



Drinking Water & Groundwater Program

**Wisconsin Department of Natural Resources
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Guidance for Facility Start Up: Field Start Up Inspection Checklist/Expectations for Additions/Modifications at Community Systems

February 2020

This document is intended solely as guidance and does not contain any mandatory requirements except where requirements found in statute or administrative rule are referenced. Any regulatory decisions made by the Department of Natural Resources in any matter addressed by this guidance will be made by applying the governing statutes and administrative rules to the relevant facts.

Facility Start Up: Field Start Up Inspection Checklist/Expectations for Additions/Modifications at Community Systems

Section NR 810.26 (1), Wisconsin Administrative Code

WDNR – xx/xx/2021; APPROVED BY DGMT 10/21/2021

Purpose: This guidance document clarifies expectations of field staff and provides a checklist for start up inspection and authorization of new or modified community water systems for which plan approval has been issued.

Background: Before a new or modified community water system or improvement may be brought online, inspection and authorization are typically required. This guidance for field staff is intended to:

1. Clarify which types of water system projects require an on-site start up inspection and which may be reviewed using other methods, such as review of documents, telephone discussion, and/or follow up email.
2. Provide examples of plan approval language concerning start up inspection and authorization, and templates for written authorization to bring a new system or component on line.
3. Identify the required minimum documentation for a start up inspection, on-site or otherwise.
4. Outline the required steps for updates to the DWS data system, setting up electronic monthly reporting, and issuing SDWA monitoring requirements.

Document Organization:

Section 1: Code Requirements

Section 2: Plan Approval Language

Section 3: Documentation/Inspection Checklist

Section 4: Example Written Authorization

Section 5: Comments for Future Consideration

Limitations: This document is intended for guidance purposes only. If a water system plan approval granted alternative criteria to the code-specific design requirements, but conditions under which the alternative criteria was granted have changed or field staff feel the alternative design poses a previously unforeseen problem, field staff may require it be upgraded or allow it to remain in place until the next reviewable project. For example:

If, during a sanitary survey, the inspector identifies an appurtenance/facility was not constructed in accordance with the approved plans, field staff shall identify it as a deficiency or significant deficiency and require immediate correction whether or not a start up inspection occurred.

Alternatively, field staff may require the revised plans and specifications be submitted for an after-the-fact review by plan review staff. Although this should be caught during a start up inspection and addressed at that time, field staff may not identify it until the next sanitary survey if, for example, the new component did not require an in-person start up inspection.

This also applies to situations where an operator or contractor makes modifications without plan approval and the change is first identified during a sanitary survey.

Periodic Review Required: This document will be periodically reviewed by the MC and OTM Consistency Teams. During the next review, staff will evaluate the usefulness of this document. In the interim, staff may add comments for future consideration in the final section of this document.

SECTION 1: Code Requirements

As required under s. NR 810.26(1), Wis. Adm. Code, written authorization by the department is required before a new community water system or improvements to a community water system may be placed into service.

For new community water systems, an inspection is required in order to obtain written authorization to put the system on line, per s. NR 810.26(1)(a)1., Wis. Adm. Code. The purpose of the inspection is to determine if construction is in accordance with the approved plans and specifications. This inspection at a new community water system is typically part of the initial sanitary survey process. One or multiple letters may result, depending on the specific situation.

For improvements to existing community water systems that are reviewable projects under s. NR 108.02(13), Wis. Adm. Code, an inspection may be necessary in order to obtain authorization for start up, per s. NR 810.26(1)(b), Wis. Adm. Code.

To ensure consistent field implementation of start up inspection requirements, the following table (Table A) is provided to clarify the types of projects for which an on-site start up inspection is necessary and those which may be reviewed using other methods, such as document review and email or phone conversation.

Written authorization for start up may be provided via signed correspondence on DNR letterhead or simple email.

There are certain improvements at existing community water systems for which a start up inspection and authorization is not typically performed. Examples of these projects are provided in Table B. Such projects do not typically warrant start up inspection and authorization because the risk of improper installation does not directly impact water quality or quantity.

Water main projects are excluded from the start up inspection requirement unless specifically required in the department plans and specifications approval letters, per s. NR 810.26(1)(b), Wis. Adm. Code.

Table A. Project Start Up Inspection Requirements: Written authorization is required

On-Site Inspection Required: Necessary for the following new or improved installations	On-Site Inspection Optional: Review by other methods, a such as document review and email or phone conversation
<ul style="list-style-type: none"> • New Water System¹/Consecutive System • Well Construction/Grouting¹ • Well Reconstruction² • Well Pump Type Change (ex. vertical turbine to submersible) • Well Pump Discharge Piping Appurtenance Modification (when changes in order/type/size occur) • Pitless Unit Pressure Test • New Source or Treatment Building • Water Storage Structures • Ground Storage Reservoir Roof Replacement/Modification • New Pressure Tank or Pressure Tank Addition • Booster Pump Station • Pressure Reducing Valve (PRV) Station • New Chemical Feed Equipment • New or Major Physical/Mechanical Treatment Equipment Modification • Pilot Study –Pump to System for Public Consumption 	<ul style="list-style-type: none"> • Well Pump Size Change (not type) • Well Water Recirculation Line Installation • Well Pump Discharge Piping Appurtenance Modification (i.e. well vent; no changes to order of appurtenances) • Variable Frequency Drive (VFD) Installation • Storage Reservoir Interior Painting • Storage Reservoir Overflow Modification • Storage Reservoir Vent/Access Tube Gap Modification • Chemical Feed Equipment Modification • Treatment Media Modification • Mechanical Treatment Minor Modification • Installation of Chemical Scales • Installation of Secondary Containment • Auxiliary Power Installation • PRV Vault/Air-Vacuum Release/Sump Pump/Meter Pit Modification • Modification to Pressure Zone Boundary • Watermain³ • Transmission Main³ • Emergency System Interconnections • Pilot Study – Pump to Waste • Operational Variation from Original Plan Approval (i.e. blending ratios, backwash cycling)

¹ Instructions for inspections of new water systems and new well construction, including well site inspection, grouting and pitless adaptor testing, are not included in this document due to the extensive and unique requirements.

² Well reconstruction includes any changes to casing diameter, depth changes and any other modifications that change the physical conditions of the well. Well reconstruction requires a new well construction report. Well rehabilitation primarily includes chemical treatment or physical cleaning.

³ Watermain projects are specifically exempt from inspections unless required in the department’s plans and specifications approval letter per s. NR 810.26(1)(b), Wis. Adm. Code

Table B. Projects For Which Start Up Inspection and Written Authorization is Optional

While these projects may be reviewable, the likelihood of significant impacts to water quality and/or water quantity are minimal if installation errors occur

- Storage Reservoir Abandonment/Disconnection from System
- Generator Replacement
- SCADA Update
- Wellhead Protection Plan
- Sump Pump Installation
- Vent Piping Modification on Ground Storage Reservoir, PRV Vault, In-Line Booster Pump Vault
- Pump to Waste Installation From a Well
- On-Line Monitoring Equipment Installation
- Bulk or Day Chemical Tank Replacement with a Different Material or Size
- VFD Replacement
- Well Abandonment
- Well Rehabilitation⁴
- Treatment Media Replacement

⁴ Well reconstruction includes any changes to casing diameter, depth changes and any other modifications that change the physical conditions of the well. Well reconstruction requires a new well construction report. Well rehabilitation primarily includes chemical treatment or physical cleaning.

SECTION 2: Plan Approval Language

The following language is an example of the required plan review approval letter text relating to start up inspection requirements based on each type of project:

The owner or owner's agent shall provide notification to *[Enter Regional Staff Name]* from the department's *[Enter Regional Office]* office upon completion of the improvements so that *[s/he]* can inspect the completed improvements and issue written authorization prior to placing the improvements in service, if *[s/he]* deems necessary. (s. NR 810.26 (1), Wis. Adm. Code)

SECTION 3: Documentation/Inspection Checklist

GENERAL
Plans and Specifications (copies obtained from OnBase or associated Emails)
Plan Approvals (copies obtained from OnBase or Email) <ul style="list-style-type: none"> • Well siting • Well construction • Well grouting • Well house, well pump and associated appurtenances • Treatment • Wellhead protection plan
Pre-Construction Meeting <ul style="list-style-type: none"> • Communicate with system to be sure DNR rep is notified when meeting will occur • Answer/explain department expectations and concerns • Notification process and discussion of timeline • Discussion of disinfection and bacteriological testing requirements • Start up inspection/written authorization reminder
Verification Disinfection Requirements Completed per ss. NR 810.09(1-3), Wis. Adm. Code
Verification Bacteriological Sampling Completed per s. NR 810.09(4), Wis. Adm. Code
DWS Updates (work with EnPA and central office staff) <ul style="list-style-type: none"> • Add new water system • Add new well - link well construction report, change well status, create entry point • Add/Edit new treatment - DWS will automatically update required operator certification subclasses • Inactivate abandoned wells and end all treatment associated with it • Update details in sanitary survey page -storage details, well details, chemical treatment pump details, booster station, PRV, interconnection, emergency response plan, etc. • Update corrective actions screen; remove deficiencies if project addresses any • Update general information - staff changes, contacts, operator certification, population
EMOR Updates
Notify Water System of New Subclass Requirements, if necessary (1 year to obtain T)
Construction Modification Start-up Bacti Sampling per s. NR 810.09(4), Wis. Adm. Code <ul style="list-style-type: none"> • Disinfection for new system or modification per s. NR 810.09(1-3), Wis. Adm. Code
Update Monitoring Requirements <ul style="list-style-type: none"> • Contact Dino regarding any monitoring rule updates, including any monitoring assessment changes. • Once changes made, provide water system with a revised monitoring schedule for the year and send NEW monitoring forms to the operator-in-charge
Update Monitoring Site Plans <ul style="list-style-type: none"> • Email DNRDGLeadCopperMSPs@wisconsin.gov for PBCU • Email DNRDrinkingwaterSamples@Wisconsin.gov for all others
Update SS checklist or System Notes Based on Approval Letter and Plans and Specifications
Send Start Up Written Authorization; date: _____

- Copy assigned plan reviewer and regional DG supervisor
- Upload start up written authorization document into case file and as applicable into OnBase
- Verify correct startup dates are entered in DWS (e.g., treatment process, new well in service)
- Notify Region/District Construction Engineer

WELL
Review test well sampling data (data not entered into DWS)
Well drilling/grouting start date: _____
Attend well grouting and review results (refer to guidance section in handbook)
Attend pitless unit pressure test, review pitless unit pressure test and send results to plan review staff complete per s. NR 811.35(6)(e), Wis. Adm. Code (pitless unit only); date: _____ Document results to plan review; date: _____
Pump test complete per s. NR 811.12(16), Wis. Adm. Code; date: _____
Well construction report obtained and forwarded to plan review and in DWS; date: _____ (applies to reconstructed wells too)
Review IOC/SOC/VOC and Rad sample results in DWS (as applicable)
Review water quality with plan review staff regarding impacts to additional lead and copper monitoring
Test well/old/replacement well filling and sealing completed and filed date: _____; form provided 30 days after abandonment
Wellhead protection plan approval date: _____ (s. NR 811.12(6), Wis. Adm. Code); must be completed before start up
Wellhead protection ordinance, if applicable; date: _____
Well start up inspection date: _____
Update Entry Point and Sources of Water table on DWS sanitary survey page
Add new well in Switchboard for electronic monthly operationing reports (EMOR) (if applicable)
Start Up Written Authorization; date: _____ <ul style="list-style-type: none"> • Copy assigned plan reviewer and regional DG supervisor • Place start up written authorization document into case file and as applicable upload into OnBase • Verify correct startup date for the well gets entered in DWS

TREATMENT
Add treatment to DWS (EnPA)
Verify entry point sampling location and linked to treatment in DWS
Update Treatment Summary Data table on DWS sanitary survey page
Verify compliance monitoring requirements in DWS
Add treatment in Switchboard for electronic monthly operationing reports (EMOR) (if applicable)
Verify operational monitoring parameters, sampling locations and frequency
Verify treatment chemicals and confirm dilution ratios
Ensure target operational entry point parameters met
Ensure operators have and can use operational monitoring testing equipment appropriately
Treatment start up inspection date: _____
Start Up Written Authorization; date: _____ <ul style="list-style-type: none"> • Copy assigned plan reviewer and regional DG supervisor • Upload start up written authorization document into OnBase • Verify correct startup date entered in DWS

STORAGE
Construction start date: _____
Construction completion date: _____
Notify EnPA or Data Team Lead to update storage status in DWS (if applicable). Note, to change a storage status to inactive in DWS, the DNR Rep must contact the Data Team Lead.
Storage start up inspection date: _____
Review Switchboard for potential EMOR impacts if treatment is being added at the storage structure
Update Storage table on DWS sanitary survey page
Start Up Written Authorization; date: _____ <ul style="list-style-type: none"> • Copy assigned plan reviewer and regional DG supervisor • Upload start up written authorization document into OnBase
Reminder of fire flow study submittal requirements post storage start up
Reminder for inspection frequencies <ul style="list-style-type: none"> • Annual inspection: check vents, screens, gaskets and other exterior components • Interior inspection: 5-year frequency; partial or complete drain down

BOOSTER/PUMPING STATION
Construction start date: _____
Construction completion date: _____
Notify EnPA of booster station status in DWS (if applicable)
Booster/pumping station start up inspection date: _____
Review Switchboard for potential EMOR impacts if treatment is being added at the booster/pumping station, flow between pressure zones is being tracked, additional chemical residuals are reported in a new source water zone.
Update Booster Station table on DWS sanitary survey page
Start Up Written Authorization; date: _____ <ul style="list-style-type: none"> • Copy assigned plan reviewer and regional DG supervisor • Upload start up written authorization document into OnBase
Reminder of fire flow study submittal requirements post booster/pumping station start up

SYSTEM/WELL INTERCONNECTIONS
Consult with plan review for system specific requirements
Determine if interconnection will result in a consecutive system
Modify monitoring site plan and requirements (if applicable)
Review Switchboard for potential EMOR impacts if treatment is being added at connection station, flow is being tracked, additional chemical residuals are reported in a new source water zone.
Communicate with all water systems affected by the interconnection
Update System Interconnect table on DWS sanitary survey page

TECHNICAL & MANAGERIAL
Emergency Operations Plan Updated; date: _____
Emergency Chlorination Plan Updated; date: _____
New Water Distribution Map Provided; date: _____
Plan Review Required DNR Notifications have been met
EMOR Changes have Been Made <ul style="list-style-type: none"> • Add new Well, add new chemical, add new residual monitoring, etc.
Operator Certification Updates <ul style="list-style-type: none"> • Operator has 12 months to pass the necessary exam for new subclass per s. NR 114.12(2)(c), Wis. Adm. Code
Monitoring Assessment (Vulnerability Assessment) Update <ul style="list-style-type: none"> • Applicable to New wells, new systems, or change in system classification from non-community to community system. • Applicable to Treatment of an MCL • Consult with Region Monitoring Assessment Coordinator
Impacts to Capacity Development <ul style="list-style-type: none"> • For new systems, verify technical, managerial, and financial (TMF) capacity per ss. NR 810.24(1) and 810.26(1)(a), Wis. Adm. Code. For new systems, ensure TMF capacity determination letter is issued prior to start up authorization. • Document capacity status in start up authorization and update DWS. (Example: Project construction and associated changes may be sufficient to restore a system to capacity. This may affect future grant funding eligibility.) See ch. 5 Public Water Supply Operations Handbook for further guidance on this topic.
Impacts to Consecutive Systems <ul style="list-style-type: none"> • Make DWS Changes for consecutive system; System Name: _____ • Notify Consecutive System of Changes/Impacts (Check items above related to consecutive system)
Auxiliary Power <ul style="list-style-type: none"> • Automatic or Manual • Reminder of exercising frequency and record keeping • DWS Update in Sanitary Survey Page

