



## CERTIFICATION OF START-UP PROCEDURE For Seasonal Systems

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

PWS ID #: NE31 \_\_\_\_\_ County: \_\_\_\_\_

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Check all of the start-up procedures you did. Those marked with an asterisk are required.

- 1. **\*Well(s) flushed. (Required when possible.)**
- 2. **\*Distribution system was flushed.**
- 3. **\*Sample was taken for coliform bacteria before opening.**
- 4. System was disinfected.
- 5. Other procedure(s) (If any, list.) \_\_\_\_\_

I hereby affirm that the above start-up procedures were followed. Sample records for coliform bacteria have been retained in the system's files.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form and sample results within 30 days of opening to:

Elizabeth Esseks, RTCR Manager  
DHHS – Drinking Water Program  
PO Box 98922  
Lincoln NE 68509-8922  
[elizabeth.esseks@nebraska.gov](mailto:elizabeth.esseks@nebraska.gov)  
Fax: 402-471-6436

### NOTE:

- ✓ Make copies of this form as needed for each separate distribution system.
- ✓ Any repeat samples, assessments, or corrective actions not completed before closing the previous season must be completed before opening.

Please contact Elizabeth Esseks at 402-471-1010 or [elizabeth.esseks@nebraska.gov](mailto:elizabeth.esseks@nebraska.gov) if you have any questions.

**FAILURE TO FOLLOW STATE-APPROVED START-UP PROCEDURE IS A TREATMENT TECHNIQUE VIOLATION.**

**FAILURE TO SUBMIT THIS CERTIFICATION OF START-UP PROCEDURE IS A REPORTING VIOLATION.**

**SYSTEM MAY BE SUBJECT TO AN ADMINISTRATIVE FINE FOR NON-COMPLIANCE.**