

HOOSIER WATER GUARDIAN AWARD APPLICATION

State Form 55411 (R3 / 4-20) INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



INSTRUCTIONS: Complete this application by checking all answers that describe your wellhead protection efforts over the past five (5) years. Attach documentation, photos, and/or maps for any item that have not already been submitted to IDEM as part of either a Phase I or Phase II submittal. Submittal instructions are at the end of this form.

| GENERAL INFORMATION | | | | | | | |
|--|---|---|---|--|---|--|--|
| Name of Public Water S | upply | | | | | | |
| PWSID Number | | | Populatio | tion Served | | | |
| Date Submitted (MM/DD/YYYY) / / | | | | | | | |
| Name of Wellhead Prote | ection Contact Per | rson | Profession | onal Title | | | |
| Mailing Address (number | er and street) | | | | | | |
| City | | | State | | ZIP Code | | |
| Telephone Number (with | n area code) (|) | | | | | |
| E-mail Address | | | | | | | |
| Date Phase I Wellhead F | Protection Plan wa | s Approve | d (MM/DD | /YYYY) / | 1 | | |
| Date of the last Hoosier | Water Guardian A | ward (eligi | ble once | every five (5) years) | (MM/DD/YYYY) | | |
| | AWARD | APPLICAT | TION INFO | RMATION | | | |
| Background: Protecting the consumer, improves the environment for everyone and are taking action. If you (5) years that furthers the of our heroes, as a partner than the environment of | he quality of life for E. Hoosiers everywhour community has protection of our w | surroundin nere are beg been involvaters for dr | g ecosyste ginning to ved in one inking wate | ems, and contributes realize the importanc (1) or more activities er, IDEM wants to red | to a healthier se of these efforts sover the past five cognize you as one | | |
| If you are found to be el you want to receive (che | | | sier Water | Guardian Commun | ity," do | | |
| stationery, and o A Metal 11" x 13 prominent locati A pack of Static | displays " Sign with the Hoo on | sier Water on the Hoosie | Guardian I er Water G | in be used in develop ogo that can be displ uardian logo that can reas | ayed outdoors in a | | |
| SCORING FOR HOOSIER WATER GUARDIAN APPLICATION | | | | | | | |
| Delineation Method | Total Score | Interpre | etation | Title / | Awarded | | |
| Fixed Radius Modeled | 34 – 45 48 – 59 | Above / | Average | Hoosier W | ater Guardian | | |
| Fixed Radius Modeled | 46 – 83 60 – 100 | Exce | llent | Hoosier Water Gua | ardian With Distinction | | |
| | | IDEM US | E ONLY | | | | |
| Date Application Receiv | Date Application Received (MM/DD/YYYY) / / | | | | | | |

| INS | STRUCTIONS: Indicate in the "Applicant Use" column of the checklist the page number or other appropriate reference where the | Applicant Use | IDEM Use | Only |
|--|--|---|--|-------|
| | specified information is located. | Location in Packet? (Page number or appendix) | Information Present? (Yes, No, N/A) | Score |
| I. | WPHA DELINEATION | | | |
| | Primary Focus: Does your operator/owner have a good understanding of w potential vulnerabilities to contamination exist? | here your water con | nes from, and | where |
| | Secondary Focus: What efforts are in place to provide additional buffers agreentamination? | ainst potential sourc | ces of | |
| Ну | drology: 327 IAC 8-4.1-5 through 327 IAC 8-4.1-7 | | | |
| (a) | We have ensured that basic information (i.e. maps, geologic cross sections, well logs, local groundwater flow, assessments, delineations of Wellhead Protection Areas (WHPAs), etc.) are included and up-to-date in our Wellhead Protection Plan (WHPP). | d | | /1 |
| Со | onsumer Confidence Reports: Rule 2.1 Section 3 and 327 IAC 8-4. | l-8(4)(ix) | | |
| (b) The source water assessment has been incorporated into the WHPP and summarized in our annual Consumer Confidence Report (CCR) or other public document that is distributed to community residents. | | | | /2 |
| 32 | odeled Delineation: 327 IAC 8-4.1-1(26); 327 IAC 8-4.1-5; 327 IAC 8-7 IAC 8-4.1-9(1); and 327 IAC 8-4.1-10(a)(1) approved to use fixed radius delineation, skip to page 2, section I. (g)) | -4.1-7; 327 IAC 8- | 4.1-8(2); | |
| (c) | Our WHPP includes a one (1) year time of travel delineation and we have updated all protection zones based upon current pumping configurations. | | | /3 |
| (d) | Our WHPP includes a ten (10) year time of travel zone and we have updated all protection zones based upon current pumping configurations. | d | | /3 |
| (e) | Our WHPP includes a twenty (20) year time of travel zone and we have updated all protection zones based upon current pumping configurations. | | | /3 |
| (f) | We have provided documentation demonstrating that our WHPP delineation is professionally certified. | | | /1 |
| Su | sceptibility: 327 IAC 8-4.1-5 through 327 IAC 8-4.1-7 | | | |
| (g) A description of the potential vulnerabilities of your system to contamination including: depth below surface, permeability of overlying materials, and local flow patterns (i.e. interaction with nearby river, lake, etc.) including any recent changes to your WHPA or Source Water Assessment (SWA). | | | | /3 |
| Mc | onitoring: 327 IAC 8-4.1-5 through 327 IAC 8-4.1-7 | | | |
| (h) | We have at least one (1) sentry (monitoring) well installed between at least one (1) pumping well and a potential source of contamination, which is sampled at regular intervals. | | | /4 |
| | Fixed Radius D | elineation Method | Total Score | /3 |
| | Modeled D | Modeled Delineation Method | | /20 |
| | | | | |
| | | | | |

