



## Montana Seasonal System Start-up Form

This form will help you to identify potential problems with your water system that may allow contamination to enter. Complete those sections that are applicable to your system. Any item marked “no” means an improvement should be made. If you are unsure what improvement to make, contact the DEQ field services section (phone numbers and contact information is at the end of the form).

Completion of this form documents that you have checked these components for this year of operation. This completed Seasonal System Startup Form must be mailed to DEQ before the seasonal start up. Please retain a copy of the form for your records.

<b>PWS Name:</b> _____	<b>Source Type (GW, SW, GWP etc.):</b> _____	<b>PWS #:</b> _____
<b><u>Well Source and Pump house</u></b>	<b>Check one or check here if N/A</b> <input type="checkbox"/>	<b>Comments</b>
Is the pump house locked and protected from trespassers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the well protected from tampering? ( <i>Locked cap, inside building or security fence</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all chemicals more than 100 ft away from the well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the well cap free from openings that might allow an insect, rodent or dirt to enter the well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the well vent face downward and is the screen intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the electrical conduit pipe tightly sealed top and bottom without breaks, cracks or gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a raw water sample tap and is it working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a water meter for the well and is it working?	<input type="checkbox"/> Yes <input type="checkbox"/> No Meter Reading: _____	
Did you measure and record the static water level in the well?	<input type="checkbox"/> Yes <input type="checkbox"/> No Static level reading: _____	
<b><u>Chlorination</u></b> (complete this section if the PWS chlorinates full-time)	<b>Check one or check here if N/A</b> <input type="checkbox"/>	<b>Comments</b>
Have you replaced all of the chlorinator tubing within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you inspected the chemical injection point and cleaned it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you verified the chemical feed pump is working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you buy new chlorine solution (NSF approved sodium hypochlorite) and discard last year's supply appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have free residual chlorine testing equipment and current reagent packets?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have chlorine residual report forms? (due by 10 <sup>th</sup> day of following month)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Other Treatment</u></b>	<b>Check one or check here if N/A</b> <input type="checkbox"/>	<b>Comments</b>
Have all cartridge filters been replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was treatment media inspected/replaced? (water softener salt, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## Montana Seasonal System Start-up Form

If ultraviolet (UV) disinfection have you inspected the unit, cleaned water chamber (quartz sleeve) & changed the bulb?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Pressure Tanks:</u></b>	<b>Check one or check here if N/A</b> <input type="checkbox"/>	<b>Comments</b>
Are pressure tanks in good condition? <i>(Check no if they are waterlogged)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there a pressure relief valve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there an operable pressure gauge?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the system maintaining a minimum pressure greater than 35 psi?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Storage tanks (or cisterns):</u> If cisterns, please mention in comments.</b>	<b>Check one or check here if N/A</b> <input type="checkbox"/>	<b>Comments</b>
Have you cleaned the inside of the tank within the last 5 yrs.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the tank overflow pipe screened with fine screen that is intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the tank vent properly screened and the screen fully intact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the access hatch locked and are the gaskets in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are insects, spiders and dirt being kept out of the hatch area, especially on the inside of the lid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the bottom of the tank free from sediment build-up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the roof and sides of the tank structurally intact (no holes or cracks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the water level controls functioning properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the coating on the tank in good condition (is there evidence of peeling paint, pitting or corrosion)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there evidence of leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Distribution system:</u></b>	<b>Check one</b>	<b>Comments</b>
Have you checked the system for leaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do all outdoor hose bibs have hose bib vacuum breakers installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>RV Dump Station:</u></b>	<b>Check one or check here if N/A</b> <input type="checkbox"/>	<b>Comments</b>
Does your RV dump station have a backflow assembly and can you ensure the drinking water hose does not reach the sewer pad?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Sampling:</u></b>	<b>Check one</b>	<b>Comments</b>
Do you have an updated bacteria sample site plan with distribution sample locations properly identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have all sample bottles on hand? (bacteria and nitrate)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Optional Procedures:</u></b>	<b>Check one</b>	<b>Comments</b>
Did you disinfect the well? What chemical(s) did you use? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you disinfect the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Did you thoroughly flush the well and distribution system after disinfecting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____



## Montana Seasonal System Start-up Form

<b>Required Start-up Procedures:</b>	<b>Check one</b>	<b>Comments</b>
Was any part of the PWS system depressurized (drained) during the closed season?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you complete page 1 of this checklist (the DEQ start-up procedures for seasonal systems)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you thoroughly flush the well and distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Did you submit bacteria sample(s) from the distribution system after waiting at least 72 hours post flushing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Were the samples total coliform and <i>E. coli</i> absent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date PWS open to public: \_\_\_\_\_ PWS Name \_\_\_\_\_

PWS # \_\_\_\_\_

\*\*\*Important\*\*\* signature of person completing start-up checklist is required:

"I hereby certify the above information is true and accurate." *Signature:* \_\_\_\_\_

Phone number: \_\_\_\_\_ Date Signed: \_\_\_\_\_

<p><b><u>Mail the signed, completed form to:</u></b>          Montana Department of Environmental Quality          Attn: <b>Public Water Supply Program</b>  <b>RTCR Rule Manager</b>  <b>PO Box 200901</b>  <b>Helena MT 59620-0901</b>  <u>OR</u> FAX to: 406-444-1374  <u>OR</u> E-mail to: DEQRTCRL12@mt.gov</p>	<p><b><u>For more information call your DEQ Regional Office:</u></b>          Helena Region: 444-4400          Kalispell Region: 755-8985          Billings Region: 247-4430</p>
--	--