



Drinking Water and Groundwater Protection Division

Seasonal Start-Up Procedures and Certification Public Water Systems Serving Groundwater

The use and submission of this form is **required** for all seasonal groundwater public water systems at the beginning of each operating season before serving water to the public.

System Information

System Name:	WSID #:	Class of System:
What months are you open?		
What day was this start-up procedure completed?		
What day do you plan on opening this season?		

Instructions

All seasonal systems that serve groundwater are required to complete this form at the beginning of each operating season **before serving water to the public**. Complete Step 1 below. Certify that each element was evaluated by checking the "Complete" or "NA" box if the element is Not Applicable to the Water System. Shock-chlorinate and/or flush the water system and collect the routine monthly sample(s) as outlined in Steps 2 and 3 and certify they are complete by checking the "Complete" box. Sign and date the form according to Step 4 and return the form to the Division according to Step 5.
Return the signed and dated form to the Division no later than 10 days following the month of service start up.

Step 1: Visual Inspection of the Water System

Visually inspect the source, treatment, storage, and distribution system for sanitary deficiencies.

	Complete	NA
a) <u>If the system has a well</u> : Check the well. Make sure that the well cap is tight and intact and that no bolts are missing. Make sure that the electrical conduit is not cracked or broken. Confirm that the vent screen is in place and intact. Make sure the area around the well is graded to prevent water from ponding around the casing.	<input type="checkbox"/>	<input type="checkbox"/>
b) <u>If the system has a spring</u> : Check the spring. Make sure the cover is adequately sealed and no insects, rodents, or debris are able to get into the spring. Make sure any vents or overflows have adequate screening on the ends of the pipes. Make sure the spring box integrity prevents surface water infiltration. Make sure there are no new potential sources of contamination near the spring.	<input type="checkbox"/>	<input type="checkbox"/>
c) <u>If the system utilizes treatment</u> : Make sure the treatment equipment is operational and maintained. Make sure chemical storage tanks are cleaned and sealed and all solutions are refreshed. Make sure the system has adequate test equipment, such as a chlorine test kit with valid reagent packets. Make sure any backwash or discharge lines have an air gap and are not hard-piped into drains.	<input type="checkbox"/>	<input type="checkbox"/>
d) <u>If the system utilizes water storage</u> : Make sure the storage tank has been inspected and cleaned (if necessary) within the last 5 years. Make sure the access hatch/cover is gasketed, watertight, and made of the appropriate materials (no wooden covers). Make sure the storage tank is free from insects, rodents, and debris. Make sure any overflows, drains, or vents have screens covering the pipes. Make sure the overflow and drain pipes terminate above ground and prevent contamination from surface water.	<input type="checkbox"/>	<input type="checkbox"/>
e) <u>Distribution</u> : Make sure the system maintains adequate pressure. Make sure there are no cross-connection hazards. Make sure pumps and valves are operating properly. Make sure valve pits are free of standing water and debris. Confirm that there are no obvious signs of leaks or line breaks.	<input type="checkbox"/>	<input type="checkbox"/>
f) <u>Routine Sample Locations</u> : Make sure routine sampling locations are identified, that faucets are appropriate for total coliform testing (no swivel faucets, separate hot and cold faucets if possible), and that sample taps and sinks are clean.	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Shock-Chlorinate and/or Flush the Water System		Complete
After visually inspecting the water system and making any necessary improvements, shock-chlorinate and/or flush portions of the water system that may include, but not be limited to, the source, storage facilities, treatment, and the distribution system. Write a brief summary of the shock-chlorination and/or flushing procedure implemented in the space provided.		
		<input type="checkbox"/>
a) Chlorine residual introduced to distribution system (if measured):		
b) Duration of time chlorine maintained in the distribution system (if applicable):		
Step 3: Collect a Routine Monthly Sample		Complete
After shock-chlorinating and/or flushing the system, collect a total coliform bacteria sample any time during the first month of operation and send it to a certified laboratory for analysis.		
a) Collect one sample at any time during the first month of operation. The sample may be collected before or after water is made available to the public.		<input type="checkbox"/>
b) Code the sample as Routine (RT) on the laboratory chain of custody.		
Step 4: Certification of Completion		
Upon completion of all necessary steps above, fill out the certification below.		
Print Name	Title	
Signature	Date	
I certify that I am the person authorized to fill out this form and that the information contained herein is true, accurate, and complete to the best of my knowledge and ability at the time the procedure was performed.		
Step 5: Return Form to the DWGPD		
Submit a copy of the completed form to the Drinking Water and Groundwater Protection Division no later than 10 days following the month of service start-up (e.g. The report is due by June 10th for systems returned to service in May). Keep a copy of this form for your records.		
TNC Program Specialist Drinking Water and Groundwater Protection Division One National Life Drive - Davis 4 Montpelier, VT 05620-3521 Fax: 802-828-1541		