**START-UP CERTIFICATION FOR**

BSDW 109

**SEASONAL NONCOMMUNITY PUBLIC WATER SYSTEMS**

This completed form (with attachments) must be submitted to the Bureau of Safe Drinking Water by email at watersupply@dep.nj.gov **PRIOR TO PROVIDING WATER FOR PUBLIC USE.**

Please keep a copy of this form for your records

PUBLIC WATER SYSTEM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PUBLIC WATER SYSTEM IDENTIFICATION NUMBER (PWSID): NJ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

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| **Seasonal Start-Up Coliform Sampling** |
| Scheduled Start Date of the Operating Season (MM/DD/YY):  | *Sample Results (Check One):* Total Coliform Negative (-)[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] Total Coliform (+) /E. coli (-)[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] Total Coliform (+) /E. coli (+)[Type a quote from the document or the summary of an interesting point. You can position the text box anywhere in the document. Use the Drawing Tools tab to change the formatting of the pull quote text box.] |
| Date of sample collection (MM/DD/YY): |
| Sample ID #: |
| Laboratory Name: |
| Laboratory ID #: |
| Comments/ Findings: |
| **PLEASE ATTACH A COPY OF THE SAMPLE RESULTS** |

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| ***I hereby affirm that the seasonal water system start-up samples were collected in accordance with procedures approved by the New Jersey Department of Environmental Protection. The information on this certification is complete, accurate, and true to the best of my knowledge.*** |
| Name (Printed): |
| Signature: | Date: |
| Title/Relation to Public Water System: |  |
| Telephone: | Fax: | E-mail: |

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| **Department Use Only** |
| Certification Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Reviewed: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comments: ­­­­­­­ | Approved: Yes No |