

IN2250849

System Name

Lakeview Campground

Date (month, day, year)

4.24.2020



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/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

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APR 28 2020

IDEM/OWQ
DRINKING WATER BRANCH

System Name
Lakeview Campground

PWSID
IN 2250849

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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 checked="" 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 checked="" 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.	<i>4.22.2020</i> 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:

Comments (Attach an additional sheet if more space is needed.)
Waiting on State for opening 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.

Roberta Bauer
Name _____ Signature _____
4.24.2020
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