

Drinking Water Services

Seasonal Water System Start-up Checklist

Complete this form before the seasonal opening date as required by OAR 333-061-0065. Oregon Drinking Water Services (DWS) must receive this signed certification form prior to opening.

- **Email:** dwp.dmce@odhsoha.oregon.gov;
- **Fax:** 971-673-0694; or
- **Mail:** Drinking Water Services; PO Box 14350; Portland, OR 97293-0350

If either of the following statements are true, check the box, sign at bottom, and submit form:

- ☐ The distribution system remained entirely pressurized with at least one regular user all year long.
- ☐ This water system consists of a handpump only.

Actions below are still recommended practices.

Otherwise, complete and check off that each of the following actions were completed, and sign at bottom:

See Seasonal System website for more specific procedure instructions – bit.ly/seasonalstartup.

1. Inspect the System

- ☐ All water system components have been inspected for damage during the off season. Examples: signs of vandalism or animal activity; erosion at springbox/diversion ditch; leaks along water lines or fixtures. Screens on well vents, tank vents, or tank overflow lines were repaired or secured as needed before the seasonal opening. Treatment equipment, if any, operates correctly.

2. Initial Flush

- ☐ Fresh water was flushed through the entire water system by opening valves, hydrants, blow-offs, and faucets until the flow was clear.

3. Disinfect the System

- ☐ The entire water system, or at least the depressurized portion(s), was disinfected using DWS procedures (website above), with approved combinations of chlorine concentration & the time in contact with system parts.
- ☐ After disinfection, the chlorine solution was flushed from system components and distribution lines until the free chlorine residual was back to the normal level for this system. (That is, zero for systems that do not normally chlorinate - if chlorine is still apparent, keep flushing.) See restrictions (website above) on discharging highly chlorinated water near water bodies such as streams, lakes, or wetlands.

4. Collect Coliform Bacteria Sample(s):

At least one "special" coliform sample was collected from the distribution system and analyzed at a certified laboratory (**DATE sample(s) collected:** _____, **Check ONE of the following**):

- ☐ Coliforms were absent.
- ☐ Coliforms were present (☐ Total coliform or ☐ *E. coli*), but the water system must open before obtaining absent results. Contacted our drinking water regulator to determine appropriate corrective action.

I certify that the above information is correct:

Signature _____ Date _____
Printed Name _____ Position/Role at System _____
Public Water System Name _____ System ID #41- _____
Scheduled public opening date this year _____

If you have questions regarding the drinking water requirements for your system, call your direct regulator (at County Public Health Dept., Department of Agriculture, or Oregon DWS). Main DWS Phone: 971-673-0405.