



SEASONAL NON-COMMUNITY PUBLIC WATER SYSTEM START-UP CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MUNICIPAL FACILITIES
SFN 60775 (1-2016)

The Revised Total Coliform Rule (RTCR) requires all seasonal non-community public water systems to complete a start-up procedure prior to serving water to the public, starting April 1, 2016. The following start-up certification must be completed prior to serving water to the public. Remember, **no later than 14 days after opening to the public for the season, this form MUST be sent to the address below**. Use the comments for further explanation, if needed.

Public Water System (PWS) Name:	PWS Number: (ex: ND1234567)
Operator Name:	Date Water System Opens to the Public:

Indicate if item was completed.

Did the system conduct a full system inspection? Date?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Conduct an integrity check? (pressurize the system and look for leaks and pressure drops) Date?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Did the system flush the distribution system? Date?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Did the system follow the department start-up checklist? The system should use the department checklist unless a written system specific checklist has been developed.	N/A: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Have all operators been trained in the proper operation and maintenance of the water system?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Was the system disinfected prior to serving water to customers? Date?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Did the system correct all problems found during the system inspection and integrity check? If not, explain in the comments section below.	N/A: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Did the system collect a bacteriological sample from the distribution system prior to serving water to the public? Date?	N/A: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Comments:

No later than 14 days after opening to the public for the season, send this form to:

**Division of Municipal Facilities
918 E. Divide Ave., 3rd Floor
Bismarck, ND 58501-1947
Telephone Number 701.328.5211
Fax Number 701.328.5200
www.ndhealth.gov**