



Public Health Environmental Health Services

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Start-up and Shut-down Notifications for Seasonal Camps on a Small Water System

Organized Camps which operate on a seasonal basis (not year-round) and are on a small water system permit are required to notify Environmental Health Services (EHS) upon start-up (providing written start-up procedures) and prior to shut-down* for the camp season. ***The water system shall not serve water to the public until the start-up procedure has been completed, the certification has been filed with EHS, and approval has been received from EHS.***

These requirements do not apply to camps receiving water from an approved water purveyor (e.g. city, county water system, or water district). The attached form for "**SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION & START-UP CERTIFICATION**" will assist you in this process. You will check **Box 2.** on the top of the form for requesting approval to open the water system for the season.

Complete and return the enclosed "Seasonal Water System Shutdown Notification & Start-Up Certification Form" along with required sample results to EHS at least 30 days prior to opening the camp to the public. The form can be returned to EHS in one of the following ways:

1. Email to sbcountyorganizedcamps@gmail.com
2. United States mail to: ENVIRONMENTAL HEALTH SERVICES Attn: Organized Camps
385 North Arrowhead Avenue, 2nd Floor
San Bernardino CA 92415-0160
3. Upload through our online survey using the following link:
<https://form.jotform.com/sbcountyorganizedcamps/documentation>

*** The form can be used again upon closing of camp for the season, by checking Box 1.**

Note: If a shutdown/startup notice is not received, EHS will assume that the system is operating on a year-round basis, and the system will be required to take routine water quality samples throughout the year.

Please contact this department at 1-800-442-2283 if you have any questions.

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SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION & START-UP CERTIFICATION FORM

Please check one of the following options and provide the corresponding date:

Box 1. I am giving notification of water system shutdown, which occurred on MM / DD / YYYY. (Complete Sections 1, 4, and 5)

OR

Box 2. I am requesting approval to serve water to the public based on completion of a DEHS approved Start-Up Procedure. The anticipated reopening date of the water system on MM / DD / YYYY. (Complete Sections 1 thru 5)

Section 1: Public Water System Information				
Public Water System ID CA	Public Water System Name			
City / County	Zip Code /	PWS Classification (Check One) <input type="checkbox"/> NTNC <input type="checkbox"/> TNC	Operating Period (i.e. 1/1 - 12/31) / - /	
Section 2: Start-Up Procedure: Check to verify completion of each element and enter corresponding item completion date. (*Minimum Required Elements)				
<input type="checkbox"/> Alternative Start-Up Procedure approved by the SWRCB/LPA was completed.				
<input type="checkbox"/> A. Inspection of the 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.				
<input type="checkbox"/> B. Flushing of the Water System* (COMPLETION DATE: ___ / ___ / ___) All water system components and distribution pipelines were flushed. For water systems that are adding disinfectant, flush until normal disinfectant residuals are restored.				
<input type="checkbox"/> C. Disinfection of the Water System (COMPLETION DATE: ___ / ___ / ___) Disinfection of the treatment system, storage tanks, and distribution system in accordance with the approved Start-up Procedure using applicable American Water Works Association (AWWA) Standard(s) and/or approved State Board procedures, with adequate residual and contact time. A seasonal system that is unpressurized prior to start-up, you <u>must</u> provide disinfection. Water systems that are pressurized year-round and do not normally add a chemical disinfectant during normal operations, do not have to disinfect unless the results of required bacteriological samples show the presence of coliform bacteria.				
<input type="checkbox"/> D. Bacteriological and Disinfectant Residual Monitoring* (COMPLETION DATE: ___ / ___ / ___) After proper flushing and disinfection (if applicable), bacteriological samples have been collected and analyzed 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, in accordance with the water system's State approved Start-up Procedure. If disinfection was performed, the chlorine residual has been monitored and noted on the chain of custody for each sample. Laboratory sample results have been reported to State Board for compliance and are <u>attached</u> to this certification form.				
<input type="checkbox"/> E. Additional Elements Included in the Approved Start-Up Procedure (COMPLETION DATE: ___ / ___ / ___) All additional elements included in the State Board approved Start-up Procedure specific to the water system have been completed. Please attach all documents supporting completion of the approved procedures to this form.				
Section 3: Certified Operator Information (All activities listed in Section 2, A thru C must be supervised/performed by a certified distribution operator)				
First Name	Last Name	Certification Level	Certification Number	Expiration Date (MM/DD/YYYY) / /
Section 4: Water System Owner/Authorized Representative Contact Information				
Salutation	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 5: 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.				
<u>X</u> Signature of Water System Owner/Authorized Representative			/ / Date (MM/DD/YYYY)	
Section 6: State Board or LPA Approval				
The State Board or LPA approves the listed water system to serve water to the public and has met the start-up procedure requirements.				
<u>X</u> Signature of State Board or LPA Representative			/ / Date (MM/DD/YYYY)	

INSTRUCTIONS FOR SEASONAL WATER SYSTEM SHUTDOWN NOTIFICATION AND START-UP PROCEDURE CERTIFICATION FORM

Background

The Revised Total Coliform Rule (RTCR) requires seasonal public water systems to notify the State Water Resources Control Board (hereinafter State Board) or the Local Primacy Agency (hereinafter LPA) upon water system closure and complete a start-up procedure prior to serving water to the public at the beginning of each operating season. A seasonal system is defined as a non-community water system that is not operated as a public water system on a year-round basis and starts up at the beginning and shuts down by depressurizing and dewatering all or a portion of its distribution system at the end of each operating season.

