

IN2430082

The Moorings Campground, LLC

System Name

RECEIVED
MAY 11 2020

Date (month, day, year)

05/05/2020



Seasonal System Start-up Requirements

State Form 55927 (R2 / 9-16)

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/DWWW/ or you can call 1(800) 451-6027 ext. 47430 Yes

Make arrangements for sample collection analysis with a certified lab (including SSLAP) Yes No

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

System Name THE MOORINGS LLC	PWSID 2430082	Date (month, day, year) 05/05/2020
--	-------------------------	--

Storage Tank(s) CONTINUED Disinfect?

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 Disinfect?

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 Disinfect?

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 Disinfect?

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. **05/05/2020**
Date Collected

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

Date system reopens for the season: **TBD (COVID)**

Comments (Attach an additional sheet if more space is needed.)
DUE TO COVID 19, WE WILL OPEN WHEN THE STATE DETERMINES IT IS SAFE.
AS OF NOW, MAY 24, 2020 IS THE TARGET DATE

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.

Donna Pollen *Donna Pollen* Date (month, day, year)
 Name Signature

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