| | | Applicant Use | IDEM Use Only | |
|------|---|---|-------------------------------------|-------|
| | | Location in Packet? (Page number or appendix) | Information Present? (Yes, No, N/A) | Score |
| II. | LOCAL PLANNING TEAM | | | |
| | Primary Focus: Is your Local Planning Team (LPT) representative of the vari including the business, agricultural, governmental, and educational institutions | | | |
| | Secondary Focus: Does your LPT meet and/or participate in outreach activit | ies on a regular ba | sis? | |
| Pa | rticipation: 327 IAC 8-4.1-4(b) and 327 IAC 8-4.1-8(1) | | | |
| (a) | We have two (2) or more community sectors represented on our LPT. | | | /1 |
| (b) | We have three (3) or more community sectors represented on our LPT. | | | /3 |
| (c) | We have four (4) or more community sectors represented on our LPT, including at least one (1) representative of the surrounding county or regional environmental organization. | | | /4 |
| Fre | equency: 327 IAC 8-4.1-4 | | | |
| (d) | Our community LPT has met in the last five (5) years. | | | /1 |
| (e) | Our community LPT meets at least bi-annually (every two (2) years). | | | /3 |
| (f) | Our community LPT meets at least annually (every year). | | | /4 |
| Lev | vel of Detail: 327 IAC 8-4.1-4 and 327 IAC 8-4.1-8(1) | | | |
| (g) | An updated list of team members and their affiliation is provided, along with a copy of the most recent meeting agenda, activity description, or minutes. | | | /4 |
| | | | Total Score | /20 |
| III. | POTENTIAL SOURCES OF CONTAMINATION | | | |
| | Primary Focus: Is your Potential Source of Contamination (PSC) Inventory u | p to date and detai | led? | |
| | Secondary Focus: Has your community been actively involved with appropria sources and/or cleanup activities of impacted sites? | ate monitoring activ | vities of poten | tial |
| PS | C Inventory: 327 IAC 8-4.1-8(3); 327 IAC 8-4.1-9(2); and 327 IAC 8-4 | .1-10(a)(2) | | |
| (a) | The PSC table and map in our WHP plan are updated and complete, and each WHPA has been included. | | | /4 |
| (b) | The PSC map and table are cross-referenced, and include additional detailed information (i.e. program identification and number, cleanup status, date of inspection, owner information, or GPS coordinates, etc.). | | | /7 |
| (c) | Potential sources are grouped and/or prioritized (i.e. high to low risk, most to least threatening, most to least prevalent, etc.). | | | /3 |
| Со | mmunity Monitoring Involvement: 327 IAC 8-4.1-8(4) | | | |
| (d) | Written documentation of activities in managing abandoned wells.* | | | /3 |
| (e) | Monitoring of potential sources and/or cleanup activities- including documentation of site visits, copies of facility Material Safety Data Sheets (MSDS), tank removal assistance, or participation in a remediation during the past five (5) years.* | | | /3 |
| | ligible to receive points if it can be demonstrated that there was not a need or complete these activities. | ppportunity to | Total Score | /20 |

