DISINFECTION PROPOSAL PLAN

**Contract Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contractor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Disinfection Criteria

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| --- | --- | --- | --- | --- |
| **Type of Installation:** | * **Watermain** | * **By-pass** | | * **Service Hose** |
| **Pipe Diameter : mm** | | Length: m | | **Pipe Material: PVC, DI, Other:\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Disinfection Method:** | * **Continuous Feed** | * **Slug** | | **Concentration: mg/L** |
| **Contact Time:** | * **24 hrs** | * **3 hrs** |  |  |
| **Backflow Preventer to be used:** | * **RP** | * **DCVA** | | **Disinfectant to be used:** |
| **Discharge to:** | * **Storm** * **Sanitary** * **Combined** | **Location of source water:** | | |
| **Source provided by:** | | * **Watermain Hydrant** * **By-pass** |

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| **Disinfection Site Map:** Note: If this sketch area is not used with submission **any attached sketch must include all pertinent information N** |

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| **Identify the following:**  Line valves (V-1,V-2,V-3, etc.):  CL2 Application (A)  Flushing (F) example: F-1, F-2  Sampling (S) example: S-1, S-2 |

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| **Contractor: Date:** |

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| **Approved by Contract Administrator: Date:** |

**DISINFECTION RECORD**

#### Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### City Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contractor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drawing Attached:  Yes  No Disinfectant Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disinfection of:  Watermain  By-pass  Service Hose Backflow Preventer Used:  RP  DCVA

Complete All Items On This Disinfection Checklist:

* Backflow prevention device tested by certified tester and test form submitted
* Pipe hydrostatic pressure tested prior to disinfection
* Flushing/souring velocity met
* Disinfection Process documented (Complete Table 1)
* Water quality documented during bacteriological sampling (Complete Table 2)
* Post-flushing water quality criteria met: Turbidity is less than 1 NTU, Total Chlorine Residual is between 0.50 mg/L and 2.5 mg/L
* Submitted all laboratory bacteriological sample chain of custody / submission forms with this form

Table 1: Disinfection Process

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Location ID | Date | Turbidity | | Total Chlorine Residual | | | |
| NTU | Time of Recording | Initial Concentration (mg/L) | Time of Recording | After Contact Time (mg/L) | Time of Recording |
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Verification:

On Behalf of Disinfector On Behalf of City

SAMPLING AND TESTING

1. Confirm that second set of bacteriological sampling is a minimum 16 hours after the first set:  Yes
2. Name of Certified Operator / Water Quality Analyst performing sampling:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certificate No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Name of Licensed Laboratory:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table 2A: Post-flushing Water Quality, Sampling and Testing Record (First of Two Consecutive Sets of Samples)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location ID and Bacteriological Sample Description | Date | Time of Sampling | \*Turbidity (NTU) | \*Total Chlorine Residual (mg/L) | Lab Chain of Custody / Sample Submission No. |
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\*Turbidity and Total Chlorine Residual MUST be field-tested at the same time(s) and at the same location(s) as any bacteriological sampling

**Table 2B: Post-flushing Water Quality, Sampling and Testing Record (Second of Two Consecutive Sets of Samples)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Location ID and Bacteriological Sample Description | Date | Time of Sampling | \*Turbidity (NTU) | \*Total Chlorine Residual (mg/L) | Lab Chain of Custody / Sample Submission No. |
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\*Turbidity and Total Chlorine Residual MUST be field-tested at the same time(s) and at the same location(s) as any bacteriological sampling

Verification:

On Behalf of Disinfector On Behalf of City