PWSID

stem 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.

to the iblining	
Review Sampling Requirements	Done?
Review sampling schedule available at Review sampling schedule available at call 1(800) 451-6027 ext. 47430	TUYes TUYes
Make arrangements for sample collection analysis with a certified lab (including SSLAP)	TV Yes
Review your site sampling plan and make sure it is up to date	Done?
Well(s)	Yes
Well cap is tight and secure	Yes n/a
Pump house is locked and secure	Tuyes
Well casing is structurally sound and there is no visible damage	Yes n/a
Vent screen is in place and downturned	
Rodents and insects are kept out of any enclosure around the well e.g. keep area mowed)	Ld Xes
The source or well sample tap* does not leak and flows freely when opened the source or well sample tap* does not leak and flows freely when opened the This is typically a spigot, hose bib, or sample tap located after the well but before the tapk or any water treatment device	
Contaminant sources such as chemicals, livestock, and fuel are kept at least 1 feet from the well	
Check for evidence of flooding or standing water near the well	19 Yes
Treatment Equipment	Done?
All components are operating properly and free of corrosion or damage	Yes Dn/a
	Yes Mn/a
ANSI- or NSF-approved water treatment chemicals are on hand	
Storage Tank(s)	
All valves, gauges, and controls are working properly	Les LIN

System Name	PWSID	Date (month, day, year)
Storage Tank(s) CONTINUED		Done?
Pressure is being maintained and the pump i (once the system is pressurized)	s cycling normally	Yes
Tanks are sealed, not leaking, and in working	gorder	Yes /
For a non-pressurized tank, the vent screen i	is in place and downturned	Yes Mn/a
Distribution System		Done?
All accessible lines and equipment are free o	of corrosion, damage, or leaks	Yes
All valves open and close freely		Yes n/a
Outdoor spigots or yard hydrants have vacuu	im breakers or backflow preventer	s Ves n/a
All testable backflow preventers have been to he last twelve (12) months.	ested by a certified backflow tester	r in Wes In/a
ctivate and Pressurize		Done?
ell and pump are operating correctly		Yes
stem is fully pressurized (at least 20 psi) at	nd not leaking	Yes
ater treatment equipment is operating corre	ectly	Yes n
sinfect and Flush System		Done?
stem was disinfected		Wyes N
stem was flushed		Yes
ollected a satisfactory special purpose total the distribution system. Submit results of sa	coliform sample from farthest po ample to IDEM.	oint 5/15/20 Date Collected
ep a copy of this checklist and submit the	original to IDEM.	Yes
e system opens for the season: Usua	rely April Dependent	
nments (Attach an additional sheet if more		

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.

Signature V 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