

Revised Total Coliform Rule Certification of Seasonal System Start-up Procedure	Connecticut Department of Public Health Drinking Water Section 410 Capitol Avenue, MS #12DWS P.O. Box 340308 Hartford, CT 06134-0308
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Section 1: Public Water System Information

Public Water System ID	Public Water System Name	
Primary Town/City	PWS Classification NTNC TNC	Typical Annual Operating Period (e.g., 4/1-9/30)

Section 2: Start-up Procedures Checklist

Start-Up Elements Completed as described in the [RTCR Seasonal Start-up Guidelines](#) (Check all that apply):

Physical inspection of all sources of supply, pump houses, storage tanks, and completion of necessary repairs;
 Cleaning and disinfection of all storage facilities, including all chlorine contact chambers and storage tanks;
 Shock disinfection of all ground water sources and the distribution system;
 Flushing of the distribution system;
 Other:

Section 3: Required Water Sampling

Sample results must be received by the water system prior to serving water to the public*:

<input type="checkbox"/> Negative Total Coliform Sampling Result	Sample Date:	
<input type="checkbox"/> Nitrate Results less than 10 mg/L	Result:	
<input type="checkbox"/> Nitrite Results less than 1 mg/L	Result:	

*Sample results must also be reported to the Department by the laboratory.

Section 4: Seasonal Start-up Date

Date the water system will begin serving water to the public: _____

Section 5: Legal Contact Information

Salutation	First Name	Last Name	
Organization		Job Title	
Mailing Address Line One		Mailing Address Line Two	
City	State	ZIP Code	
Business Phone (Ext.) ()	Mobile Phone	Emergency Phone	E-mail Address

Section 6: Certification

I certify that the information contained herein which is being submitted to the Connecticut Department of Public Health for a drinking water regulatory compliance purpose is complete and accurate and I understand that any false statement contained herein is punishable as a criminal offense under section 53a-157b of the Connecticut General Statutes.

The system shall not serve water to the public until the start-up procedures have been completed and the certification has been filed with the Department. Forms will be rejected and returned if any sections are incomplete and may result in the issuance of violations if not corrected.

Printed Name of Property Owner/Legal Contact: _____ Date: _____

Signature of Property Owner/Legal Contact: _____

Submit completed form to: DWDCompliance@ct.gov or to the mailing address at the top of the form.

If you have any questions, please contact the Department at (860) 509-7333.