**Seasonal Water Systems Start-Up Checklist**

This checklist will guide you through the process of reactivating/recharging your water system and help identify potential problems that may allow contamination to enter. If an item below is checked “No,” it means improvements are needed. If you’re unsure of what improvements to make, contact the Bureau of Safe Drinking Water (BSDW).

Completion of this form will document that the following components of your water system were checked during start-up. **Write the date that each item was completed and send this signed, dated, and certified checklist to BSDW.** Retain a copy for your records and use during system shutdown.

|  |  |
| --- | --- |
| **Water System Name:** | **Water System Number:** |
| **INSPECT SYSTEM** | Startup \_\_\_\_\_\_\_\_ | Shutdown \_\_\_\_\_\_\_\_PWS Use Only |
| Source | **YES/NO** | Date | **YES/NO** | Date |
| Record starting and ending meter readings or “N/A” if system does not have a master meter. |  |  |  |  |
| Pressure gauge reads zero when pump off. | 🞏🞏 |  | 🞏🞏 |  |
| Screens intact? | 🞏🞏 |  | 🞏🞏 |  |
| Seals intact? | 🞏🞏 |  | 🞏🞏 |  |
| Electrical lines intact? | 🞏🞏 |  | 🞏🞏 |  |
| Other components inspected? List below: | 🞏🞏 |  | 🞏🞏 |  |
| Use this box to explain repairs/corrections to items above. |  |  |  |  |
| **Storage** |  |  |  |  |
| Tank integrity solid (no leaks, holes in tank or vent,…)? | 🞏🞏 |  | 🞏🞏 |  |
| Vents screened with 22-24 mesh screen? | 🞏🞏 |  | 🞏🞏 |  |
| Overflow area clear and not submerged? | 🞏🞏 |  | 🞏🞏 |  |
| Hatch watertight and gasket intact? | 🞏🞏 |  | 🞏🞏 |  |
| Other components inspected? List below: | 🞏🞏 |  | 🞏🞏 |  |
| Use this box to explain repairs/corrections to items above. |
| **Treatment** | **YES/NO** | Date | **YES/NO** | Date |
| Treatment filters or media replaced? | 🞏🞏 |  | 🞏🞏 |  |
| Treatment materials NSF/ANSI approved? | 🞏🞏 |  | 🞏🞏 |  |
| Treatment chemicals NSF/ANSI approved? | 🞏🞏 |  | 🞏🞏 |  |
| Treatment chemicals and testing standards expired? (Note expiration dates) | 🞏🞏 |  | 🞏🞏 |  |
| Other components inspected? List below: | 🞏🞏 |  | 🞏🞏 |  |
| Use this box to explain repairs/corrections to items above. |
| **Distribution** |  |  |  |  |
| Drains, valves operational? | 🞏🞏 |  | 🞏🞏 |  |
| Air release vent screens intact? | 🞏🞏 |  | 🞏🞏 |  |
| Backflow preventers in place. | 🞏🞏 |  | 🞏🞏 |  |
| Sample taps in working order? | 🞏🞏 |  | 🞏🞏 |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **ACTIVATE SYSTEM** |  |  |  |  |
| Start water flow; fully charge system |  |  |  |  |
| Leaks? | 🞏🞏 |  | 🞏🞏 |  |
| Valves close completely? | 🞏🞏 |  | 🞏🞏 |  |
| Backflow prevention devices tested and approved. | Date: |  | Date: |  |
| Sanitary defects outstanding? | 🞏🞏 |  | 🞏🞏 |  |
| Treatment operating properly? | 🞏🞏 |  | 🞏🞏 |  |
| Disinfect well? | 🞏🞏 |  | 🞏🞏 |  |
| Disinfect storage? | 🞏🞏 |  | 🞏🞏 |  |
| Disinfect distribution? | 🞏🞏 |  | 🞏🞏 |  |
| DeMinimus permit from NDEP-BWPC for flushing chlorinated water?  | 🞏🞏 |  | 🞏🞏 |  |
| Flush system thoroughly to ensure chlorine levels are at background levels. | 🞏🞏 |  | 🞏🞏 |  |
|  |  |  |  |  |
| Describe any modifications that were made to the public water system infrastructure during the last year:  |
| **Sampling** | **YES/NO** | Date | **YES/NO** | Date |
| Check monitoring requirements, and contact lab for appropriate bottles to sample as needed through the season. Keep 6-10 extra coliform bottles on hand in case of a positive result. Take required chemistry samples at the beginning of the season. Take preliminary coliform samples at approved sites on two consecutive days with clear results prior to requesting approval to operate system. |
| Chemistry samples required? | 🞏🞏 |  | 🞏🞏 |  |
| Coliforms samples from 2 consecutive days **(attach reports)** | 🞏🞏 |  | 🞏🞏 |  |
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| --- | --- | --- |
| I certify that I have followed the standard operating procedure for this system and have completed the above checklist. To my knowledge and understanding the system is in good working condition. | Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WATER SYSTEM NAME** |  |  |
| **SYSTEM NUMBER** | PRINT NAME | DATE |

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| --- |
| *[For Agency use only]* |
| Reviewed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_ | Sig. Def. ResolvedViolations Resolved | Yes | No |
|  |  |
|  |  |
| Approved to operate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |