



SURFACEWATER SOURCE SEASONAL START-UP INSPECTION FORM

The Revised Total Coliform Rule has specific requirements for owners of seasonal public water systems. Experience indicates that depressurizing and dewatering of seasonal water systems may allow contamination to enter and spread throughout the system. As a preventative public health measure, owners of seasonal water systems are required to inspect, clean and sanitize their system, as well as collect a total coliform sample that demonstrates the absence of total coliform prior to reopening and serving water to the public. **Failure to collect a clean sample or complete the start-up procedures prior to serving water to the public will incur a violation. This form must be submitted (or postmarked) to the department within 10 days of serving water to the public.**

Inspection and repair of the system should be planned well in advance of opening your system. It is important to leave yourself plenty of time for unanticipated repairs and sampling.

PWS Information

PWS Name: _____ PWSID: _____

Date Total Coliform sample (TC negative) collected: _____

Date Start-up Procedure completed: _____

Date Open or Planned Opening Date (serving water to public): _____

Surfacewater source or Spring Boxes

- Check that the source is undamaged, secured and protected from potential contamination
- Check that all leaves, brush and debris inside and around the source have been cleared
- Check that the intake screen is free of debris and organic buildup
- Check that inlet piping is at the correct level based on seasonal water quality
- Check for any sign of animal or fish impacts (carcasses, droppings, etc.) near the intake
- Check that all non-treatment chemicals (fuels, cleaning products, pesticides, herbicides, etc.) are stored at least 100 feet away from the intake
- Check that no buildings or improvements impact the minimum separation distance to the source

Pumps

- Check that the electrical wiring is properly installed and protected
- Check the pump for excessive vibration, noise, leaks or overheating

Pressure Tanks

- Check the pressure relief valve and verify it is working properly
- Check to ensure the hydronic tank air charge is at the correct pressure
- Check that pressure controls work properly and are set to maintain at least 20 psi

Water Storage Tank(s)

System does not have water storage tanks (if checked, skip to next section)

- Inspect, clean and sanitize your storage tank(s)
- Check that the tanks are structurally sound and without cracks or holes
- Check that overflow and drain lines are properly screened or covered, and the lines terminate a minimum of two times the diameter of the water outlet pipe above the ground
- Check that the access hatch is sealed and locked

Chlorination

- Check that the chlorine was replaced with a fresh supply
- Check that the chlorine residual test kit is working and that reagents are not expired
- Check the chlorinator pump and tubing for damage, corrosion and leaks
- Check and inspect the chemical feed pump to verify it is working properly

Filtration or Other Methods of Treatment

- Check and replace any filters and media according to the manufacturer's guidelines
- Check that the treatment system is working properly
- Check that there is an adequate air gap at any treatment process waste line and the waste drain
- There are many different methods of treatment, so if you have any questions about your system's treatment setup that your manual cannot answer, call the manufacturer or the DEC engineering staff*

Distribution Lines

- Check all areas of the distribution system to ensure there is adequate pressure
- Check the distribution system for leaks under pressure
- Check for any dead end lines in distribution and flush them
- Check each valve and shutoff assembly to ensure they work properly under pressure
- Check for atmospheric vacuum breakers on all hose bibs
- Check all cross connection control assemblies and replace or have a certified technician repair if necessary
- Check that drinking water lines cannot reach nearby RV sewer dump stations, or isolate the potable water lines near the station with a cross connection control assembly

After performing the listed checks and making any repairs or alterations as necessary, disinfect, flush the system and collect coliform samples to confirm the system is ready to serve water to the public:

- Follow our "Drink it Pure" disinfection procedures available on our Publications webpage at <http://dec.alaska.gov/eh/dw/publications/publications.html>. Be careful to use the proper dosage and holding time for the disinfection process. Inexpensive kits for measuring chlorine residual can be found at a hardware or pet supply store.
- After disinfection and prior to serving water to consumers, collect a clean coliform sample according to your sample siting plan to confirm your system is disinfected. Coliform sampling procedures are available on our Sampling webpage at <http://dec.alaska.gov/eh/dw/publications/sample.html>.
- After checking the appropriate boxes and briefly describing any issues encountered during the startup process, sign the certification statement below and send the form in to your Environmental Program Specialist.

If you are planning expansion or modifications to your system, please contact the Drinking Water Engineering staff prior to beginning any work to check if you need to go through engineering plan review.

If you have any other questions or concerns, contact Drinking Water Program staff at your local office:

Anchorage (907) 269-7623 or (866) 956-7656	Fairbanks (907) 451-2108 or (800) 770-2137
Soldotna (907) 262-5210	Wasilla (907) 376-1850

Completion of Startup Procedures Certification Statement

As a representative of the PWS, I certify that the required startup procedures were completed and a total coliform sample that demonstrated the absence of coliform bacteria was collected prior to serving water to the public as indicated on this form. ~~On 01/11/2015 at 10:30 AM~~ The presence of a disinfection residual was reported with the coliform sample.

Name (printed): _____

Signature: _____ Date: _____

Describe any problems encountered and corrections made: (if needed, use additional sheet)