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MAY 11 2020

IN2790934

Cary Scout Camp - Pool

System Name

Date (month, day, year)

5-6-20



# 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/](http://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

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 Camp Scout Camp PWSID 2790934 Date (month, day, year) 5-6-20

**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. 5-6-20  
Date Collected

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

Date of final repairs for the season: 5-24-20

Comments (Attach an additional sheet if more space is needed.)  
Opening date could be pushed back 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.

Becky Wellner SK Wellner 5-6-20  
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)