The start-up procedure shall include, but not be limited to the following elements:

- 1) Inspecting water system components, including source(s), treatment facility, distribution mains, and distribution reservoirs;
- 2) Flushing of the distribution system and all system components.
- 3) Disinfecting the treatment system, storage tanks, and distribution system if the system adds a chemical disinfectant during normal operations. If the system does not add a chemical disinfectant during normal operations, it may choose to flush the water system and take the required bacteriological samples without disinfecting;
- 4) Collecting bacteriological samples from each source prior to treatment, from each distribution reservoir, and an adequate number of samples to assess the quality of water in the entire distribution system;
- 5) Monitoring of disinfectant residual when applicable, at the same points and at the same time as total coliforms are sampled as specified in (4) above;
- 6) Using a certified distribution operator(s) or a State Board or LPA approved person who is adequately trained to perform activities noted in (1) through (5) above; and
- 7) Notifying the State-Board, for water system closure or shutdown and prior to operation.

NOTE: The State Board or LPA may request that additional elements be included in the Start-Up Procedure to address areas specific to the water system. Every seasonal public water system is unique and procedures should be tailored to fit the individual water system's needs. More complex systems (i.e. surface water treatment, nitrate treatment, and arsenic treatment) will need to work closely with the State Board or LPA in developing an individualized Start-Up Procedure.

All seasonal water systems are required to submit a State or LPA approved start-up procedure document to the State Board or LPA. If you are proposing an alternative to State or LPA approved start-up procedure document, you must contact the State Board or LPA for approval prior to implementing alternative start-up procedure.

Reporting Requirements

Upon seasonal closure of the water system and after completing the start-up procedure at the beginning of each operating season, each seasonal water system must give notification to the State Board or LPA. A seasonal water system may achieve compliance with this requirement by submitting a completed and signed "Seasonal Water System Shutdown Notification & Start-up Certification Form" to the State Board or LPA. The certification form is available on the State Board's website:

http://www.waterboards.ca.gov/drinking_water/certlic/drinkingwater/rtrcr.shtml

NOTE: The water system shall not serve water to the public until the start-up procedure has been completed, the certification has been filed with the State Board or LPA, and approval has been received from the State Board or LPA.

Instructions to Complete the Certification Form

At the top of the Certification Form, check either Box 1 or Box 2.

Check Box 1 if you are notifying the State Board or LPA that your seasonal water system has completed shutdown for the season, and insert the date on which the shutdown occurred. Proceed to filling out Sections 1, 4, and 5 of the form.

Check Box 2 if you are requesting approval to serve water to the public based on completion of a State Board or LPA approved Start-Up Procedure, and insert the date on which you anticipate the water system reopening to the public. Proceed to filling out Sections 1 through 5 of the form.

Section 1: Public Water System Information

Public Water System ID: Provide the 7 digit Public Water System (PWS) ID assigned to the system.

Public Water System Name: Provide the name of the PWS.

Primary City/County: Provide the town/city and County where the PWS is located.

PWS Classification: Provide the classification of the PWS by checking one of the boxes. NTNC = Non-Transient Non-Community; TNC = Transient Non-Community

Operating Period: Provide the typical annual seasonal opening and closing dates in MM/YY format.

Section 2: Start-up Procedures

If you already have an alternative start-up procedure approved by the SWRCB or LPA, check the box labeled "Alternative Start-Up Procedure Approved by the SWRCB/LPA was completed." If you are wanting to use an alternative start-up procedure and do not have one that is approved by the SWRCB or LPA, please contact your regulating agency prior to conducting your start-up procedure and serving water to the public.

Check each box to confirm that the required procedure element was completed and provide the date for which each corresponding element was completed in MM/DD/YYYY format.

Section 3: Certified Operator Information

As part of the start-up procedure, all water system component inspection, disinfection, flushing, and sampling for both coliform bacteria and disinfection residual must be performed or supervised by a certified distribution system operator, licensed in the State of California in accordance with Chapter 13, Title 22 of the California Code of Regulations.

First Name/Last Name: Provide the First and Last Name of the certified or State Board/LPA approved operator.

Certification Level/Number/Expiration Date: Provide the operator certification level, certification number, and the certification expiration date for the certified operator.

Section 4: Contact Information

This section contains the contact information for the person that owns or controls the seasonal water system. This contact must be the current property owner and/or authorized representative and will receive all correspondence related to the project. Failure to provide complete and accurate contact information may result in delays during review.

Section 5: Certification

Read the certification statement provided and sign and date in the spaces provided. Signatures must be that of the property owner or authorized representative for the water system whose information was provided in Section 4.

Section 6: Approval

The water system is required to have this section filled-out prior to serving water to the public.

NOTE: The water system shall not serve water to the public until the start-up procedure has been completed and the certification has been filed with the State Board or LPA. Please submit completed forms to your local Division of Drinking Water District Office or your Local Primacy Agency (LPA) depending upon the regulatory jurisdiction of your water system. Approval to serve water to the public may come in a written form (i.e. letter, or email) or a verbal approval from the State Board or LPA followed by a written form.