This checklist helps you identify potential problems with your water system that may allow contamination to enter. If you check any item below with “No,” it means your system needs improvements. If you are unsure what improvement to make, [call your ODW regional office](https://doh.wa.gov/community-and-environment/drinking-water/offices-and-staff).

By completing this form, you document that you checked the following components of your water system during start-up and shutdown for one year of operation. We recommend that you select the date you complete each item and keep this record.

## Attention Seasonal Systems

You may find this document helpful as you develop your set of start-up procedures to meet [Revised Total Coliform Rule](https://doh.wa.gov/community-and-environment/drinking-water/contaminants/coliform/revised-total-coliform-rule-rtcr) requirements. Every operating season, before serving water to the public, seasonal systems must certify that they completed a set of state-approved start-up procedures to ensure the system is ready to supply safe drinking water to its customers

|  | **Start-Up:** Date | | **Shut-Down:** Date | |
| --- | --- | --- | --- | --- |
|  | **Check One** | **Date** | **Check One** | **Date** |
| Well Source and Pumphouse | | | | |
| Is the pumphouse locked and protected from trespassers? | Yes  No | Date | Yes  No | Date |
| Is the well protected from tampering? | Yes  No | Date | Yes  No | Date |
| Are all chemicals (pesticides, gas, herbicides, paints, solvents, etc.) more than 100 feet away from the well? | Yes  No | Date | Yes  No | Date |
| If there are any signs of animal activity, are they at least 100 feet away from the well? | Yes  No | Date | Yes  No | Date |
| If you have a back-up generator, is the fuel and generator stored so any fuel leaks will be captured in a secondary (back-up) containment area? | Yes  No | Date | Yes  No | Date |
| Is the well cap free of openings that would allow an insect to crawl into the well? | Yes  No | Date | Yes  No | Date |
| Is the well casing vent inverted and is the screen intact? | Yes  No | Date | Yes  No | Date |
| Are rodents or insects being kept out of the well house and away from the well head? *Look for droppings, chewed papers or wiring, or nesting materials.* | Yes  No | Date | Yes  No | Date |
| Is the sample tap working properly? | Yes  No | Date | Yes  No | Date |
| Do you have a water meter for the well and is it working? | Yes  No |  | Yes  No |  |
| Meter Readings |  |  |  |  |
| Start-up: Enter number on Date |  |  |  |  |
| Shut down: Enter number on Date |  |  |  |  |
| Are you recording water use on a routine basis when you are open? | Yes  No | Date | Yes  No | Date |
| In the past year, have you verified your water meter is accurately measuring the water pumped by the system? *Verify this by pumping into a bucket or barrel of known volume and comparing it to the meter readings*. | Yes  No | Date | Yes  No | Date |
| Did you measure and record the static water level? | Yes  No | Date | Yes  No | Date |
| Static Water Level Enter number on Date |  |  |  |  |
| *Disinfect probe prior to measuring the state water level.* |  |  |  |  |
| Chlorination *Make sure the chlorinator is pumping chlorine at an adequate dose throughout distribution. Test the free chlorine residual at least twice on separate days and evaluate results. Adjust as needed.* | | | | |
| Is the treatment working properly? | Yes  No | Date | Yes  No | Date |
| Is the chlorine residual test kit working and are the reagents fresh? | Yes  No | Date | Yes  No | Date |
| Have you replaced all of the chlorinator tubing within the last year? | Yes  No | Date | Yes  No | Date |
| Have you checked the chemical injection point and cleaned it? | Yes  No | Date | Yes  No | Date |
| Have you verified the chemical feed pump is working properly? | Yes  No | Date | Yes  No | Date |
| Did you buy new chlorine solution (bleach) and discard last year’s supply? | Yes  No | Date | Yes  No | Date |
| **Start-up:** Do you have enough Chlorination Report forms for this year? | Yes  No | Date |  |  |
| **Shut-down:** Were all Chlorination Reports submitted to your ODW regional office for the operating season? |  |  | Yes  No | Date |
| Other Treatment *Make sure the treatment unit is actually adding or removing the water quality parameter in question (for example iron). You need to measure the parameter at least twice on separate days. If you have specific questions about how to do this, contact the manufacturer or call your ODW regional engineer.* | | | | |
| Pressure Tanks | | | | |
| Can you ensure none of your pressure tanks are waterlogged? | Yes  No | Date | Yes  No | Date |
| Do the air/water level controls function properly? | Yes  No | Date | Yes  No | Date |
| Is there a pressure relief valve on each tank? | Yes  No | Date | Yes  No | Date |
| Storage Tanks | | | | |
| Have you cleaned the inside of the tank within the last five years? | Yes  No | Date | Yes  No | Date |
| Is the tank overflow pipe screened and is the screen intact? | Yes  No | Date | Yes  No | Date |
| Is the access hatch locked? | Yes  No | Date | Yes  No | Date |
| Is the tank vent properly screened and is the screen fully intact? | Yes  No | Date | Yes  No | Date |
| Are birds or bats being kept out of the tank? | Yes  No | Date | Yes  No | Date |
| Are insects and spiders being kept out of the hatch area, especially on the inside of the lid? | Yes  No | Date | Yes  No | Date |
| Is the bottom of the tank free from sediment build-up? | Yes  No | Date | Yes  No | Date |
| Are the storage tank roof and sides structurally intact without holes and cracks? | Yes  No | Date | Yes  No | Date |
| Are the water level controls functioning properly? | Yes  No | Date | Yes  No | Date |
| Is the coating on the inside or outside of the tank in good condition? | Yes  No | Date | Yes  No | Date |

