

System Name

PWSID

Date (month, day, year)



# Seasonal System Start-up Requirements

State Form 55927 (R3 / 4-24)

*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 type="checkbox"/> Yes
Make arrangements for sample collection analysis with a certified lab (including SSLAP)	<input type="checkbox"/> Yes
Review your site sampling plan and make sure it is up to date	<input type="checkbox"/> Yes
Well(s)	Done?
Well cap is tight and secure	<input type="checkbox"/> Yes
Pump house is locked and secure	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Well casing is structurally sound and there is no visible damage	<input type="checkbox"/> Yes
Vent screen is in place and downturned	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Rodents and insects are kept out of any enclosure around the well (e.g. keep area mowed)	<input 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 type="checkbox"/> Yes
Contaminant sources such as chemicals, livestock, and fuel are kept at least 100 feet from the well	<input type="checkbox"/> Yes
Check for evidence of flooding or standing water near the well	<input type="checkbox"/> Yes
Treatment Equipment	Done?
All components are operating properly and free of corrosion or damage	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
ANSI- or NSF-approved water treatment chemicals are on hand	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Storage Tank(s)	Done?
All valves, gauges, and controls are working properly	<input 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 type="checkbox"/> Yes
Tanks are sealed, <b>not</b> leaking, and in working order	<input type="checkbox"/> Yes
For a non-pressurized tank, the vent screen is in place and downturned	<input type="checkbox"/> Yes <input type="checkbox"/> n/a

Distribution System	Done?
All accessible lines and equipment are free of corrosion, damage, or leaks	<input type="checkbox"/> Yes
All valves open and close freely	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
Outdoor spigots or yard hydrants have vacuum breakers or backflow preventers	<input 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 type="checkbox"/> n/a

Activate and Pressurize	Done?
Well and pump are operating correctly	<input type="checkbox"/> Yes
System is fully pressurized (at least 20 psi) and not leaking	<input type="checkbox"/> Yes
Water treatment equipment is operating correctly	<input type="checkbox"/> Yes <input type="checkbox"/> n/a

Disinfect and Flush System	Done?
System was disinfected	<input type="checkbox"/> Yes <input type="checkbox"/> No
System was flushed	<input type="checkbox"/> Yes
Collected a satisfactory special purpose total coliform sample from farthest point in the distribution system. Submit results of sample to IDEM.	Date Collected
Keep a copy of this checklist and submit the original to IDEM.	<input type="checkbox"/> Yes

Date system opens for the season: \_\_\_\_\_

Comments (Attach an additional sheet if more space is needed.)

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.

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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 1201 Indianapolis, IN 46204  
 Fax: 317-234-7462  
 Email: [CapCert@idem.in.gov](mailto:CapCert@idem.in.gov)