



New Jersey Department of Environmental Protection  
 Mail Code 401-04Q  
 Division of Water Supply & Geoscience – Bureau of Safe Drinking Water  
 401 East State Street, P.O. Box 420  
 Trenton, New Jersey 08625-0420  
 Tel (609) 292-5550, Fax (609) 292-1654

Year: \_\_\_\_\_

## START-UP CERTIFICATION FOR 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](mailto: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 \_\_\_\_\_

<b>Seasonal Start-Up Coliform Sampling</b> <i>*Asterisked fields are mandatory</i>	
<b>*Scheduled Start Date of the Operating Season (MM/DD/YY):</b>	<b>*Sample Results (Check One):</b> <input type="checkbox"/> Total Coliform Negative (-)/E. coli (-) <input type="checkbox"/> Total Coliform (+) /E. coli (-) <input type="checkbox"/> Total Coliform (+) /E. coli (+)
<b>*Anticipated End Date of the Operating Season (MM/DD/YY):</b>	
<b>*Date of sample collection (MM/DD/YY):</b>	
<b>*Sample ID #:</b>	
<b>*Laboratory Name:</b>	
<b>*Laboratory ID #:</b>	
Comments/ Findings:	
<b>PLEASE ATTACH A COPY OF THE SAMPLE RESULTS</b>	

<i>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.</i>		
<b>*Name (Printed):</b>		
<b>*Signature:</b>	<b>*Date:</b>	
<b>*Title/Relation to Public Water System:</b>		
<b>*Telephone:</b>	Fax:	E-mail:

### Department Use Only

Certification Reviewed By: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Comments: \_\_\_\_\_ Approved:      Yes       No