

We did not open in April.

System Name

IN2910970

Stevensons Point Campground

Date (month, day, year)

5-4-2020



Seasonal System Startup Requirements

State Form 55927 (R2 / 9-16)

we plan to open soon

This checklist must be completed as you start up your system. It will aid in preventing contamination from entering your water system and will help you identify problems with your system. You must complete the following tasks (if applicable), check completion of each task, and mail, fax, or e-mail a signed copy with a copy of the special purpose sample result to the IDEM Drinking Water Branch. Make and keep a copy for your records.

Review Sampling Requirements Done?

- Review sampling schedule available at myweb.in.gov/IDEM/DWW/ or you can call 1(800) 451-6027 ext. 47430 Yes
- Make arrangements for sample collection analysis with a certified lab (including SSLAP) Yes
- Review your site sampling plan and make sure it is up to date Yes

Well(s) Done?

- Well cap is tight and secure Yes
- Pump house is locked and secure Yes n/a
- Well casing is structurally sound and there is no visible damage Yes
- Vent screen is in place and downturned Yes n/a
- Rodents and insects are kept out of any enclosure around the well (e.g. keep area mowed) Yes
- The source or well sample tap* does not leak and flows freely when opened
*This is typically a spigot, hose bib, or sample tap located after the well but before the storage tank or any water treatment device Yes
- Contaminant sources such as chemicals, livestock, and fuel are kept at least 100 feet from the well Yes
- Check for evidence of flooding or standing water near the well Yes

Treatment Equipment Done?

- All components are operating properly and free of corrosion or damage Yes n/a
- ANSI- or NSF-approved water treatment chemicals are on hand Yes n/a

Storage Tank(s) Done?

- All valves, gauges, and controls are working properly Yes n/a

RECEIVED

MAY 07 2020

System Name	PWSID	Date (month, day, year)
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Storage Tank(s) CONTINUED	Done?
Pressure is being maintained and the pump is cycling normally (once the system is pressurized)	<input checked="" type="checkbox"/> Yes
Tanks are sealed, not leaking, and in working order	<input checked="" type="checkbox"/> Yes
For a non-pressurized tank, the vent screen is in place and downturned	<input type="checkbox"/> Yes <input type="checkbox"/> n/a

Distribution System	Done?
All accessible lines and equipment are free of corrosion, damage, or leaks	<input checked="" type="checkbox"/> Yes
All valves open and close freely	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a
Outdoor spigots or yard hydrants have vacuum breakers or backflow preventers	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a
All testable backflow preventers have been tested by a certified backflow tester in the last twelve (12) months.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a

Activate and Pressurize	Done?
Well and pump are operating correctly	<input checked="" type="checkbox"/> Yes
System is fully pressurized (at least 20 psi) and not leaking	<input checked="" type="checkbox"/> Yes
Water treatment equipment is operating correctly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a

Disinfect and Flush System	Done?
System was disinfected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
System was flushed	<input checked="" type="checkbox"/> Yes
Collected a satisfactory special purpose total coliform sample from farthest point in the distribution system. Submit results of sample to IDEM.	<input type="text"/>
	Date Collected
Keep a copy of this checklist and submit the original to IDEM.	<input checked="" type="checkbox"/> Yes

Date system opens for the season: *depends on the virus and the*

Comments (Attach an additional sheet if more space is needed.)
We will be testing the water this week
~~governance~~
rules

I certify, under penalty of law, that this document was prepared by me, and that any deficiencies found during this seasonal start-up inspection have, to the best of my knowledge and belief, been corrected.

Mail, fax, or e-mail checklist and sample result to
 Indiana Department of Environmental Management
 100 N. Senate Ave IGCN 1255
 Indianapolis, IN 46204
 Fax: 317-234-7462
 Email: CapCert@idem.in.gov

Santa Ellen
 Name Signature
 5-4-2020
 Date (month, day, year)