Are adequate safety devices available and precautions observed (dust mask safety goggles protective clothing)?
- 6 Is there secondary containment where needed and adequate?




- | | | |
|----|--|--|
| 7 | Are there provisions to warn operators of treatment failures? |  |
| 8 | If standby or auxiliary power is available for the treatment plant(s), is it in operable condition and well maintained? |  |
| 9 | Is there restricted access to any unauthorized personnel from any portion of the treatment process? |  |
| 10 | Do all the chemical additives used in the treatment process have ANSI/NSF approval? |  |
| 11 | Was the treatment process free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations? |  |
| 17 | Is the disinfection equipment, including UV light, being operated and maintained properly? |  |
| 18 | Are critical spare parts on hand? |  |
| 19 | Is there a "Danger Chlorine" sign on the entrance door to the chlorine room?
10 States Standards 2.18
The system needs to move the current "Danger Chlorine" sign to the newly constructed chlorine building.
TR18 No "Danger Chlorine" sign | 






<div style="background-color: orange; padding: 2px; text-align: center; font-size: 0.8em;">MIN
Deficiency</div> |
| 20 | Is the disinfection adequate, residuals maintained, etc.? |  |
| 22 | If gas chlorination is used, are adequate safety precautions being followed? |  |
| 23 | Is the treatment(s) sufficient to meet all of the NPDWS? |  |

Distribution







DISTRIBUTION SYSTEM




- | | | |
|---|---|---|
| 1 | Are pressures and flows adequate throughout the system under all conditions of flow? (excluding maintenance, system failures, and fireflow) |  |
| 2 | Are plans of the water system available and current? |  |

- | | | |
|----|---|---|
| 3 | Is there a regular flushing program? |  |
| 4 | Are all services metered? |  |
| 6 | Is there a valve maintenance and replacement program in place? |  |
| 7 | Does the facility have a cross connection ordinance or policy in effect?










Deficiency - 327 IAC 8-10-2
The system does not have in place a plan to identify or control cross connections. The system is to draft and implement a program that will prevent cross-connections from occurring and a mechanism to eliminate them. |  |
| | DS07 System does not have a cross connection policy in effect |  |
| 8 | Is the installation, testing, and inspection of cross connection control devices conducted in accordance to 327 IAC 8-10?
Deficiency - 327 IAC 8 |  |
| 9 | Was the distribution system free from uncontrolled cross connections and are backflow prevention devices installed at all appropriate locations? |  |
| 10 | Does the system have less than 25% water loss based on a 1 year average? |  |

Finished Water Storage STORAGE TANK

- | | | |
|---|---|---|
| 1 | Are storage reservoirs located above ground water level? |  |
| 2 | Are the storage reservoirs protected against flooding? |  |
| 3 | Are treated water storage reservoirs covered? |  |
| 4 | Are storage reservoirs secure? |  |
| 5 | Is the storage reservoir structurally sound? |  |
| 6 | Is a storage maintenance schedule in place and records kept? |  |

- | | | |
|---|--|---|
| 7 | Does surface run-off and underground drainage drain away from the storage structure? |  |
| 8 | Are all pipes, air vents, and related appurtenances appropriately constructed and located? |  |
| 9 | Is access restricted where necessary to prevent contamination? |  |

MR Data Verification

- | | | |
|---|--|---|
| 1 | Is the system free from any current monitoring and/or reporting violations? |  |
| 2 | Are the daily chemical tests being performed properly? |  |
| 3 | Are testing facilities and equipment adequate? |  |
| 4 | Do reagents used have an unexpired shelf life? |  |
| 5 | Are records of all daily test results and compliance monitoring results being maintained? |  |
| 6 | Are daily free and total chlorine residual measurements being made at the plant and in the distribution system? |  |
| 7 | Are accurate records being maintained (amount of water treated, amount of chemical usage, etc)? |  |
| 8 | Are MROs properly documented and submitted to IDEM on time? |  |
| 9 | If the rated pump capacity is greater than 70 gpm, is the system submitting the proper reports to the Indiana DNR? |  |

Management and Operation

1 **Is an emergency response plan available and up to date?**

Deficiency - 327 IAC 8-2-8.2(e)(7)(B)

The system is to draft and implement an Emergency Response Plan (ERP). All community public water systems are required to develop an Emergency Response Plan. The ERP must include at least the core elements of: System specific information, water system roles and responsibilities, communication procedures, personnel safety, identification of alternate water sources, replacement equipment and chemical supplies, property protection, and water sampling and monitoring. Documentation must be provided that includes annual certification that the ERP was reviewed in the past year, was updated if necessary, and that the contact information included in the ERP is current. This documentation is to be available for review by this office.



SM01

ERP not available or up to date

MIN
Deficiency

2 **Are supplies and maintenance parts inventories adequate?**



3 **Is the financing and budget satisfactory?**



4 **Are sufficient operation and maintenance records being kept?**



5 **Are permits being obtained for all repairs and construction?**



6 **Are routine maintenance schedules established and adhered to?**



7 **Is there a current site sampling plan available and on file with IDEM?**



8 **For service interruptions lasting greater than 8 hours, are notifications being made to the customers?**



9 **Are all direct and indirect additives certified for conformance to American National Standards Institute(ANSI)/National Sanitation Foundation (NSF) International Standard 60/61?**



12 **Is the labeling, painting, and directional flow of the piping adequate at the plant?**



Operator Compliance

1 **Are personnel adequately trained and/or certified?**



2 **Are there sufficient personnel?**



Pumps

PUMPING FACILITY

- 3 Are there low suction cut off switches on all pumps?
- 5 The pumping station does not have materials stored that have the potential to contaminate the water or pose safety risks to the operators?
- 6 If standby or auxiliary power is available for the booster pump(s), is it in operable condition and well maintained?
- 8 Are the pressure and check valves, blow off valves, and other pump system appurtenances maintained and operating properly?



-End of Report-

