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City/Town

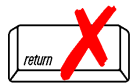
## Seasonal Start-up Procedure and Certification for Non-Community Public Water Systems

\_\_\_\_\_  
PWS Name

\_\_\_\_\_  
PWS ID#

\_\_\_\_\_  
Date PWS will open for season

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### Instructions

A non-community water system that is not operated as a public water system on a year-round basis and starts up and shuts down at the beginning and end of each operating season must follow this state-approved start-up procedure **prior to placing all or any part of the system back into service.**

Per the requirements of the Revised Total Coliform Rule (RTCR) seasonal PWS must do the following prior to serving water to the public each year.

1. Complete the state-approved start-up procedure listed below. Items listed below in **bold** are the minimum MassDEP-required start-up activities for all systems. Items not bolded are recommended where applicable.
2. Collect a round of special bacteria samples and receive confirmation from the laboratory that the samples are free of coliform bacteria.
3. Once the start-up procedure is complete, indicate all start-up activities performed with dates on the checklist below (Section A.).
4. Complete the start-up summary (Section B.).
5. **Complete, sign, scan, and return this form at least seven days prior to serving water to the public by email attachment to [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov) Subject: Seasonal certification AND submit a copy of this completed certification form to the PWS's MassDEP Drinking Water Program regional office.** If you are only able to provide mailed certification, it must be postmarked at least seven days prior to serving water to the public.

**NOTE:** Placing the system back into service is not permitted until this seasonal start-up procedure is completed and clean bacteria results have been confirmed with the laboratory. Failure to perform the minimum start-up activities and/or failure to submit this certification to MassDEP prior to serving

### A. Start-up Activities (required for all systems)

- Notified primary and/or contract operator of date PWS will begin serving water to the public.**
- Inspected all water system components including: source(s), treatment components, distribution lines and storage tanks. Addressed any issues found during this inspection.**
- Activated source(s) and opened hydrant(s) and/or all faucets to flush water through entire distribution system. Date: \_\_\_\_\_**
- Collected coliform samples which were taken in accordance with the coliform sampling plan on file, including any additional special samples representing the re-activated portions of the system.\* Date collected: \_\_\_\_\_ Number of Samples Taken: \_\_\_\_\_**
- I have received confirmation from the laboratory that the special samples were negative for total coliform. (Results must be submitted to MassDEP on state forms or through eDEP).**

*\*Coliform samples taken prior to serving water to the public are considered special purpose samples and do not count toward monthly compliance monitoring, which must still be conducted after the PWS starts serving water to the public. If there is no routine site on the sampling plan representing the re-activated portion of the system, ensure additional special samples are collected at start-up representing the re-activated area(s).*

## A. Start-up Activities (to be done as applicable) (cont.)

- Installed chlorination equipment and ensured that it is operational (*if chlorinated system*).
- Chlorinated the water system and left chlorinated water in the distribution system for at least 24 hours. Flushed the water system to void any highly chlorinated water. Systems that do not routinely chlorinate must remove chlorine to non-detectable levels prior to any coliform sample collection. **Date:** \_\_\_\_\_
- Disinfected atmospheric storage tank(s) (*if present*) and thoroughly flushed. **Date:** \_\_\_\_\_
- Re-installed water meter(s) (*if removed during shut-down of system*).
- Re-installed all backflow preventers including hose bib vacuum breakers on all threaded taps throughout the distribution system (*if removed during shut-down of system*). Tested all testable backflow preventers.
- Reviewed and addressed all non-compliance issues from prior years.

## B. Start-up Summary (required for all systems)

List sources (include source ID# (i.e.01G)) and portions of the PWS that were returned to service and summarize any additional start-up activities. Use additional sheet if necessary.

## C. PWS Certification - To be completed by PWS owner, operator, or responsible party

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.

Print Name _____	Title _____
Signature _____	Date _____
Phone # _____	Email _____

**Please return this form by email to [program.director-dwp@mass.gov](mailto:program.director-dwp@mass.gov) AND by mail to your MassDEP Drinking Water Program regional office listed below:**

### Western Region, Springfield

436 Dwight Street  
Springfield, MA 01103  
Main telephone: 413-784-1100

### Central Region, Worcester

8 New Bond Street  
Worcester, Massachusetts 01606  
Bacteria Hotline: 508-849-4001

### Northeast Region, Wilmington

205B Lowell Street  
Wilmington, Massachusetts 01887  
Main Phone: 978-694-3200

### Southeast Region, Lakeville and Cape Cod

20 Riverside Drive  
Lakeville, MA 02347  
Main telephone: 508-946-2700