| | | Applicant Use | IDEM Use Only | |
|-----|--|---|-------------------------------------|--------|
| | | Location in Packet? (Page number or appendix) | Information Present? (Yes, No, N/A) | Score |
| IV. | MANAGEMENT PLAN | | | |
| | Primary Focus: What activities and/or measures are in place to protect the p | ublic water supply? | • | |
| | Secondary Focus: Have efforts been made through media campaigns, outre that residents in the community are active participants in protecting the local v | | er methods to | ensure |
| So | lid Waste: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); and 327 IAC 8-4.1- | 10(a)(3) | | |
| (a) | Regular trash pick-up is available to residents in our WHPA. | | | /1 |
| (b) | Regular recycling services are available to residents in our WHPA. | | | /1 |
| (c) | Documentation that residents can dispose of hazardous waste locally, or that special collections are available periodically to all residential properties located within the WHPA. | | | /2 |
| Se | tback: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); and 327 IAC 8-4.1-10(a | n)(3) | | |
| (d) | Our wellhead area is only accessible to employees, and inspection records are kept and are available upon request. | | | /2 |
| (e) | Documentation showing that each wellhead is properly maintained, is either locked with a cap or located in a locked well house building, and appropriate security measures have been implemented. | | | /2 |
| Tra | ansportation Routes: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); and 327 | ' IAC 8-4.1-10(a) | (3) | |
| (f) | Transportation routes have been identified, and minimum Best Management Practices (BMPs) have been agreed upon and implemented with local responsible parties. | | | /2 |
| (g) | The fire department and spill responders are provided with regularly updated maps of storm and sanitary systems within the WHPA. | | | /2 |
| Pro | operty Owner Education: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-9(3); and | 327 IAC 8-4.1-1 | 0(a)(3) | |
| (h) | At least one (1) sample letter or other material showing how property owners were notified and/or educated on groundwater protection practices, and an inclusion of dates for any future notification efforts. | | | /2 |
| (i) | A digital copy of the previous mailing and the addresses of the recipients is in a database or GIS system for future reference, updating, and mailings. | | | /2 |
| | eneral Education and Community Outreach: 327 IAC 8-4.1-8(4); 327 IAC 8-4.1-10(a)(3) | IAC 8-4.1-9(3); a | nd | |
| (j) | Copies of at least one (1) newspaper article, brochure, local mailing, or other printed material for public outreach activities from within the last five (5) years. | | | /2 |
| (k) | There have been multiple print materials plus radio, television, or other media messages within the past five (5) years, or we have a planned multimedia outreach event scheduled to occur within the next year. | | | /2 |
| | | | Total Score | /20 |

| | | | | Applicant Use | IDEM Use Only | |
|--|--|----------------|----------------------------|---|--|-------|
| | | | | Location in Packet? (Page number or appendix) | Information Present? (Yes, No, N/A) | Score |
| V. | CONTINGENCY PLAN | | | | | |
| | Primary Focus: Is the emergence | y response pla | n detailed and up to date? | | | |
| | Secondary Focus: Are the water emergency response training ses | | | embers involved in I | regular local | |
| Pa | rticipation and Coordination: | 327 IAC 8-4. | 1-8(5) and 327 IAC 8-4.1-9 | 9(4) | | |
| (a) | Our LPT members have coordina Committee (LEPC) at least once to Phase II WHPP. | | | /2 | | |
| (b) | At least one (1) Public Water Sup emergency response training. | | | /3 | | |
| (c) | One (1) or more of our LPT members | | | /3 | | |
| Fre | equency of Updates: 327 IAC | 8-4.1-8(5) an | d 327 IAC 8-4.1-9(4) | | | |
| (d) | d) Our emergency response plan (including specifics such as alternate water supplies, contact names, and telephone numbers, etc.) has been revised within the past five (5) years. | | | | | /2 |
| (e) | Documentation of the LEPC's trai appropriately. | | | /3 | | |
| (f) | (f) Documentation of the LEPC's most recent simulation. | | | | | /3 |
| Le | vel of Detail: 327 IAC 8-4.1-8(| 5) | | | | |
| (g) Our emergency response plan includes a vulnerability assessment of critical equipment and the most likely threat to the WHPA, and the specifics have been addressed in training sessions or simulations. | | | | | /4 | |
| | | | | | Total Score | /20 |
| | | | OTHER | | | |
| "otl | our community has an activity or a her" and provide a short description cessary.) Other: | | | | | |
| 1 | | EINIAI SC | ODE (IDEM LISE ONLY) | | | |
| | | FINAL 3C | ORE (IDEM USE ONLY) | | | |
| Fi | xed Radius Delineation Method | | Award Received | | | |

Please submit this completed application along with any supporting documents to:

E-mail: <u>GWsection@idem.in.gov</u>

Mail: Indiana Department of Environmental Management
Drinking Water Branch – Groundwater Section
100 North Senate Avenue, IGCN 1201

MC 66-33

Indianapolis, IN 46204-2251

Fax: 317-234-7462

We encourage you to learn more about how to protect your water supply at the source by going to our Wellhead Protection Program web page https://www.in.gov/idem/cleanwater/2456.htm.

If you have questions please call the Groundwater Section at 317-234-7477.