**2017 WILDFIRES – RETURN TO SERVICE WATER CERTIFICATION FORM**

*Prior to returning water service to the system, a State certified water operator must complete the Approved Start-Up Procedures outlined in Section 2. A water system proposing an Alternative Start-Up Procedure must first receive approval from the State Board – Division of Drinking Water (DDW). After completion of the Approved Start-Up Procedures, complete this form and submit it with the documents required in Section 3 to the DDW District Office.*

*Please check the following and provide the corresponding completion date:*

 *[ ]* I am requesting approval to serve water to the public based on completion of a State Water Board approved Start-Up Procedure. The anticipated reopening date of the water system is on / / .
(*Complete Sections 1 thru 5)*

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| **Section 1: Public Water System Information** |
| *Public Water System ID*CA  | *Public Water System Name* |
| *City / County* /  | *PWS Classification (Check One)* [ ]  Community [ ]  Nontransient-Noncommunity  [ ]  Transient-Noncommunity |
| **Section 2: Start-Up Procedure:**  Check to verify completion of each element and enter corresponding item completion date. |
|  **[ ]  Alternative Start-Up Procedure approved by the State Water Board was completed and is attached.**  |
| **All activities listed in Section 2, must be supervised/performed by a State certified water operator****[ ]  A. Inspection of the repaired Water System Components (COMPLETION DATE:**  / / **)**All water system components (i.e. sources of supply, pumps, storage facility, pipelines, treatment facilities, etc.) have been inspected for deficiencies, including cross-connection hazards, and all corrective maintenance actions have been completed.**[ ]  i. Wells and intakes**: Ensure well heads are properly sealed and intact, gaskets and screens undamaged and secure, bolts present and tight**[ ]  ii. Treatment system:** Functioning chemical feeds, undamaged crocks, use of fresh disinfectant, and maintenance of UV and all treatment components up-to-date. **[ ]** Not applicable**[ ]  iii. Pressure tanks:** Functional air relief valves, and pipe gaskets intact and sealed. **[ ]** Not applicable**[ ]  iv. Pipeline:** System maintains sufficient pressure with all taps closed.**[ ]  v. Storage tanks:** Vents and overflows intact and protected. **[ ]** Not applicable**[ ]  vi. Backflow devices:** If compromised by fire, have them tested by certified tester and submit the results to the State Water Board. **[ ]** Not applicable**[ ]  B. Disinfecting and Flushing of the Water System (COMPLETION DATE:**  / / **)** Flush the distribution system and storage tank of stagnant water. It is recommended to disinfect and flush. Use chlorine solution approved for drinking water (ANSI/NSF 60).**[ ]  i. Well and distribution system**1. Add disinfectant at appropriate ratio. [**Well Disinfection Procedures for Public Water Systems**](https://www.waterboards.ca.gov/drinking_water/programs/districts/docs/61_well_disinfection_procedures.doc) **(Form 61)**. Prevent anyone from using the water during this time as it has high levels of disinfectant.
2. Flush the stagnant or disinfected water out of the system. *Be sure to keep disinfected water away from septic systems and surface water bodies such as lakes, streams, and ponds.*

**[ ]  ii. Storage tank**1. If applicable, flush tank(s) of stagnant water
2. Follow procedure from Form 62 for disinfection of storage tank. [**Procedures for Disinfection of Tanks - With Hypochlorite Solution**](https://www.waterboards.ca.gov/drinking_water/programs/districts/docs/62_tank_disinfection_procedures.doc) **(Form 62)**.

 [ ]  **C. Sampling and Reporting of the Water System (COMPLETION DATE:**  / / **)**After proper flushing and disinfection (if applicable), samples have been collected from each source prior to treatment, from each storage facility, and adequate number of samples to assess the quality of water in the entire distribution system, and have been analyzed by a state-certified laboratory. **[ ]  i. Well sources** **[ ]  a. Raw Bacteriological Sample.** Submit lab reports (must be analyzed by enumeration method). **[ ]  b. Additional wellhead(s) sample for Nitrate.****[ ]  ii. Storage tank:** Bacteriological sample no more than 7 days before resuming service. Submit lab reports.**[ ]  iii. Distribution system:** Bacteriologicalsamples of 2 consecutive days and shows coliforms absent on all sample results. Sample locations must be representative of the water in the distribution system. Submit lab reports. |
| **Section 3. Required Documents:**  Check to verify completion of each element and enter corresponding item completion date. |
| [ ]  **Additional Required Documents** **[ ]  i. Copy of all sample lab reports:** (Source bacteriological and nitrate, tank bacteriological, distribution bacteriological)**[ ]  ii. New Bacteriological Sampling Plan for approval:** With Section V (Map or Diagram) site map. [**Small Water System Bacteriological Sampling Plan and Groundwater Rule Sampling Plan**](https://www.waterboards.ca.gov/drinking_water/programs/districts/docs/sonoma/36a_bsp_sws_sonoma_gw.doc) **(Form 36a)****[ ]  iii. Specifications on all new/replacement treatment** **[ ]  iv. Updated Emergency Notification Plan:** [**Water Quality Emergency Notification Plan**](https://www.waterboards.ca.gov/drinking_water/programs/districts/docs/sonoma/21_enp_sonoma.docx) **(Form 21)****[ ]  v. Updated Schematic (Flow Chart)****[ ]  vi. Additional Requirements:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Section 4: Certified Water Operator Information** |
| *First Name* | *Last Name* | *Certification Level*  | *Certification Number* | *Expiration Date (MM/DD/YYYY)* */ /*  |
| **Section 5: Water System Owner/Authorized Representative Contact Information** |
| *First Name* | *Last Name* | *Organization* | *Job Title* |
| *Mailing Address* | *City* | *State* | *ZIP Code* |
| *Business Phone [Ext]* [ ] | *Fax* | *Mobile Phone* |
| *Emergency Phone* | *E-mail Address* |
| **Section 6: Certification by Water System Owner/Authorized Representative** |
| *I hereby certify that the above information on this certification is complete, accurate, and true to the best of my knowledge.* ***X***  / /  *Signature of Water System Owner/Authorized Representative Date (MM/DD/YYYY)*  |
| **Section 7: State Water Board Approval**  |
| *The State Water Board approves the listed water system to serve water to the public and has met the start-up procedure requirements.* ***X***  / /  *Signature of State Water Board Date (MM/DD/YYYY)*  |

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