

## MARYLAND DEPARTMENT OF THE ENVIRONMENT

Water Management Administration, Water Supply Program 1800 Washington Blvd, Ste 450 • Baltimore, MD 21230 410-537-3706 • 1-800-633-6101 • www.mde.maryland.gov



## RTCR START-UP PROCEDURE FORM (Transient)

System Name:				PWSID#			
If you need help completing this form, contact Carol Jackson 410-537-3585							
Basic Information:							
state-approved state (shut down) there	I Coliform Rule (RTCR) requires art-up procedure before opening is an increased risk that part(s) of the procedure will reduce the rise	. When a wa of the water s	ter sys system	tem is not pr may become	essurized e contaminated.		
Exemption:							
distribution syster	ure is not required for seasonal was during the period of time they a flush their water lines and perfo	are closed. H	loweve	er, it is recom	mended that all		
Required Evaluation:							
Numbers 1 thru 7 must be evaluated.							
Source:     Is the Well/ Spring box/ Intake in good condition with no visible issues or damage?		Yes / No	Notes:				
Well/ Pump/ Treatment house(s):     Are all in good condition with     no visible issues?		Yes / No		Not	es:		
Treatment:     Does the treatment system(s) appear to be in good condtion and functional?		Yes / No N/A	Notes:				
4. Storage Tank:  Is the tank(s) in good condition with no visible damage or issues?		Yes / No	Notes:				
Distribution System:     Does the distribution system appear to be in good condtion with no leaks?		Yes / No	Notes:				
Flushing:     Was fresh source water flushed though     the entire water distribution system?		Yes / No		Not	tes:		
7. General:  Does the entire water system seem to be in good condition with no visible issues?		Yes / No		Not	tes:		

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Optional:		
Disinfection:     Perform a low dose chlorination of the source and entire distribution system.	Completed: Yes / No	Notes:
<ol> <li>Post Disinfection Flush:         Flush all of the low dose chlorinated water out of the water system.     </li> </ol>	Completed: Yes / No	Notes:
Required Sampling:		
10. Pre-opening Sampling Were the results of the bacteriological water sample(s) negative?	Yes / No	Notes:
<ul> <li>Notes:</li> <li>If the water system is disinfected, bacteriolog water has been flushed from the distribution</li> <li>If the water system is disinfected, then the pound serving water to the public.</li> <li>If your operating schedule begins April 1st, a Repairs:</li> </ul>	system. ost disinfection	flush must be performed prior to openi
If you have answered "No" to anything under the repair to correct the issue. The repair must be	•	` , , , , , ,
Certification:		
I certify that the information contained herein is true, acc	curate and comple	ted to the best of my knowledge and belief.
Owner/ Operator Name:		Date:
Signature:	Phor	ne #:

Submit the completed form to MDE via email to watersupply.sampleresults@maryland.gov, or fax to (410) 537-3157

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