SECTION 4: Example Approval Correspondence

4A. Start Up Approval Letter Following Inspection

4B. Example Conditions

4C. Start Up Approval Email Following Inspection

4D. Start Up Approval Email When No Inspection Was Completed

SECTION 4: Example Approval Correspondence

4A. Start Up Approval Letter Following Inspection

[Month] XX, 20XX

PWS ID#: [XXXXXXXXX]
[Waterworks Name]-MC
[COUNTY] County

[OWNER]
[WATEWORKS NAME]
[MAILING ADDRESS]
[CITY], WI [ZIP CODE]

SUBJECT: Start Up Inspection/Authorization of [Insert Plant Review File Name/Description]

Dear [OWNER]:

On [DATE], I conducted an inspection of the [WATEWORKS NAME] [Insert Plan Review File Name/Description]. [INSERT STAFF AND COMPANY] were also present during this inspection. Based on my inspection, the completed work, described below, meets the Department's approval(s) [APPROVAL NUMBER] dated [DATE]. All required disinfection and bacteriological testing have been completed and the results are on file with the operator. In general the following work was completed as part of this project:

1. [list work completed]

[WATERWORKS NAME] is granted authorization to [return the well to service/return all system components/discharge water through the treatment plant to the distribution system/begin feeding **, etc.] effective [immediately or once the information required below has been submitted to me].

[AS NECESSARY] The following changes to the design are not reflected in the plan sheets or the Department's plan approval; however, these changes are acceptable: [insert appropriate info below – examples]:

1. *Design plans show two, 24-inch overflow pipes on the tank interior for both tanks. During project design refinement by the contractor/consultant, they were able to calculate that only one 24" overflow was required. Therefore, only one 24" overflow was installed in each tank.*
2. *Design plans show the 24-inch overflow pipes inside the tanks to be either concrete encased ductile iron pipe, or non-encased stainless-steel pipe. The approval letter only mentioned the encased pipe option. The contractor installed the non-encased SST option.*
3. *Design plans show the 36-inch, ductile iron, feed pipe to the standpipe tank to rise above the floor of the tank, then split into two, 24-inch, stainless steel, riser pipes inside the tank. The contractor split the 36-inch ductile iron pipe into the two, 24-inch risers below the floor, and encased the entire ductile iron pipe system beneath the tank floor in concrete.*
4. *A coating was installed over all concrete seams inside the standpipe. This material, CIM 1-61, is an NSF 61 certified, tough, abrasion, corrosion and chemical resistant, liquid-applied, elastomeric, urethane coating.*
5. *A 24-mesh screen was added between the cast iron overflow elbow and the hinged overflow box on the standpipe and the ground storage reservoir.*

[AS NECESSARY] Since there were several items that were not constructed in accordance with the submitted plans and specifications or do not meet current code requirements, this approval is subject to the following requirements which must be completed as soon as possible, but no later than the due dates listed below:

1. [insert appropriate conditions and include appropriate due dates – examples included in section 4B.]

Please notify me of the date when the above requirements have been completed.

[AS NECESSARY] Attached are monitoring forms and a revised monitoring schedule for the remainder of the year.

If you have any questions regarding this approval, or wish to discuss this in further detail, please feel free to contact me at (XXX-XXX-XXXX ext. XXX)

Sincerely,

[Field Staff Name]
Water Supply Engineer

Encl. [Forms, Monitoring Schedule]
Ecopy: [Office] Regional File
[Regional Supervisor], [Office] DNR
[Assigned Plan Reviewer], Plan Review Madison
[Consulting Engineer], [Engineering Firm Name]
[Operator in Charge], [Waterworks Name]

SECTION 4: Example Approval Correspondence

4B. Example Conditions

By [DATE], either modify the well vent or submit a request for a variance for the well vent that was installed. The well vent installed is 1.5-inches in diameter, not the approved 2-inch. Send me photo documentation once this correction has been made.

After finalizing operational settings, and no later than [DATE] provide me with confirmation of the following:

- Pump make and model number
- Target dosing and chemical feeder settings
- Target residual at entry point
- Overall distribution target level
- Operational pump gpm setting

By [DATE], replace the chlorine injector with one that includes a corporation stop and removable injection nozzle as required in s. NR 811.***, Wis. Adm. Code. Send me photo documentation once this correction has been made.

By [DATE], either install the approved chlorine pump or submit a request for an After the Fact review for the installed pump. The chlorine pump installed was not the model approved. Send me photo documentation once this correction has been made.

By [DATE], replace the discharge piping from the air relief valve and the vent from the chlorine tank, within the connection station as required in ss. NR 811.** and **, Wis. Adm. Code. Neither of these are downward facing with a 24-mesh, corrosion-resistant screen at the termination, which can allow rain and windblown material to enter the piping. Send me photo documentation once this correction has been made.

By [DATE], modify the ventilation system intake and discharge piping at the PRV vault so that they are downward facing and screened with 24-mesh, corrosion-resistant material as required in s. NR 811.**, Wis. Adm. Code. The constructed mushroom-type piping ends are acceptable provided that the screening is replaced. Send me photo documentation once this correction has been made.

By [DATE], modify the sump pump discharge at the PRV vault so that it is visible as required in s. NR 811.**, Wis. Adm. Code. During the inspection [OIC] explained that the discharge is buried under ground and acts like a French drain. This is not acceptable and must be corrected in accordance with the approval. Send me photo documentation once this correction has been made.

The electronic monthly operating report has been updated effective [DATE]. Immediately begin reporting the [required data] in accordance with s. NR 810.07, Wis. Adm. Code.

By [Date- one year from start up] either hire an operator certified in [subclass **] or have one of your operator pass the test for the new subclass, [subclass], per s. NR 114.12, Wis. Adm. Code.

By [DATE], update and submit a revised Emergency Operations Plan that reflects the change in operation of your water system [additional sources] in accordance with s. NR 810.**, Wis. Adm. Code. The plan shall include updated alarm and operational settings.

By [DATE], update and submit a revised Emergency Chlorination Plan that reflects the change in operation of your water system [change in disinfection, additional sources where disinfection occurs] in accordance with s. NR 810.**, Wis. Adm. Code.

By [DATE], update and submit a revised water system map that reflects the changes in your water system [new pressure zones, new sources, etc.] in accordance with s. NR 810.**, Wis. Adm. Code.

By [DATE], update and submit a revised Well Head Protection ordinance that reflects the updated Well Head Protection Plan previously submitted to and approved by the department, in accordance with s. NR 810.** , Wis. Adm. Code.

By [DATE], modify the membrane on the roof to wrap up and over the top of the parapet walls as shown in the plans and specifications and as required in s. NR 811.** , Wis. Adm. Code. Send me photo documentation once this correction has been made.

By [DATE], modify the splash pad and surrounding grade to slope away from the exterior wall of the ground storage reservoir in accordance with s. NR 811.** , Wis. Adm. Code. The splash pad currently tilts back toward the building. Send me photo documentation once this correction has been made.

By [DATE], verify that the standby generator is installed and operational.

