



ENERGY AND ENVIRONMENT CABINET  
DEPARTMENT FOR ENVIRONMENTAL PROTECTION DIVISION OF WATER  
300 SOWER BOULEVARD  
FRANKFORT, KENTUCKY 40601

## Revised Total Coliform Rule (RTCR) Seasonal Public Water System Start-up Checklist

**You are not required to use this form; it is provided for your convenience.**

Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

**Instructions:** Beginning January 1, 2016 and every year thereafter, seasonal noncommunity public water systems are required to complete state-approved seasonal start-up requirements specified by the KY Division of Water in 401 KAR 8:200 and 40 CFR 141 Subpart Y. Those requirements are listed in the checklist below. All items shall be evaluated. If the requirements do not apply to your system, then put a check mark in the "N/A" column. The "Procedure/Recommendations" column provides guidance on how to complete the start-up procedure and trouble areas to look for. This checklist shall be completed prior to start-up, signed and submitted to the Division of Water at 300 Sower Blvd, 3rd Floor, Frankfort, KY 40601, Attn: RTCR Rule Manager. It shall also be retained on site for review during inspections and sanitary surveys.

### Key Points:

- Complete every item on this Checklist prior to start-up for each PWSID
- Submit the signed Checklist to the KY Division of Water; keep a copy of the Checklist for your records
- Questions? Please call your Regional Office or the KDOW's Revised Total Coliform Rule Manager at (502)782-7049

PWS Name:

PWSID:

PWS location coordinates (decimal format): Latitude:

Longitude:

**I certify that the actions required by this Seasonal Start-up Checklist have been completed as noted.**

**Date Signed**

\_\_\_\_\_  
*Signature of Operator in Direct Responsible Charge/Manager*

*KY DOW RTCR Seasonal Start-up Checklist*

PWS Name:

PWSID:

Individual(s) Conducting the Start-up Inspection:

Email address:

Seasonal Period:

Date Inspection Completed:

**Pre-inspection Activities**

ACTIVITY	REQUIREMENT	DONE	NA	PROCEDURE/RECOMMENDATION
<b>PRE-INSPECTION</b>				
Certified operator	KY certified operator of the proper classification			
Sample site plan	Review sample site plan and update if necessary			
Water quality test equipment	Calibrate test equipment/meters and order supplies			
Laboratory	Contact certified laboratory for sample bottles or to make arrangements for sample collection			
Electrical power	Restore power			
Sanitary Survey/ Inspection	Review the last sanitary survey or inspection and ensure all deficiencies are corrected			

## Inspection Activities

ACTIVITY	REQUIREMENTS	DONE	NA	PROCEDURE/RECOMMENDATIONS
		✓	✓	
<b>INSPECT SYSTEM</b>  <b>Do a thorough inspection of the entire system</b>	Inspect wellhead protection area			
	Pump house secure			
	Well caps and vents are secure			
	Sample tap flows freely			Both the raw water tap and distribution system sample taps
	Raw water flow meter calibrated and functioning			
	Storage tanks visually inspected for corrosion and physical damage			If the storage tanks are empty, disinfect prior to use
	Tank vents and overflow pipes are screened and turned downward			
	Pressure tanks were visually inspected for corrosion and physical damage			
	All gauges and controls are functioning properly			
	Complete distribution system inspected for signs of damage or corrosion and necessary repairs made			
	Chlorination equipment was inspected and in operating condition			

*KY DOW RTCR Seasonal Start-up Checklist*

<b>ACTIVATE AND PRESSURIZE</b>	Well pumps operate properly			Run water through the entire system by opening all available outlets, starting at the treatment plant and moving outward to the farthest point
	System fully pressurized			
	No leaks detected in system			
	Chlorination equipment operating properly			Replace any worn parts; verify calibration
<b>DISINFECT AND FLUSH</b>	Fresh chlorine added and pumped throughout all tanks and distribution lines			The chlorine shall be NSF-approved and DOW approved
	Entire system flushed until a minimum of 0.2 mg/l free chlorine was tested at the ends of the system			Begin with tap closest to the well and work outward to the farthest point in the system
<b>COLLECT TOTAL COLIFORM SAMPLES</b>	Before sampling make sure chlorine level is at least 0.2 mg/l			
	Sample at 2 sites in the distribution system to verify disinfection			If the samples are total coliform positive (TC+), adjust chlorine level, re-flush the distribution system and re-collect the coliform samples; if the samples continue to be TC+, test the raw water, examine the system for cross-connections, verify chlorine residual and retest.
<b>SIGN AND SUBMIT THIS FORM</b>	Form must be signed verifying that the activities have been completed			Send the completed and signed form to: Division of Water at 300 Sower Blvd, 3 <sup>rd</sup> Floor, Frankfort, KY 40601, Attn: RTCR Rule Manager.

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Comments: