**EPA Region 8 Seasonal Start-up Checklist**

**For Public Water Systems in Wyoming or on Tribal Lands in EPA Region 8**

If your public water system (PWS) is open to the public only part of the year, it is considered a seasonal system. Under the Revised Total Coliform Rule (RTCR), you are required to complete the following steps and submit this form to our office **prior to serving water to the public** for the season. You will be in violation of the RTCR and subject to enforcement action if you serve water to the public before completing these start-up procedures **and** submitting this form to our office.

**Wyoming and EPA R8 Tribal water systems can submit this checklist to:**

RTCR Manager

8WD-SDR

1595 Wynkoop Street

Denver, CO 80202

Or fax at: 1-877-876-9101 or email at: [R8DWU@epa.gov](mailto:R8DWU@epa.gov)

**PWS Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PWS ID number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date water system opens to the public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated closure date for the season\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your system year-round with a portion that closes seasonally? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Unless otherwise noted as optional, all actions **must be** completed. If an action does not apply or you do not have a specified piece of equipment, mark “N/A”. If you need more room to answer a question, please use an additional sheet or reference the question number and add more information on page 3. If you have more than one water source and more than one distribution system, please complete the table at the end of the form specifying when each well/distribution system will open and when you plan to complete the startup procedures on each well/distribution system. EPA is required to have this form **BEFORE** you start serving water to the public from your first well. Even if your water system remains pressurized throughout the year but you are not considered a public water system for part of the year you are required to complete this Seasonal Start-up Checklist.

\*This date will be used as your seasonal shutdown date. If you write that your PWS closes on September 1, 2024 then EPA will expect a September sample result. If you actually close on August 15, 2024, let EPA know of the early closure so that an adjustment can be made on your sampling schedule and you will not receive a monitoring violation.

| **Action** | **Completed?** | **Comments** |
| --- | --- | --- |
| 1. **Inspect each source**-  * Wells - Is each well sealed and intact? Are all required gaskets and screens undamaged and properly installed? Are all bolts present and tight? Are there any openings that could allow in animals, insects, stagnant or other water? * Spring(s) - Are there any breaches or openings that could allow in contamination? Has deep rooted vegetation been removed? Is your spring area fenced or protected from stock or wildlife? * Intake(s) - Any repairs needed?   Complete any repairs prior to opening. If more time for repairs is needed, be sure to contact our office first. |  |  |
| 1. **Does your system have any treatment? List all treatment.**    * Ensure that chemical feeds are functioning properly, you have fresh disinfectant, and conduct UV maintenance (if necessary). Include the disinfectant residual on your “special” sample result so that you know the chemical feed is working.    * If you have any cartridge filters on your system (i.e., reverse osmosis or sediment filters) be sure to check the user manual to see if it is time to change the filter. Please indicate if filter(s) changed.   Complete any repairs prior to opening. If more time for repairs is needed, be sure to contact our office first. |  |  |
| 1. **Inspect any storage or pressure tanks. List the storage tanks.**  * Are there any openings or repairs needed? * Are vents and overflows intact and properly fitted with #24 mesh screen? * Are access penetrations gasketed and sealed? * Are all valves operational? * List the last time the storage tank(s) were cleaned.   Complete any repairs prior to opening. If more time for repairs is needed, be sure to contact our office first. |  |  |
| 1. **Flush the distribution system**   *You must flush your system to rid your distribution system of stagnant water, even if it remains pressurized during the off-season. We recommend disinfecting and flushing as it is more effective and will kill any bacteria that may have accumulated. Be sure to use a chlorine solution approved for drinking water.*  a) *Recommended*: Add disinfectant at proper dosage. Fill the system then turn on faucets to get disinfected water throughout your entire distribution. Shut the water off and let sit 24 hours. Prevent anyone using this water during this time as it would contain high levels of disinfectant.  b) ***Required:*** Flush the stagnant or disinfected water out of the system. *Be sure to keep chlorinated water away from septic systems and surface water bodies such as lakes, streams and ponds.* |  |  |
| 1. **Flush out your tanks** (if applicable). Ensure stagnant or disinfected water is removed and all valves are operational. |  |  |
| 1. **Inspect your pipes** (distribution system).  * Any leaks noted? Does the system hold pressure with all taps closed?   Complete any repairs prior to opening. If more time for repairs is needed, be sure to contact our office first. |  |  |
| 1. **When** the above steps are completed, collect a bacteriological sample and mark it as “**special” (not routine or repeat),** and send to the lab for analysis. Be sure EPA gets a copy of these results as well.   *This sample can serve as a double check to ensure your system is fully operational and ready for the season. Samples labeled as “****special****” do not count for compliance. Not collecting the “special” sample is considered not completing this form and may result in a violation.*  ***This sample does not count as your “routine” sample for the month. If you serve water to the public the same month you do your seasonal start-up you must collect both a “special” sample and a “routine” sample to meet compliance.*** |  |  |
| 1. **Was** your system required to complete a Level 1 or Level 2 Assessment last year? Did you complete all the required corrective actions before filling out the Seasonal Startup Checklist this year? |  |  |

If you need further instruction on disinfection practices, you can consult the Wyoming Association of Rural Water Systems at 307-436-8636 or Midwest Assistance Program, Inc. (MAP) if in Indian country, consult Megan Falk (MT) at [Falk.megan@epa.gov](mailto:%20Falk.megan@epa.gov) or Colby Brakke (ND, SD) at [Brakke.colby@epa.gov](mailto:Brakke.colby@epa.gov) or Motaz Zarooq (CO, UT) at [Zarooq.motaz@epa.gov](mailto:Zarooq.motaz@epa.gov). Any time you have a positive total coliform sample, be sure to refer to: https://www.epa.gov/region8-waterops/addressing-total-coliform-positive-or-ecoli-positive-sample-results-epa-region-8 for the required steps. If you have any other questions please contact Jamie Harris, the RTCR Rule Manager at [Harris.Jamie@epa.gov](mailto:Harris.Jamie@epa.gov) or 303-312-6072.

**Additional Comments:**

**Certification** **of Completion:**

**I hereby certify that the information in this form is the truth and each start-up procedure listed above was completed before water was delivered to my customers.**

**Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the following table if:

1. Your seasonal system has more than one source serving more than one distribution system.
2. Your seasonal system distribution system(s) open or close during different months (i.e. one opens in June and the another in July).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Well Name**  **(i.e., WL0x)** | **Distribution System Name**  **(i.e., DS0x)** | **Planned Startup Activity**  **(use additional space if necessary)** | **Startup Date**  **(if different than other sources)** | **Shutdown Date**  **(if different than other sources)** | **Date Special Sample Collected** |
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Additional Comments: