

System Name

IN2760963

Date (month, day, year)



# Seasonal

State Form 55927 (R2 / 9-16)

Bledsoes Lake James Trailer Park Well

1

JUN - 8 2020

# Requirements

*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 <a href="http://myweb.in.gov/IDEM/DWWW/">myweb.in.gov/IDEM/DWWW/</a> or you can call 1(800) 451-6027 ext. 47430	<input checked="" type="checkbox"/> Yes
Make arrangements for sample collection analysis with a certified lab (including SSLAP)	<input checked="" type="checkbox"/> Yes
Review your site sampling plan and make sure it is up to date	<input checked="" type="checkbox"/> Yes
Well(s)	Done?
Well cap is tight and secure	<input checked="" type="checkbox"/> Yes
Pump house is locked and secure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a
Well casing is structurally sound and there is no visible damage	<input checked="" type="checkbox"/> Yes
Vent screen is in place and downturned	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a
Rodents and insects are kept out of any enclosure around the well (e.g. keep area mowed)	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes
Contaminant sources such as chemicals, livestock, and fuel are kept at least 100 feet from the well	<input checked="" type="checkbox"/> Yes
Check for evidence of flooding or standing water near the well	<input checked="" type="checkbox"/> Yes
Treatment Equipment	Done?
All components are operating properly and free of corrosion or damage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a
ANSI- or NSF-approved water treatment chemicals are on hand	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a
Storage Tank(s)	Done?
All valves, gauges, and controls are working properly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a

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**Storage Tank(s) CONTINUED** Drain?

- Pressure is being maintained and the pump is cycling normally (once the system is pressurized)  Yes
- Tanks are sealed, **not** leaking, and in working order  Yes
- For a non-pressurized tank, the vent screen is in place and downturned  Yes  n/a

**Distribution System** Drain?

- All accessible lines and equipment are free of corrosion, damage, or leaks  Yes
- All valves open and close freely  Yes  n/a
- Outdoor spigots or yard hydrants have vacuum breakers or backflow preventers  Yes  n/a
- All testable backflow preventers have been tested by a certified backflow tester in the last twelve (12) months.  Yes  n/a

**Activate and Pressurize** Drain?

- Well and pump are operating correctly  Yes
- System is fully pressurized (at least 20 psi) and not leaking  Yes
- Water treatment equipment is operating correctly  Yes  n/a

**Disinfect and Flush System** Drain?

- System was disinfected  Yes  No
- System was flushed  Yes
- Collected a satisfactory special purpose total coliform sample from farthest point in the distribution system. Submit results of sample to IDEM. 

05/12/20

  
Date Collected
- Keep a copy of this checklist and submit the original to IDEM.  Yes

Date system operates for this season: 05/15/20 *COVID 19 021920*

Comments (Attach an additional sheet if more space is needed.)

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.

*ROBERT T. BLEASER*  
*Robert T. Bleaser* *06/04/20*  
Name Signature Date (month, day, year)

**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](mailto:CapCert@idem.in.gov)