



MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM – PUBLIC DRINKING WATER BRANCH
**SEASONAL PUBLIC WATER SYSTEM
 START-UP PROCEDURES CERTIFICATION FORM**

FOR OFFICE USE ONLY
SDWIS INDICATOR (NPAY OR APIO)
DATE RECEIVED

PUBLIC WATER SUPPLY (PWS) INFORMATION

PUBLIC WATER SYSTEM NAME		PUBLIC WATER SYSTEM ID NUMBER	COUNTY
		MO	
PUBLIC WATER SYSTEM CONTACT PERSON		TITLE	
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE	FAX NUMBER WITH AREA CODE	EMAIL ADDRESS	

OPERATING SEASON FOR PUBLIC DRINKING WATER SYSTEM: (MONTH/DAY)

Start date:	End date:

NOTE: If your public water system is NOT seasonal, enter 1/1 – 12/31 above, then sign and return form to address below.
 Start-up procedures and certification are required for water systems that have an operating season fewer than 12 months per year and do not maintain water system pressure in all parts of the distribution systems all year.

PUBLIC WATER SYSTEM OPERATION QUESTION

YES <input type="checkbox"/> NO <input type="checkbox"/> 1. <input type="checkbox"/> <input type="checkbox"/>	Did you depressurize (drain) the entire water system or a portion of the distribution systems after the end of the last operating season? (If you checked "NO", please sign and return form to address below)
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SEASONAL SYSTEM START-UP PROCEDURES

If you checked "YES" to question 1, check each start-up procedure "YES" listed below that was completed to reduce the risk of coliform or *E. Coli* bacteria in water being delivered to customers:

A. <input type="checkbox"/>	Assessed water system components, including wells, well houses, storage, distribution lines, distribution sample taps, and source water sample taps for defects and made any necessary repairs.
B. <input type="checkbox"/>	Activated/checked the sources and treatment (if any).
C. <input type="checkbox"/>	Flushed all storage and distribution lines until water is clear.
D. <input type="checkbox"/>	Disinfected and flushed entire water system. [Optional but recommended for systems that depressurize]
E. <input type="checkbox"/>	Checked disinfectant residual concentration. [Required for systems providing permanent chlorination]
F. <input type="checkbox"/>	Collected "special" sample(s) to test for coliform bacteria and <i>E. coli</i> .

START-UP "SPECIAL" SAMPLING INFORMATION

Collect "special" sample(s) from your water system at least 2-3 weeks prior to the start of the operating season. If special sample results show coliforms are present, follow disinfection procedures and resample until no coliforms are detected. For assistance, contact the Department of Natural Resources Public Drinking Water Branch or your regional office. Public water systems using a certified laboratory other than the Missouri Department of Health and Senior Services' State Public Health Laboratory must submit start-up special sample results for coliform bacteria along with this certification.

The Department of Natural Resources DOES NOT recommend serving water to the public until special samples are total coliform-absent.

CERTIFICATION

Prior to the start of the operating season, submit completed form to:
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 WATER PROTECTION PROGRAM
 PUBLIC DRINKING WATER BRANCH
 P.O. BOX 176
 JEFFERSON CITY, MO 65102-0176
 FAX: 573-751-3110 PHONE: 573-751-5331

*Retain a copy of this completed certification form in your files for at least five years.

I hereby certify that each checked start-up procedure listed above was completed before the start of the operating season.

SIGNATURE	DATE