|  | **Start-Up:** Date | | **Shut-Down:** Date | |
| --- | --- | --- | --- | --- |
|  | **Check One** | **Date** | **Check One** | **Date** |
| Distribution Lines | | | | |
| When you walk the lines, can you ensure none of them is exposed? | Yes  No | Date | Yes  No | Date |
| Have you located each valve and shut down and re-opened each one to ensure they all work? | Yes  No | Date | Yes  No | Date |
| Have you checked your system for leaks?  *Hint: Read the source meter when the system use should be zero, such as 2:00 a.m., to get an estimate of leaks.* | Yes  No | Date | Yes  No | Date |
| Are you avoiding “frost-free” hydrants for water service?  *Hint: The weep hole in frost-free hydrants can allow potential contaminants to enter the system.* | Yes  No | Date | Yes  No | Date |
| Are all outdoor hose bibs provided with vacuum breakers? | Yes  No | Date | Yes  No | Date |
| Have you had all of your cross-connection control devices tested and did they pass? | Yes  No | Date | Yes  No | Date |
| If you have an RV dump station, can you ensure the drinking water line can't reach the sewer pad? | Yes  No | Date | Yes  No | Date |

# For More Information

Find more resources on our [Publications and Forms webpage](https://doh.wa.gov/community-and-environment/drinking-water/publications-and-forms).

Contact our nearest regional office from 8 AM to 5 PM, Monday through Friday. If you have an after-hours emergency, call 877-481-4901.

[Eastern Region](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/EasternRegionalOfficeStaff), Spokane Valley 509-329-2100, Fax 253-395-6760, [nwro.admin@doh.wa.gov](mailto:NWRO.ADMIN@doh.wa.gov).

[Northwest Region](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/NorthwestRegionalOfficeStaff), Kent 253-395-6750, Fax: 360-664-8058, [swro.coli@doh.wa.gov](mailto:swro.coli@doh.wa.gov).

[Southwest Region](https://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/OfficesandStaff/SouthwestRegionalOfficeStaff), Tumwater 360-236-3030, Fax: 509-329-2104, [ero.coli@doh.wa.gov](mailto:ero.coli@doh.wa.gov).

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