



**Bureau of Safe Drinking Water**

**Seasonal Water Systems Start-Up Checklist**

BSDW  
use

Significant Deficiencies Resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Violations Resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>
Approved to operate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reviewed by: _____	Date: _____

BSDW  
use

This checklist will document water system seasonal reactivation and identify potential problems. **Note the date each item was completed and send this signed and completed checklist to BSDW**, retain a copy for PWS records, and contact BSDW with any questions. **Do not begin serving water without BSDW approval.**

<b>PWS:</b> _____		<b>PWS #:</b> _____	
SOURCE	DATE COMPLETED	DATE COMPLETED	COMMENTS
Record starting & ending meter readings or "N/A"			
Pressure gauge reads zero with pump off.	YES/NO		
Screens intact?	YES/NO		
Seals intact?	YES/NO		
Electrical lines intact?	YES/NO		
Other components inspected? List below:	YES/NO		
Explain repairs/corrections to items above:			
STORAGE	DATE COMPLETED	DATE COMPLETED	COMMENTS
Tank integrity solid (no leaks / holes in tank or vent)?	YES/NO		
Vents screened with 22-24 mesh?	YES/NO		
Overflow area clear and air-gapped?	YES/NO		
Hatch watertight and gasket intact?	YES/NO		
Other components inspected? List below:	YES/NO		
Explain repairs/corrections to items above:			
TREATMENT	DATE COMPLETED	DATE COMPLETED	COMMENTS
Treatment filters or media replaced?	YES/NO		
Treatment materials NSF/ANSI approved?	YES/NO		
Treatment chemicals NSF/ANSI approved?	YES/NO		
Treatment chemicals & testing standards expired?	YES/NO		
Other components inspected? List below:	YES/NO		
Explain repairs/corrections to items above:			

**SEASONAL PWS – STARTUP CHECKLIST**

<b>DISTRIBUTION</b>	<b>DATE COMPLETED</b>		<b>COMMENTS</b>
Drains, valves operational?	YES/NO		
Air release valve screens intact?	YES/NO		
Backflow preventers in place.	YES/NO		
Sample taps in working order?	YES/NO		
Explain repairs/corrections to items above:			

<b>ACTIVATE SYSTEM - Fully charge system</b>	<b>DATE COMPLETED</b>		<b>COMMENTS</b>
Leaks?	YES/NO		
Valves close completely?	YES/NO		
Backflow prevention devices tested and approved?	YES/NO		
Sanitary defects outstanding?	YES/NO		
Treatment operating properly?	YES/NO		
Disinfect well?	YES/NO		
Disinfect storage?	YES/NO		
Disinfect distribution?	YES/NO		
DeMinimis permit from NDEP-BWPC to flush water?	YES/NO		
Flush system to ensure chlorine levels are correct?	YES/NO		

Describe public water system modifications performed during the previous year:

<b>SAMPLING</b>			
<ul style="list-style-type: none"> <li>• Check monitoring requirements &amp; contact lab for sample bottles as needed.</li> <li>• Store 6-10 extra Total Coliform bottles onsite in case of a TC positive.</li> <li>• Take required chemistry samples following startup approval.</li> <li>• Take TC samples on two consecutive days with negative / absent results prior to requesting activation.</li> </ul>			
	<b>Proposed Startup Date</b>		<b>Sampling Date</b>
Chemistry samples required?	YES/NO		
Coliform samples - 2 consecutive days (attached)	YES/NO		

I certify the aforementioned checklist information is accurate and the approved seasonal startup procedure was followed.

Signature:

Print Name:

Date: