

SOURCE DISINFECTION TREATMENT PLANT REPORT FORM

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| **Water System Name:** | | Month/Year: |
| **County:** | **ID#:** | Report Submitted by: |
| **Treatment Plant #:** | **Source(s)#:** | Operator Certification #: |
| **Requirements:**  Maximum flow rate:       gpm  Cl2 Residual:       mg/L at entry point and       mg/L in distribution  Monitoring requirement: days per week | | Telephone #: |
| Signature: |

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|  | Water Production  Gallons or ft3 | Chlorine Solution Used | | Treated Water Quality | | | | |
| Date | Source Meter Reading | Tank  Level  (Gallons/Pounds) | Volume  Used  (Gallons/Pounds) | Cl2  Residual @  Entry (mg/L) | Distribution  Cl2 Residual  (mg/L) | Distribution Sample Location | Troubleshooting Notes  Also record additional residual readings following a low or zero residual reading | Sampler  Initials |
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| **Total** |  |  |  |  |  | 🡨 Total number of measurements collected | | |
| **Max** |  |  |  |  |  |  | | |
| **Min** |  |  |  |  |  |  | | |

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| **Send report by the 10th of the following month to your Regional Office. See instructions page.** | **Water Treatment Summary (completed by operator)**  Number of days treatment plant produced water: \_\_\_\_\_  Number of days entry point free chlorine residualfell below minimum residual: \_\_\_\_\_  Number of days distribution free chlorine residual fell below minimum residual: \_\_\_\_\_ |

# INSTRUCTIONS FOR SOURCE DISINFECTION TREATMENT PLANT REPORT FORM

Monitoring Requirement – CT6 treatment requires monitoring disinfectant concentration at the point of entry to the distribution system five days per week, or each day water is supply by the treatment plant if it operates less than daily. 4-log virus inactivation treatment requires monitoring seven days per week, or each day of treatment plant operation.

Source Meter Reading – You should record this at least once a week. The total volume of water used is calculated as the difference between the source meter readings.  Record this as the total under the Source Meter Reading.

Tank level (gallons/pounds) – The amount of chlorine solution remaining in the chemical feed tank. If you use gas chlorine, record the pounds remaining. You should record this at least once a week.

Volume Used (gallons/pounds) – The amount of chlorine solution used since the last time it was checked. If you use gas chlorine, record the pounds used. You should record this at least once a week.

Chlorine Residual @ Entry (in mg/L) – The measurement of free chlorine residual at entry point to the distribution system. Use a *Free Chlorine Residual* test kit to measure the residual. The minimum free chlorine residual required at entry to the distribution system to achieve an adequate level of treatment is noted in the “requirements” box at the top of the form. Daily monitoring will also identify a chlorine-feed equipment failure that must be repaired immediately.

Distribution Chlorine Residual (in mg/L) – We recommend all chlorinated systems measure and record free chlorine residual from a representative location in your distribution system at least 5 days per week. If the “requirements” box at the top of the form includes a required residual in the distribution system, you must perform distribution system monitoring. If you choose to monitor distribution system residual instead of at the point of entry, your distribution residual must satisfy the entry point residual requirement.

Distribution Sample Location – The location where the distribution chlorine residual sample was collected, such as a home or business that is a representative point within the distribution system.

Troubleshooting Notes – Note troubleshooting activities and additional residual readings following an initial low or zero residual reading. If the residual falls below the required minimum, you may include a separate table calculating actual CT based on actual maximum flow rate, volume, and contact time to demonstrate treatment compliance. See example below:

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| **WTP#001** | **ID: \_\_ \_\_ \_\_ \_\_ \_\_** | **Water System Name** | | **County** | |
| **Day**  *(example)* | **Actual Cl2 Residual @ entry (mg/L)** | **Required Design Cl2 at entry:** 0.4 mg/L | | **Design Max Flow Rate:** 925 gpm | |
| **CT Volume (gal)** | **Actual Flow Rate (gpm)** | **Time (min)** | **CT** |
| Oct 16, 2017 | 0.3 | 14,873 | 700 | 21.2 | 6.4 |

## Coliform sampling – You must test the chlorine residual at the same time and location that you collect a routine or repeat coliform sample. Be sure to mark the chlorine residual on the coliform lab slip.

**Return to your regional office by the 10th of the following month.**

We encourage you to submit your monthly treatment plant report form electronically to the appropriate email address.

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| **Eastern Region** | 16201 East Indiana Avenue, Suite 1500  Spokane Valley, WA 99216 | Phone: 509.329.2100  Fax: 509.329.2104  Email: [DOHDWChlorination@doh.wa.gov](mailto:DOHDWChlorination@doh.wa.gov) |
| Counties Served: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Ferry, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman and Yakima. | | |
| **Northwest Region** | 20425 72nd Ave. South, Suite 310  Kent, WA 98032 | Phone: 253.395.6750  Fax: 253.395.6760  Email: [DW.NWRO@doh.wa.gov](mailto:DW.NWRO@doh.wa.gov) |
| Counties Served: Island, King, Pierce, San Juan, Skagit, Snohomish, and Whatcom. | | |
| **Southwest Region** | PO Box 47823  Olympia, WA 98504 | Phone: 360-236-3030  Fax: 360-664-8058  Email: [SW.Treatment.Reports@doh.wa.gov](mailto:SW.Treatment.Reports@doh.wa.gov) |
| Counties Served: Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Skamania, Thurston, and Wahkiakum. | | |

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