HOOSIER WATER GUARDIAN AWARD APPLICATION

State Form 55411 (R4 / 01-25)
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 Supply		
PWSID Number	**Population Served**	
Date Submitted *(MM/DD/YYYY)* / /		
Name of Wellhead Protection Contact Person	**Professional Title**	
Mailing Address *(number and street)*		
City	**State**	**ZIP Code**
Telephone Number *(with area code)* ( )		
E-mail Address		
Date Phase I Wellhead Protection Plan was Approved *(MM/DD/YYYY)* / /		
Date of the last Hoosier Water Guardian Award (eligible once every five (5) years) *(MM/DD/YYYY)* / /		

AWARD APPLICATION INFORMATION

Background: Protecting drinking water at the source, before it enters a treatment plant, reduces costs to the consumer, improves the quality of life for surrounding ecosystems, and contributes to a healthier environment for everyone. Hoosiers everywhere are beginning to realize the importance of these efforts and are taking action. If your community has been involved in activities over the past five (5) years that further the protection of our waters for drinking water, IDEM wants to recognize you as one of our heroes, as a partner striving to improve our environment, and a "Hoosier Water Guardian!"

If you are found to be eligible by IDEM to be a "Hoosier Water Guardian Community," do you want to receive (*check one (1) or more*)**:**

- ☐ Digital copy of the Hoosier Water Guardian logo
- ☐ Metal 11" x 13" road sign with the Hoosier Water Guardian logo
- ☐ Pack of static window clings with the Hoosier Water Guardian logo

SCORING FOR HOOSIER WATER GUARDIAN APPLICATION

Total Score	≥40/100	Hoosier Water Guardian

IDEM USE ONLY

Date Application Received *(MM/DD/YYYY)* / /

INSTRUCTIONS: Indicate in the "Applicant Use" column of the checklist the page number or other appropriate reference where the specified information is located.	**Applicant Use**	**IDEM Use Only**	
	Location in Packet? *(Page number or appendix)*	**Information Present?** *(Yes, No, N/A)*	**Score**
Local Planning Team (LPT) and community involvement			
(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 and or is representative of the various sectors of your community, including the business, agricultural, governmental, and educational institutions that support your community?			/4
(d) Our community LPT			
a. met in the last five (5) years.			/2
b. meets at least bi-annually *(every two (2) years)*.			/3
c. meets at least annually *(every year)*.			/4
(e) 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 within the last five (5) years.			/4
		Total Score	**/21**
Preventing and Monitoring Contamination			
(a) We have made efforts in order to provide additional buffers against potential sources of contamination.			
a. We have passed a local ordinance regulating our wellhead protection area.			/20
b. We own the land containing our sanitary setback area.			/20
(b) Monitoring of potential sources of contamination and/or cleanup activities- including documentation of site visits, copies of facility Material Safety Data Sheets (MSDS), tank removal assistance, or participation in remediation during the past five (5) years. Our community has been actively involved with groundwater monitoring activities of potential sources of contamination and/or cleanup activities of impacted sites. *			/3
(c) 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
		Total Score	**/47**
** Eligible to receive points if it can be demonstrated that there was not a need or opportunity to complete these activities.*			
Best Management Practices			
(a) What activities and/or measures are in place to protect the public water supply?			
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

	Applicant Use	IDEM Use Only	
	Location in Packet? *(Page number or appendix)*	**Information Present?** *(Yes, No, N/A)*	**Score**
Best Management Practices continued			
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
d. Transportation routes have been identified, and minimum Best Management Practices (BMPs) have been agreed upon and implemented with local responsible parties.			/2
e. The fire department and spill responders are provided with regularly updated maps of storm and sanitary systems within the WHPA.			/2
		Total Score	**/8**
Education and Outreach			
(a) We have notified property owners and/or educated property owners on groundwater protection practices within the last five (5) years. Please include dates for any notification efforts and at least one (1) sample letter or copy of other material used.			/2
(b) Efforts have been made through media campaigns, outreach events, or other methods to ensure that residents in the community are active participants in protecting the local water source?			
a. 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
b. 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
c. There have been multiple print materials plus radio, television, or other digital media messages within the past five (5) years, or we have a planned multi-media outreach event scheduled to occur within the next year.			/2
		Total Score	**/8**
Emergency Preparedness			
(a) Our LPT members have coordinated with the Local Emergency Planning Committee (LEPC) at least once within the past five (5) years.			/2
(b) At least one (1) Public Water Supply System (PWSS) operator has received emergency response training within the past five (5) years.			/3
(c) One (1) or more of our LPT members are directly involved in LEPC training within the past five (5) years.			/3
(d) Documentation of the LEPC's training within the past five (5) years.			/3
(e) Documentation of the LEPC's most recent simulation.			/1
(f) 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	**/16**

	Applicant Use	IDEM Use Only	
	Location in Packet? *(Page number or appendix)*	**Information Present?** *(Yes, No, N/A)*	**Score**
OTHER			
If your community has an activity or accomplishment that is not listed, check "other" and provide a short description. ***(Attach additional sheets as necessary.)*** ☐ Other:			
FINAL SCORE (IDEM USE ONLY)			
		Final Score	**/100**
		≥40	**Yes/ No**

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

E-mail: GWsection@idem.in.gov
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.