



CERTIFICATION OF START-UP PROCEDURE For Seasonal Systems

PWS Name: _____

PWS ID #: NE31 _____ County: _____

Opening Date: _____ Closing Date: _____

Check all of the start-up procedures you did. Those marked with an asterisk are required.

- 1. ***Well(s) flushed. (Required when possible.)**
- 2. ***Distribution system was flushed.**
- 3. ***Sample was taken for coliform bacteria before opening.**
- 4. System was disinfected.
- 5. Other procedure(s) (If any, list.) _____

I hereby affirm that the above start-up procedures were followed. Sample records for coliform bacteria have been retained in the system's files.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Submit completed form and sample results within 30 days of opening to:

Sherry Wirth, RTCR Manager
DHHS – Drinking Water Program
PO Box 95026
Lincoln NE 68509-5026
sherry.wirth@nebraska.gov
Fax: 402-471-6436

NOTE:

- ✓ Make copies of this form as needed for each separate distribution system.
- ✓ Any repeat samples, assessments, or corrective actions not completed before closing the previous season must be completed before opening.

Please contact Sherry Wirth at 402-471-0932 or sherry.wirth@nebraska.gov if you have any questions.

FAILURE TO FOLLOW STATE-APPROVED START-UP PROCEDURE IS A TREATMENT TECHNIQUE VIOLATION.

FAILURE TO SUBMIT THIS CERTIFICATION OF START-UP PROCEDURE IS A REPORTING VIOLATION.

SYSTEM MAY BE SUBJECT TO AN ADMINISTRATIVE FINE FOR NON-COMPLIANCE.