2600013

Date (month, day, year) 4/30/2020



## 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	Dienne?
Review sampling schedule available at <a href="myweb.in.gov/IDEM/DWW/">myweb.in.gov/IDEM/DWW/</a> 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
VAVeII((s))	ID(e)n(e)?/
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	Dioin@?
All components are operating properly and free of corrosion or damage	Yes n/a
ANSI- or NSF-approved water treatment chemicals are on hand	W Yes n/a
Storage Tank(s)	Doine?
All valves, gauges, and controls are working properly  MAY 1 2020	Yes n/a

System Name Indian Cales Comparound Well #2	PWSID 2600	013	Date (month, day, year) 4-/30/2020
Stierage Tank(a) (a) Antiqued			Dome?
Pressure is being maintained and the pump is cycling normally (once the system is pressurized)		Yes	
Tanks are sealed, <b>not</b> leaking, and in working orde	er		Yes
For a non-pressurized tank, the vent screen is in p	lace and downtui	rned	Yes / n/a
Distribution System			Diornia 4
All accessible lines and equipment are free of corre	osion, damage, o	r leaks	Yes
All valves open and close freely			Yes n/a
Outdoor spigots or yard hydrants have vacuum bre	eakers or backflow	w preventers	Yes n/a
All testable backflow preventers have been tested the last twelve (12) months.	by a certified bac	kflow tester in	Yes n/a
Acetivate and Pressurize			D)e)grass
Well and pump are operating correctly			Yes
System is fully pressurized (at least 20 psi) and no	t leaking		Yes
Water treatment equipment is operating correctly			Yes n/a
Distinfect and Flush System			Domes?
System was disinfected			Yes No
System was flushed			Yes
Collected a satisfactory special purpose total colifo in the distribution system. Submit results of sample	•	arthest point	4/30/20 Date Collected
Keep a copy of this checklist and submit the original	al to IDEM.		Yes
(Bette system opens for the seasons · ? (	1-20-202		
Comments (Attach an additional sheet if more space is needed.) Government has us shot down we do not know.			
I certify, under penalty of law, that this document was me, and that any deficiencies found during this seaso inspection have, to the best of my knowledge and be corrected.	nal start-up	checklist and Indiana	ax, or e-mail d sample result to Department of ntal Management

GAJLY PURTER

Signature

Date (month, day, year)

Indiana Department of Environmental Management 100 N. Senate Ave IGCN 1255 Indianapolis, IN 46204

Fax: 317-234-7462 Email: <u>CapCert@idem.in.gov</u>