

System Name

Sunny Haven

PWSID

42710925

Date (month, day, year)

5/7/2020



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/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

1. 1. 1.

2. 2. 2.

3. 3. 3.

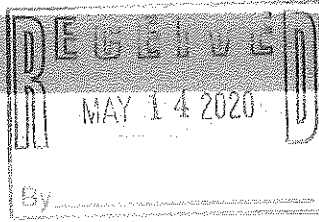
System Name SUNNY HAVEN RECREATION CAMPGROUND PWSID IN/2710~~853~~⁹²⁵ Date (month, day, year) 5/7/2020

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 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 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.	<u>5/5/2020</u> 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: 5/5/2020

Comments (Attach an additional sheet if more space is needed.)
If INDIANA governor approves opening.

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.

MIKE FRANK Mike Frank 5/7/2020
 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

Handwritten notes at the top left of the page, including the number '100' and some illegible scribbles.

Handwritten notes in the center of the page, appearing to be a list or set of instructions.

Handwritten notes at the bottom of the page, possibly a signature or a final note.