

System Name

PWSID

Date (month, day, year)



Seasonal System Start-up Requirements for Hand Pump Wells

State Form 53001 (R / 9-16)

This checklist will help you identify problems with your water system and guide you through the start-up procedures necessary to prevent contamination from entering your system. You must complete the following tasks (if applicable), initial completion of each task, and mail a signed copy with a copy of the sample result to the IDEM Drinking Water Branch. You need to make and keep a copy for your records.

Review Sampling Requirements	Done?
Review sampling schedule available at myweb.in.gov/IDEM/DWWW/ 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
Well(s)	Done?
Pump handle is in place and there are no missing parts	<input type="checkbox"/> Yes
Pump base is not cracked and free of damage	<input type="checkbox"/> Yes
Hand pump operates correctly and is not leaking	<input type="checkbox"/> Yes
Rodents and insects are kept out of any enclosure around the well (ex. keep area mowed)	<input type="checkbox"/> Yes <input type="checkbox"/> n/a
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
Disinfect and Flush System	Done?
Well was flushed	<input type="checkbox"/> Yes
Collected a satisfactory total coliform sample	<input type="checkbox"/> Yes
Keep a copy of this checklist and submit the original to IDEM with a copy of the sample report/result	<input type="checkbox"/> Yes

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 Dept. of Environmental Management
100 N. Senate Ave IGCN 1201
Indianapolis, IN 46204
Fax: 317-234-7462
Email: CapCert@idem.in.gov

Name

Signature

Date (month, day, year)