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IN2090834

System Name

Us 24 Speedway

Date (month, day, year)

MAY 05 2020



IDEM/OWW  
DRINKING WATER BRANCH

State Form 55927 (R2 / 9-16)

# Seasonal System Start-up Requirements

*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 <a href="http://myweb.in.gov/IDEM/DWW/">myweb.in.gov/IDEM/DWW/</a> or you can call 1(800) 451-6027 ext. 47430	<input checked="" type="checkbox"/> Yes
Make arrangements for sample collection analysis with a certified lab (including SSLAP)	<input checked="" type="checkbox"/> Yes
Review your site sampling plan and make sure it is up to date	<input checked="" type="checkbox"/> Yes
Well(s)	Done?
Well cap is tight and secure	<input checked="" type="checkbox"/> Yes
Pump house is locked and secure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a
Well casing is structurally sound and there is no visible damage	<input checked="" type="checkbox"/> Yes
Vent screen is in place and downturned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a
Rodents and insects are kept out of any enclosure around the well (e.g. keep area mowed)	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes
Contaminant sources such as chemicals, livestock, and fuel are kept at least 100 feet from the well	<input checked="" type="checkbox"/> Yes
Check for evidence of flooding or standing water near the well	<input checked="" type="checkbox"/> Yes
Treatment Equipment	Done?
All components are operating properly and free of corrosion or damage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> n/a
ANSI- or NSF-approved water treatment chemicals are on hand	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a
Storage Tank(s)	Done?
All valves, gauges, and controls are working properly	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> n/a

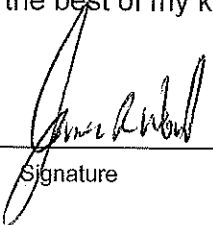
Disinfect and Flush System	Done?
System was disinfected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
System was flushed	<input checked="" type="checkbox"/> Yes
Collected a satisfactory special purpose total coliform sample from farthest point in the distribution system. Submit results of sample to IDEM.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4/29/2020 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:

Comments (Attach an additional sheet if more space is needed.)  
*waiting on county to let me open.*

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.

JAMES R. Woods  
 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)