

System Name

IN2660886

Williams Broken Arrow Cmpgrnd -
Deer Run

Date (month, day, year)



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	<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 checked="" type="checkbox"/> Yes <input 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

RECEIVED

MAY 07 2020

IDEM/OWQ
DRINKING WATER BRANCH

System Name

PWSID

Date (month, day, year)

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

- 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 **Done?**

- 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 **Done?**

- 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 **Done?**

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

Date system opens for the season: MAY 4, 2020

Comments (Attach an additional sheet if more space is needed.)
Opened Late due To Covid-19

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.

Margaret Shalak
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