



REVISED TOTAL COLIFORM RULE (RTCR) START-UP PROCEDURES AND CERTIFICATION FORM FOR SEASONAL PUBLIC WATER SYSTEMS

DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF MUNICIPAL FACILITIES
SFN 60775 (9-2021)

SUMMARY OF SEASONAL STARTUP REQUIREMENTS

Under the Revised Total Coliform Rule (RTCR) seasonal public water systems (PWSs) must conduct state-approved start-up procedures at the beginning of each seasonal operating period. The RTCR helps ensure that drinking water is safe before it is served to the public. To comply your system must do three things:

1. Before opening: Follow the checklist in this document as you prepare to open your PWS.
2. Before or within 14 days after opening: Take a bacteriological water sample and get results.
3. Within 14 days after opening: Certify that you followed the approved procedures by signing and sending in this document. Attach the water sample result/s.

CERTIFICATION OF COMPLETION AND WATER SYSTEM INFORMATION

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

START-UP PROCEDURES (FOLLOW AND COMPLETE THE CHECKLIST BELOW)

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
Are 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 the 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 and dried?	<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

Distribution System/Piping Information/Flushing

Have water pipes been shocked/super chlorinated?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have water mains, service lines and plumbing been flushed for at least 5 minutes and is the water clear?	<input type="checkbox"/> N/A	<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 valves been exercised (opened and closed) and proven not to leak?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Pressure Tanks and Integrity Check (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		
Are the proper kick-on and kick-off pressures set?	<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		
Area	Pump ON (PSI)	Pump OFF (PSI)	Start (PSI)	End (PSI)	Loss (PSI)

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, and birds from entering and is the inside clean (no rodent droppings, leaves, pine cones)?	<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

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?	mg/L		
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 values?	<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

Other Treatment (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?	time/s per		
Any safety issues identified, (e.g., loose or exposed wiring)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name/s of the chemical and treatment used?			
If applicable, the chemical dose?	per		
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

Storage Tank/Reservoir/Cistern Information

Has tank been cleaned out (free of sediment and 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?	times per		
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 #16 or finer, 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

DID YOU DO THE FOLLOWING?

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

Within 14 days of opening to the public this entire document, along with bacteriological sampling result(s), must be submitted to the Division of Municipal Facilities by facsimile at: 701-328-5200, email at: jseerup@nd.gov or mkseibel@nd.gov, or by mail at: North Dakota Department of Environmental Quality, Division of Municipal Facilities, 4201 Normandy Street, Bismarck, ND 58503-1324.