

**SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION & START-UP CERTIFICATION FORM**

*Please check one of the following options, provide the corresponding date, and proceed to filling out the appropriate sections below:*

Box 1.  I am notifying the State Water Board of seasonal water system shutdown, which occurred on  
**DATE:** \_\_\_\_\_ (Complete Sections 1, 4, and 5)

**OR**

Box 2.  I am requesting approval to serve water to the public based on completion of a State Water Board approved Start-Up Procedure.

**Requested Re-open DATE:** \_\_\_\_\_ (Complete Sections 1-5)

**SECTION 1: Public Water System Information**

Public Water System ID: CA \_\_\_\_\_

Public Water System Name: \_\_\_\_\_

Non-Community Water System Class (Check One):  Non-transient (NTNC)  Transient (TNC)

Seasonal Operating Period (i.e. 4/1 – 9/30): \_\_\_\_\_ to \_\_\_\_\_

**SECTION 2: Start-Up Procedure**

*Check boxes to verify completion of each applicable element and enter the corresponding item completion dates. (\*Minimum Required Elements).*

**Alternative Start-Up Procedure approved by the Local DDW District Office or LPA**  
Completion Date: \_\_\_\_\_

**OR**

**\*A. Inspection of the Water System Components**  
Completion Date: \_\_\_\_\_

**NOTE:** *All water system components (i.e. sources of supply, pumps, storage facility, pipelines, treatment facilities, etc.) have been inspected for deficiencies, including cross-connection hazards, and all corrective maintenance actions have been completed.*

**\*B. Flushing of the Water System**  
Completion Date: \_\_\_\_\_

**NOTE:** *All water system components and distribution pipelines were flushed. For water systems that are adding disinfectant, flush until normal disinfectant residuals are restored.*

**SECTION 2: Start-Up Procedure (Continued from Pg. 1)**

**\*C. Disinfection of the Water System**

Completion Date: \_\_\_\_\_

**NOTE:** *Perform disinfection of the treatment system, storage tanks, and distribution system in accordance with the approved Start-up Procedure using applicable American Water Works Association (AWWA) Standard(s) and/or approved State Water Board procedures, with adequate residual and contact time. If the water system is depressurized prior to seasonal start-up, then you must ensure that disinfection is provided. Water systems that are pressurized year-round and do not normally add a chemical disinfectant during normal operations, do not have to disinfect unless the results of required bacteriological samples show the presence of coliform bacteria.*

**\*D. Bacteriological and Disinfectant Residual Monitoring**

Completion Date: \_\_\_\_\_

**NOTE:** *After proper flushing and disinfection (if applicable), bacteriological samples have been collected and analyzed from each source prior to treatment, from each storage facility, and of an adequate number to properly represent and assess the quality of water in the entire distribution system, in accordance with the water system's State approved Start-up Procedure. If disinfection was performed, the chlorine residual has been monitored and noted on the chain of custody for each coliform sample. Laboratory sample results have been reported to State Water Board for compliance and are attached to this certification form.*

**E. Additional Elements Included in the Approved Start-Up Procedure**

Completion Date: \_\_\_\_\_

**NOTE:** *All additional elements included in the State Water Board approved Start-up Procedure specific to the water system have been completed. Please attach all documents supporting completion of the approved procedures to this form.*

**SECTION 3: Certified Operator Information**

**NOTE:** *All activities listed in Section 2, A thru C, must be supervised/performed by a certified distribution operator*

Certified Operator's Name (First and Last): \_\_\_\_\_

Certification Type(s) and Level (e.g. D1, T2, etc.): \_\_\_\_\_

Certification Number: \_\_\_\_\_

Certification Expiration Date (MM/DD/YYYY): \_\_\_\_\_

**CALIFORNIA ENVIRONMENTAL PROTECTION AGENCY  
State Water Resources Control Board  
Division of Drinking Water**

**SECTION 4: Water System Owner/Authorized Representative Contact Information**

First and Last Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address (include City/State/Zip Code): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SECTION 5: Certification by Water System Owner/Authorized Representative**

*I hereby certify that the above information listed on this certification form is complete, accurate and true to the best of my knowledge.*

X \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature of Water System Owner/Authorized Representative

**SECTION 6: State Water Board or LPA Representative Approval**

*The State Water Board or LPA deems that the water system has provided proper shut-down notification and/or completed the required start-up procedures and is hereby allowed to serve water to the public.*

X \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Signature of State Water Board or LPA Representative