**Seasonal Water System Start-Up Procedure Certification Form**

The Revised Total Coliform Rule (RTCR) requires all seasonal water systems to complete a state-approved start-up procedure before serving water to the public. RTCR seasonal systems completely depressurize for one or more months during the year. Operators or owners of such systems must certify to the Office of Drinking Water that they completed their start-up procedure.

| **Items to complete** | **Required Actions** | **Completed?**(Yes/No/NA) | **Comments**  |
| --- | --- | --- | --- |
| **Review your WFI and Inspect the Water System** | Review the WFI for primary contact, contact information, population, and months of operation. Send any changes to your regional office.Review your Coliform and Nitrate schedule on the Water Facilities Inventory (WFI) Form. |       |       |
| Review results of any recent inspections or surveys and make sure the well house, source, storage, and distribution system are secure and in good condition so contaminants cannot enter the system. Complete all needed repairs. |       |       |
| **Activate the Source and Treatment** | Turn on the power to your pump and treatment equipment. Read and record the source meter. If you don’t have a source meter, arrange to have one installed as soon as possible. |       |       |
| **Operate the Water System** | If people are present during startup, let them know startup is occurring, and limit access to water taps or label the taps as non-potable.  |       |       |
| **Disinfect and Flush**  | Disinfect and flush all sources, pressure tanks, storage tanks, and distribution lines. See [*Emergency Disinfection of Small Systems DOH 331-242*](http://www.doh.wa.gov/portals/1/Documents/pubs/331-242.pdf). |       |       |
| **Collect Samples** | Collect coliform and nitrate samples. If you routinely disinfect, write the free chlorine residual on the coliform slip. |       |       |

**I certify that this water system completed the items above before serving water to the public. I have attached the preopening sample results.**

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|       |  |       |  |   /  /     |  |       |
| Water System Name |  | Water System ID# |  | Start-Up Date |  | County |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |   /  /     |
| Signature |  | Print or Type Name |  | Date |

**Send report to:** Northwest Regional Office Southwest Regional Office Eastern Regional Office

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