|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **Seasonal Start-Up Certification Form** | | | | | | | **RE: PWS Name**  **Report**  **Drinking Water Program**  **County**  **PWS ID:  OH** | |
| Division of Drinking and Ground Waters | | | | | | | (Revised 01/29/2019 | |
| **Water System Information** | | | | | | | | | | | | | | | | |
| Water System Name: | | | | | | |  | | | | | | PWS ID Number: | | | OH |
| Opening Date to the Public (mm/dd/yyyy): | | | | | | | | |  | | | | | | | |
|  | |  |  | | | | | | |  | | | | | | |
| **Activities Completed** | | | | | | | | | | | | | | | | |
| Instructions: Each activity below corresponds with a section from the “Seasonal Public Water System Start-Up Requirements and Checklist.” Check “Yes” or “N/A” as applicable for each section of the checklist that was completed. Please note that all applicable sections must be completed prior to submitting this form. **The local Ohio EPA District Office must receive this form on or before the opening date to the public.** | | | | | | | | | | | | | | | | |
| **Yes** | | **N/A** | **Activities:** | | | | | | | | | **Comments:** | | | | |
|  | |  | 1. **Completed pre-inspection activities** | | | | | | | | |  | | | | |
|  | |  | 1. **Completed initial inspection** | | | | | | | | |  | | | | |
|  | |  | 1. **Activated and pressurized the water system** | | | | | | | | |  | | | | |
|  | |  | 1. **Completed repairs** | | | | | | | | |  | | | | |
|  | |  | 1. **Disinfected and flushed entire system** | | | | | | | | |  | | | | |
|  | |  | 1. **Verified treatment systems are operating properly** | | | | | | | | |  | | | | |
|  | |  | 1. **Collected required total coliform start-up sample(s) from the distribution system (e.g., bathroom, campsite, trailer)** | | | | | | | | |  | | | | |
|  | |  | 1. **Received safe (“absent”) total coliform start-up sample result(s)** | | | | | | | | |  | | | | |
|  | |  |  | | | | | | |  | | | | | | |
| **Certification** | | | | | | | | | | | | | | | | |
| ***I hereby certify that I have completed the start-up procedures as outlined in the Ohio EPA policy* *document entitled* “Seasonal Public Water System Start-up Requirements and Checklist” *and that all items are in compliance with Rule 3745-81-51 of the Ohio Administrative Code to the best of my knowledge.*** | | | | | | | | | | | | | | | | |
| By: |  | | | | | | | | | | Date: |  | | | | |
|  | *Signature of Owner Representative* | | | | | | | | | |  |  | | | | |
| Name (Printed): | | | | |  | | | | | | Title: |  | | | | |
| Telephone Number: | | | | | |  | | | | | Fax Number: | | |  | | |
| Email Address: | | | |  | | | | | | | | | | | | |

For further guidance, please see Ohio Administrative Code Rule 3745-81-51, the document entitled “Seasonal Public Water System Start-Up Requirements and Checklist,” or contact your Ohio EPA district office.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reserved for Ohio EPA** | | | | | | | | | | |
| Date Received: | | |  | | | | | | | |
| Reviewed By: | |  | | | | | Date Reviewed: |  | | |
| Complete: | Yes  No | | | Late: | Yes  No | Analysis Complete Date(s): | | |  | |
|  |  | | |  |  |  | | | |  |