

System Name \_\_\_\_\_

Date (month, day, year)  
4-20-2020



# 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/](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

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System Name	PWSID	Date (month, day, year)
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<b>Storage Tanks CONTINUED</b>	<b>Drains?</b>
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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

<b>Distribution System</b>	<b>Drains?</b>
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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

<b>Activate and Pressurize</b>	<b>Drains?</b>
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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

<b>Disinfect and Flush System</b>	<b>Drains?</b>
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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. 4-16-2020  
Date Collected

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

Date system opens for the season	5-1-2020??
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Comments (Attach an additional sheet if more space is needed.) *we may not open on 5-1-20 unless the Governor gives the O.K.*

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)

Frank Charlton *Frank Charlton* 4-20-2020  
 Name Signature Date (month, day, year)