| New Image | Massachusetts Department of Environmental Protection  Bureau of Water Resources – Drinking Water Program  **Emergency Certification of Public Water System**  **Temporary Closure (Non-Operational Status)**  *For non-community (TNC, NTNC) public water suppliers* | | |  | |
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| City/Town | |
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| PWS Name | |
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| PWS ID # | |
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|  | **Purpose**  **This form is for use when the Governor of Massachusetts has declared a State of Emergency\*** and a Non-Community Public Water System (PWS) has to temporarily close. Examples of state emergencies include COVID-19, hurricanes, and ice storms.  **This form must be completed by the non-community public water supplier to indicate the start of the period when it is NOT operating and regular monitoring is NOT being conducted.**  **Please note: If a non-community public water system has already provided written documentation for the closure of the PWS due to the Covid-19 declared State of Emergency to its MassDEP regional office then it is not necessary to complete and submit this form.**  **Please note: Prior to returning to operation, the PWS must also perform start-up activities as listed in Section B** and must complete and submit a signed copy of the modified\*\* Seasonal Start Up Procedure and Certification Form to MassDEP Drinking Water Program. Please note all start-up samples collected prior to re-opening the system must be free from coliform bacteria and all samples must be analyzed by a Massachusetts Certified Laboratory.  **\*\*To modify the 'Seasonal Start Up Procedure and Certification Form' please add "COVID-19 Closure" or other “[emergency designation] Closure” to the top of the form*.***  **Return Instructions**  **Please complete, scan, and return this form as an email attachment to** [**program.director-dwp@mass.gov**](mailto:program.director-dwp@mass.gov) **Subject: PWS Closure.** | | | | |
| In accordance with 310 CMR 22.03(12), a public water system is in operation during the period the system is providing (pumping or gravity feeding) water to the water distribution system and/or the public water system is providing water to at least one of its service connections or customers. Active public water systems must continue to be monitored and maintained in accordance with 310 CMR 22.00.  For public water systems that are not in operation during a declared State of Emergency, monitoring as specified at 310 CMR 22.00 is not required, unless otherwise specified by MassDEP. |
| \*Upon the request of MassDEP, this form may be required for use for other emergency closures. |  |  | | | |
| A. Date Public Water System CLOSED (Became Non-Operational) | | | | |
| Date of closure (MM/DD/YYYY): | |  | |
| For questions contact your regional Drinking Water Program contact or email [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov) | B. Certification Statement | | | | |
| Name of PWS or PWS representative certifying official: | | | | |
| I hereby certify that the public water system identified on this form is not/will not be operating and the drinking water supplied by the public water system is not/will not be accessible for consumption in any way. By checking off and certifying below, I attest that: | | | | |
| In accordance with 310 CMR 22.03(12) the public water system will not be/has not been providing water to at least one service connection or customer as of the date of closure in Section A; | | | | |
| A round of coliform samples in accordance with the public water system’s approved Coliform Sampling Plan (i.e., applicable sources, entry points, distribution system) will be collected and analyzed **prior to re-opening and making the water from the public water system accessible to any persons** (other than those persons necessary to perform start-up procedures and sampling).  Any “startup” samples collected prior to re-opening to the public are considered special samples (coded “SS”) and do not count as routine samples (coded “RS”) for the opening month. During a state-designated State of Emergency, a public water system may contact its MassDEP regional office to determine if a “start-up” sample will be considered for acceptance in lieu of a routine compliance sample.  All results, including “start-up” samples collected prior to re-opening, must be reported to MassDEP on state bacteriological report forms (Form “B") or submitted by a Massachusetts’ Certified Laboratory via eDEP. | | | | |
| Start-up procedures may include flushing and/or disinfection prior to sampling due to the water being stagnant for a long period of time.  See <https://www.mass.gov/service-details/seasonal-start-up-information-certification-and-checklist-for-non-community-systems> for start-up procedures questions. | | | | |
|  | A “**Modified State of Emergency”** **Seasonal Start-up Procedure and Certification form** will be submitted to MassDEP by email no less than three (3) days prior to serving water to the public. The form will be emailed to [program.director-dwp@mass.gov, Subject:](mailto:program.director-dwp@mass.gov.Subject:) [Region] Modified Seasonal Start Form. A copy of the form is available at <https://www.mass.gov/doc/seasonal-start-up-procedure-certification-0/download>. | | | | |
|  | If the water becomes accessible to any persons without following the sampling requirements or notification requirements, the public water system shall be subject to all applicable violations incurred since the date of closure indicated in Section A of this form. | | | | |
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| C. PWS Certification - To be completed by PWS owner, operator, or responsible party | | | | |
| I attest to the accuracy of the above and certify that the public water system identified on this form is **NOT** operating as defined in 310 CMR 22.03(12) and will not return to “providing water to at least one of its service connections or customers” until the required actions listed above in Section B are completed.  I certify under penalty of law that I am duly authorized to complete and submit this form on behalf of the public water system identified above and that the information contained herein is true, accurate and complete to the best of my knowledge and belief. | | | | |

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| Print Name: |  | Title: |  |
| Signature: |  | Date: |  |
| Phone #: |  | Email: |  |