Due to the change in water source, [SYSTEM NAME] must return to routine monitoring of lead and copper to ensure that corrosion control continues to be optimized. The sampling period is [DATE - DATE] and [NUMBER] samples are required. I have attached a new monitoring schedule and lab slips.

Well [NUMBER] is now an emergency backup well, to be used only to prevent a loss of system pressure for the entire water system. The Extended Well Abandonment Agreement the [SYSTEM NAME] now has with the Department allows the [SYSTEM NAME] to reduce monitoring at this well to quarterly monitoring of bacti, annual monitoring of nitrate, and a six-year frequency for all other chemicals. I have attached a revised monitoring schedule for this year along with the required lab slips.

SECTION 4: Example Approval Correspondence

4C. Start Up Approval Email Following Inspection

All project completion notifications shall be documented by a follow up email.

To: Clerk/Owner
CC: OIC, contractor, consultant, DNR plan reviewer, regional supervisor
From: DNR Rep
Subject: Start Up Authorization for W-YEAR-XXXX [Facility] [Plan Approval Description]

On [DATE], I conducted an inspection of the [WATERWORKS NAME] [Insert Plant Review File Name/Description]. [INSERT STAFF AND COMPANY] were also present during this inspection. Based on my inspection the completed work, described below, meets the Department's approval issued [DATE]. All required disinfection and bacteriological testing have been completed and the results are on file with the operator. In general the following work was completed as part of this project:

1. [list work completed]

[WATERWORKS NAME] is granted approval to [return the well to service/return all system components/discharge water through the treatment plant to the distribution system/begin feeding **, etc.] effective [immediately or once the information required below has been submitted to me].

[AS NECESSARY] [insert any necessary conditions from section 4B].

If you have any questions regarding this approval, or wish to discuss this in further detail, please feel free to contact me at (XXX-XXX-XXXX ext. XXX)

Thank you.

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

[Water Supply Eningeer]
Water Supply Engineer- Drinking Water and Groundwater/Environmental Management Division
Wisconsin Department of Natural Resources
[Insert Address]
Phone: (XXX) XXX-XXXX ext. XXX
FAX: (XXX)-XXX-XXXX
[\[email\]@wisconsin.gov](mailto:[email]@wisconsin.gov)

SECTION 4: Example Approval Correspondence
4D. Start Up Approval Email When No Inspection Was Completed

All project completion notifications shall be documented by a follow up email.

To: Clerk/Owner
CC: OIC, contractor, consultant, DNR plan reviewer, regional supervisor
From: DNR Rep
Subject: Start Up Authorizatoin for W-YEAR-XXXX [Facility] [Plan Approval Description]

Thank you for your submittal of [describe]. An onsite inspection was not necessary for this project, approved on [DATE]. You may place the [equipment description] in service contingent on the fact that you have followed and met all conditions of the plan approval. **[AS NECESSARY]** and satisfy the conditions listed below.

At the next sanitary survey, scheduled for [YEAR], the department will review the [work completed]. At that time corrections may be required if the plans, specifications, approval or conditions were not followed or met.

[AS NECESSARY] [insert any necessary conditions from section 4B].

If you have any questions regarding this approval, or wish to discuss this in further detail, please feel free to contact me at (XXX-XXX-XXXX ext. XXX)

Thank you.

We are committed to service excellence.

Visit our survey at <http://dnr.wi.gov/customersurvey> to evaluate how I did.

[Water Supply Eningeer]
Water Supply Engineer- Drinking Water and Groundwater/Environmental Management Division
Wisconsin Department of Natural Resources
[Insert Address]
Phone: (XXX) XXX-XXXX ext. XXX
FAX: (XXX)-XXX-XXXX
[\[email\]@wisconsin.gov](mailto:[email]@wisconsin.gov)

SECTION 5: Comments for Consideration in Future Revisions

The comments/questions below were posed by staff following DGMT approval on [date]:

[include comment/question, date, name for future follow up]