



## START-UP CERTIFICATION FOR SEASONAL NONCOMMUNITY PUBLIC WATER SUPPLY

*Issued under authority of the Safe Drinking Water Act, 1976 PA 399, as amended, MCL 325.1001 et seq., and its Administrative Rules (Act 399).  
Failure to submit certification is a violation of Act 399 and may subject the water supply to enforcement actions.*

This completed form must be submitted to the local health department (LHD) **PRIOR TO PROVIDING WATER FOR PUBLIC USE**. All of the steps **must** be completed and deficiencies corrected prior to opening (keep a copy of the completed form for your records).

Supply Name:		
Water Supply Serial Number (WSSN):		
Anticipated Opening Date to the Public:		Anticipated Closing Date:
<i>Details of the approved pre-opening start-up procedures can be found in EGLE'S SEASONAL PUBLIC GROUNDWATER SUPPLY HANDBOOK.</i>		
Pre-Opening Tasks Completed	Yes	Comments/Findings ( <input type="checkbox"/> Check the box if you provided additional comments on a separate sheet of paper)
1. Evaluated the Wellhead and Surroundings	<input type="checkbox"/>	
2. Evaluated the Water System	<input type="checkbox"/>	
3. Evaluated the System for Cross Connections	<input type="checkbox"/>	
4. Looked at All Air Gaps and Backflow (BF) Preventers and Replaced if Necessary	<input type="checkbox"/>	
5. Testable BF Preventer Assemblies Tested by Certified Tester	<input type="checkbox"/>	<input type="checkbox"/> NA
6. Flushed the Supply	<input type="checkbox"/>	
7. Disinfected the Depressurized Portion of the System	<input type="checkbox"/>	
If disinfected at the wellhead, provide Michigan registered well drilling contractor name:		
8. Collected Two (2) Pre-Opening Bacteriological Samples 24 Hours Apart According to Sample Siting Plan	<input type="checkbox"/>	
Dates Bacteriological Sampling Completed:  (If using a private laboratory, it is your responsibility to submit the sample results to your LHD.)		
9. I certify that I have completed the above-listed tasks in accordance with the <i>START-UP PROCEDURES FOR SEASONAL NONCOMMUNITY PUBLIC WATER SUPPLIES</i> for system-specific LHD-approved procedure(s). The information on this certification is complete, accurate, and true to the best of my knowledge. Any deficiencies observed were corrected and details have been provided above.  <i>Submission of this certification each year to the LHD before opening to the public is required under Act 399, referenced above.</i>		
Name/Title (Please Print):		
Signature:		Date:
Telephone:	Fax:	E-mail:
<b>Local Health Department Use Only</b>		
Certification Reviewed By: _____		Date Reviewed: _____
Comments: _____		Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>

Submit to LHD: