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MAY 11 2020

IN2660079

System Name

Acorn Oaks Campground

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/DWW/](http://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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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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No 5-8-2020 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: 4-10-2020  
or 4-17-2020

Comments (Attach an additional sheet if more space is needed.) *Except this year of Corona Virus unknown. Freezing temperatures.*

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.

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)

Name: Nancy E. Wagner Signature: Nancy E. Wagner Date (month, day, year): 04-01-2020