

System Name _____

Date (month, day, year)
4-18-20



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/ 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)

RECEIVED

Done?

All valves, gauges, and controls are working properly Yes n/a

APR 21 2020

System Name <i>Rupert's Resort</i>	PWSID <i>JN2500882</i>	Date (month, day, year) <i>4-18-20</i>
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Storage Tank(s) CONTINUED	Drain?
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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	Drain?
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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	Drain?
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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	Drain?
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System was disinfected *Exemption, this well maintains pressure throughout the distribution system during non-operating periods* Yes No

System was flushed *non-operating periods* Yes N/A

Collected a satisfactory special purpose total coliform sample from farthest point in the distribution system. Submit results of sample to IDEM.
Date Collected

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

Date system opened for the season: <i>5-1-20</i>

Comments (Attach an additional sheet if more space is needed.)
Season open date subject to change based on executive order due to corona virus

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

John Rupert *[Signature]* *4-18-20*
Name Signature Date (month, day, year)