

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:

DWEE Drinking Water Program
 245 Fallbrook Blvd., Suite 100
 Lincoln, NE 68521

DWEE.ECMUpload@nebraska.gov
 Fax: 402-471-2909