



# SEASONAL NON-COMMUNITY PUBLIC WATER SYSTEM START-UP CHECKLIST

NORTH DAKOTA DEPARTMENT OF HEALTH  
 DIVISION OF MUNICIPAL FACILITIES  
 SFN 61011 (1-2016)

The following checklist can be used by seasonal systems as part of their start-up procedure. After completing the checklist you should keep a copy of the checklist for at least 5 years along with copy of the bacteriological sample results.

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

## 1. Well Information

Is the well protected from damage?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all of the openings in the well cap, exposed casing, and conduit plugged or closed?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the well vent screened, if one is present?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the exposed casing and well cap intact?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the well cap firmly affixed on top of well casing?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the well been shocked/super chlorinated? (See Well Disinfection Fact Sheet)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the well subject to flooding? Note: a wellhead should not terminate in a pit/vault to prevent contamination from flooding.	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If wellhead is in pit, has it been cleaned out & dry?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a raw water tap present & functioning?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 2. Distribution System/Piping Information/Flushing

Have water pipes been shocked/super chlorinated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have water mains, service lines & plumbing been flushed for at least five minutes & the water is clear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you continuously chlorinate, is at least 0.1 to 0.5 ppm (mg/L) of free chlorine at the end of all service points in the distribution system?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have distribution system valves been exercised (opened and closed) and are not leaking?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 3. Pressure Tanks & Integrity Check (conducted after system is filled with water)

Pressure Tanks are functioning and not water logged?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Is the proper kick-on and kick-off pressures set?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Has tank been shocked/super chlorinated?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Area	Low psi (pump on)	High psi (pump off)	Start psi	End psi (1 hour)	Pressure loss

**Comments:**

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**4. Pump House or Treatment Building Information**

Is the building or room locked?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the walls, door and roof intact to prevent rodents, snakes, birds from entering & is the inside clean (rodent droppings, leaves)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a raw water tap present and functioning?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**5. Continuous Chlorination Information**

Is the chlorine pump functioning properly?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pump injecting the proper dosage of chlorine?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the target chlorine residual (mg/L) in the distribution system?			
Is there an operation and maintenance manual on site?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have chlorine test kit to measure chlorine residual?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you using fresh (not expired) reagents for your test kit?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. Other Treatment Information (e.g. water softener, reverse osmosis, filters, etc.)**

Treatment components are clean and in good condition with no indication of leakage?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an operation and maintenance manual on site?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If applicable, how often are filters replaced?			
No safety issues identified, (e.g., loose or exposed wiring)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the chemical and treatment used?			
If applicable, the chemical dose?			
All chemical containers are clean, labeled, and properly stored?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All chemicals are National Sanitation Foundation (NSF) certified and within expiration dates?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**7. Storage Tank/Reservoir/Cistern Information**

Has tank been cleaned out (free of sediment & debris)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the tank been shocked/super chlorinated?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection frequency?			
Is the access hatch locked?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a vent present (a vent cannot serve as an overflow)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the vent screened with a coarse, non-corrodible screen?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is an overflow present (an overflow cannot serve as a vent)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the structure intact (no cracks, holes, openings, adequate coatings)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the float/water level controller functioning properly?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

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