



# Seasonal Start-Up Form

**You cannot open your system until you send Rhode Island Department of Health (RIDOH) the completed *Seasonal Start-Up Form* and documentation of a test sample (contact your lab for assistance) proving no coliform is present in your system.**

**Reminder: You must notify RIDOH in writing if your seasonal start-up date has changed from last year.** Unless notified otherwise, RIDOH will assume your opening date will occur on the same day as the previous year. This notification must occur **before** the assumed 2024 opening date and before serving water to the public, including staff and workers. For example, if you previously opened on May 15 and your planned 2024 opening date is different, you must notify RIDOH of the new date before May 15 and before the 2024 opening date.

Instructions for the *Seasonal Start-Up Form*:

- **Follow the procedures** in your RIDOH-approved *Seasonal Start-Up Plan*.
- **Complete the form.** It confirms that the approved *Seasonal Start-up Plan* was followed and the system has been tested for coliform bacteria.
- **Include documentation of system’s test sample.** This proves that coliform bacteria are not present in the system you plan to open. You can contact your lab for official documentation (either laboratory report or data upload).
- **Send this form and documentation of sample results to RIDOH before you open or serve the public:**

Email: DOH.RIDWQ@health.ri.gov

Fax: 401-222-6953

Mail: RIDOH – Center for Drinking Water Quality, 3 Capitol Hill, Room 209, Providence, RI 02908

**IMPORTANT:** You must submit this form each year.

Enter Public Water System (PWS) information.	
<b>PWS Name:</b>	<b>PWS ID#:</b>
<b>Confirm opening and closing dates.</b> You must notify RIDOH if your opening date changed since last year (see ‘Reminder’ above). If you forgot last year’s opening date, you can find the date in the Seasonal Start-Up email.	
<b>2024 opening date:</b> ___/___/ 2024 (If the system is partially seasonal, provide the date of first use for the seasonal part of the system.)	
<b>2024 closing (de-watering) date:</b> ___/___ / 2024 (Provide the date you expect to de-water the fully seasonal or seasonal part of your water system.)	



Center for Drinking Water Quality  
Seasonal Public Water System

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### Confirmation of no coliform bacteria in system.

Do you certify that you have obtained a 2024 start-up microbiological sample documenting that coliform bacteria are not present in the water system? **Attach laboratory report or have the laboratory electronically upload results via the Compliance Monitoring Data Portal (CMDP) before submitting this form.**

Yes    No

### Confirmation that the water system followed start-up procedures.

Are you a PWS official (administrative contact, designated operator, owner) for this water system, and do you certify that in 2024 you have followed the RIDOH-approved *Seasonal Start-up Plan*?

Yes    No

First Name:

Initial:

Last Name:

Signature:

Date:     /     /

If you have any questions, you can contact the Center for Drinking Water Quality by calling 401-222-6867 or emailing [DOH.RIDWQ@health.ri.gov](mailto:DOH.RIDWQ@health.ri.gov).