

### CERTIFICATION OF START-UP PROCEDURE For Seasonal Systems

PWS Name:

PWS ID #:

County:

Distribution System Name (if applicable): \_\_\_\_\_

**Tip:** If your system has **multiple** separate distribution systems, submit multiple copies of this form.

Check all the start-up procedures that you completed. **Those marked with an asterisk are required.**

- \* **Well(s) flushed. (Required when possible.)**
- \* **Distribution system was flushed.**
- \* **Sample was taken for coliform bacteria before opening.**
- Distribution system was disinfected.
- Other procedure(s), list if any:

Be sure you have sampled **prior to this date!**

Anticipated Opening Dates and Closing Dates:

Opening Date: \_\_\_\_\_

Closing Date: \_\_\_\_\_

**Tip:** The **Closing Date** should be the last day of a month, or else the system must submit a coliform sample for any partial months they are open.

Check the box below if you use the **State Public Health Lab** in Lincoln and would like to receive a coliform kit one month prior to opening each year, to ensure a sample is collected before opening.

Check here to automatically receive a sample kit one month prior to opening each year.

If you use a **contract lab** you will need to work with them directly to receive coliform kits.

I \_\_\_\_\_ hereby affirm that the above start-up procedures were followed.  
(print name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form and sample results **within 30 days of opening to:**

NDEE Drinking Water Program  
PO Box 98922, Lincoln NE 68509-8922

[NDEE.drinkingwater@nebraska.gov](mailto:NDEE.drinkingwater@nebraska.gov)  
Fax: 402-471-2909