



SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION & START-UP CERTIFICATION FORM

Please check one of the following options and provide the corresponding date:

Box 1. [] I am giving notification of water system shutdown, which occurred on MM / DD / YYYY. (Complete Sections 1, 4, and 5)

OR

Box 2. [] I am requesting approval to serve water to the public based on completion of a State Board approved Start-Up Procedure. The anticipated reopening date of the water system on MM / DD / YYYY. (Complete Sections 1 thru 5)

Section 1: Public Water System Information

Public Water System ID: CA
Public Water System Name:
City / County: /
PWS Classification (Check One): [] NTNC [] TNC
Operating Period (i.e. 1/1 - 12/31): / - /

Section 2: Start-Up Procedure: Check to verify completion of each element and enter corresponding item completion date. (*Minimum Required Elements)

[] Alternative Start-Up Procedure approved by the SWRCB/LPA was completed.

[] A. Inspection of the Water System Components* (COMPLETION DATE: / /)

All water system components (i.e. sources of supply, pumps, storage facility, pipelines, treatment facilities, etc.) have been inspected for deficiencies, including cross-connection hazards, and all corrective maintenance actions have been completed.

[] B. Flushing of the Water System* (COMPLETION DATE: / /)

All water system components and distribution pipelines were flushed. For water systems that are adding disinfectant, flush until normal disinfectant residuals are restored.

[] C. Disinfection of the Water System (COMPLETION DATE: / /)

Disinfection of the treatment system, storage tanks, and distribution system in accordance with the approved Start-up Procedure using applicable American Water Works Association (AWWA) Standard(s) and/or approved State Board procedures, with adequate residual and contact time. A seasonal system that is unpressurized prior to start-up, you must provide disinfection. Water systems that are pressurized year-round and do not normally add a chemical disinfectant during normal operations, do not have to disinfect unless the results of required bacteriological samples show the presence of coliform bacteria.

[] D. Bacteriological and Disinfectant Residual Monitoring* (COMPLETION DATE: / /)

After proper flushing and disinfection (if applicable), bacteriological samples have been collected and analyzed from each source prior to treatment, from each storage facility, and adequate number of samples to assess the quality of water in the entire distribution system, in accordance with the water system's State approved Start-up Procedure. If disinfection was performed, the chlorine residual has been monitored and noted on the chain of custody for each sample. Laboratory sample results have been reported to State Board for compliance and are attached to this certification form.

[] E. Additional Elements Included in the Approved Start-Up Procedure (COMPLETION DATE: / /)

All additional elements included in the State Board approved Start-up Procedure specific to the water system have been completed. Please attach all documents supporting completion of the approved procedures to this form.

Section 3: Certified Operator Information (All activities listed in Section 2, A thru C must be supervised/performed by a certified distribution operator)

First Name: Last Name: Certification Level: Certification Number: Expiration Date (MM/DD/YYYY): / /

Section 4: Water System Owner/Authorized Representative Contact Information

Salutation: First Name: Last Name: Organization: Job Title:

Mailing Address: City: State: ZIP Code:

Business Phone [Ext]: () - []
Fax: () -
Mobile Phone: () -
Emergency Phone: () -
E-mail Address:

Section 5: Certification by Water System Owner/Authorized Representative

I hereby certify that the above information on this certification is complete, accurate, and true to the best of my knowledge.

X
Signature of Water System Owner/Authorized Representative

/ /
Date (MM/DD/YYYY)

Section 6: State Board or LPA Approval

The State Board or LPA approves the listed water system to serve water to the public and has met the start-up procedure requirements.

X
Signature of State Board or LPA Representative

/ /
Date (MM/DD/YYYY)