



FLORIDA DEPARTMENT OF Environmental Protection

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Ron DeSantis
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System Shutdown / Seasonal Water System Start-Up Procedure Certification Form

Statement of System Closure

I, _____, hereby certify that the water system known as _____ (henceforth referred to as the "System"), PWS ID number: _____, was closed beginning _____ until _____. The Florida Department of Environmental Protection (DEP) was notified of the system closure via email (SouthDistrict.PWS@FloridaDEP.gov) as of _____.

In addition, I certify that I have read and agree to follow the below system clearance procedures provided before reactivating the system. The System will (Check one):

Following the System's closure, complete all system start-up procedures, OR

Maintain pressure throughout the System and continue ALL routine sampling during the entirety of the System's closure.

Signature

Date

IMPORTANT NOTE: The monthly or quarterly bacteriological results are required even when a public water system is serving water for even one day during any given quarter/month. Failure to submit these results is a violation of Rule 62-550.518, F.A.C. and will result in enforcement which will include civil penalties.

System Start-Up Procedures

The Revised Total Coliform Rule (RTCR) requires all systems that have shut down complete a state-approved start-up procedure before serving water to the public. The System certifies that they fall under the following category (Check one):

Seasonal – The System completely depressurizes for one or more months during the year, with no expectation or evidence of component failure within the System.

Maintenance – The System is enacting a shut down for an extended period due to installation, repair, or otherwise providing expected maintenance to the System.

Emergency – The System was forced to enact an emergency shut down for an extended period due to disaster and/or unexpected failure of system components.

Comments: _____

By completing this form and submitting it to the DEP, you document that this system complied with the RTCR's start-up requirements.

Items to Complete	Required Actions	Completed? (Yes/No/NA)	Comments
Tanks	Drain, clean, and disinfect all water tanks before delivering water to your customers. Clean tanks of sediment buildup.		
Inspect Facilities	Make sure the well house, source, storage, and distribution systems are in good condition.		
	Inspect the water system and complete any repairs needed to ensure contamination cannot enter the system, such as replacing the aerator screens and repairing leaks.		
Disinfect and Flush	Systems should perform routine maintenance on all disinfection treatment equipment.		
	Ensure that the chlorinator is operational and that you have an adequate supply of fresh chlorine on hand.		
	Completely flush the entire system with treated water until an adequate chlorine residual (0.2 mg/L free chlorine, or 0.6 mg/L total chlorine) is detected at the ends of the lines.		

Collect Samples	<p>Collect coliform samples and submit test results to the Department for review.</p> <p>Raw: 1 raw sample for bacteriological analysis for 2 consecutive days, for each well that is on site. <u>(Not applicable if the System has been shut down for 6 or more months; See Below.)</u></p> <p>Distribution: 2 distribution samples for bacteriological analysis for two consecutive days (a total of 4 samples).</p>		
	Collect nitrate and nitrite samples from the Point of Entry.		
	Chlorine residual must be documented on the Bacteriological form.		
<p>For systems shut down for 6+ months: Well Survey(s)</p>	<p>If the well(s) is/are out of service for more than 6 months, an abbreviated well survey of 10 samples (2/day at least 6 hours apart) is required in place of the Raw coliform sampling listed above.</p>		

I certify that this water System either (a) completed the items in the above “System Start-Up Procedures”, OR (b) maintained adequate pressure throughout the System and continued ALL routine sampling during the entirety of the System’s closure, before serving water to the public. I have attached the relevant sample results. I understand that the System is not allowed to reopen until this form has been submitted to and approved by the Florida Department of Environmental Protection.

Water System Name

PWS ID Number

Start-Up Date

County

Signature

Print Name

Date