**CHLORINATION TREATMENT PLAN (GROUNDWATER SOURCE)**

Date of Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water System Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ System No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Treatment Facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brief description** of water system, number of service connections and population served, source (date of drilling, depth, perforations, pump setting), storage (capacity and material), chlorinator treatment unit (type of chlorinator pump, capacity of pump, manufacturer and model, and size of the chlorine solution storage tank):

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**Inspection:** A certified water distribution/treatment operator and trained personnel conduct inspection of the treatment facility(ies) which consists of visual inspection of the equipment, checking and filling the chlorine solution vessel, measuring the chlorine residual, adjusting the equipment, calculating the dosage rate and writing down the results of the inspection as explained below. Specifically:

1. *A* ***certified water distribution or certified treatment operator*** must come on-site and inspect the chlorination facility **MONTHLY**.
2. A certified operator can also assign ***trained personnel*** to do the following required activities **WEEKLY**.
3. **Visual inspection of chlorination pump and disinfection reservoir**
4. Inspect the pump for proper operation.
5. Inspect the disinfectant in the reservoir for concentration and adequate volume for the operational period (record results).
6. Determine if there is enough disinfectant on hand for one or more weeks.
7. **Measure the disinfectant residual in the distribution system** (approved free chlorine test kit required)**.**
8. Record the results **WEEKLY** in the Chlorine Residual Report (see the attached sheet).
9. Determine if an adequate level of disinfectant is maintained.
10. If disinfectant level is low, determine the reason and correct.
11. If no measurable disinfectant, notify owner, determine reason, and remedy. If no disinfectant for 24 hours, notify Division.
12. Send the Chlorine Residual Report monthly to the Division by fax or mail hardcopies by the 10th day following the end of month when the residuals were collected.

**Responding to failures or interruptions:** Failure or interruption of chlorination treatment will be handled in accordance with the attached written procedure. This procedure will include prompt correction of the problem and restoration of the chlorine residual. The availability of a replacement or back-up chemical feed system will be addressed. The certified operator, or trained personnel under direction of the certified operator, shall be the only people permitted to respond to failures or interruptions.

**Record Keeping:** The record keeping requirements are shown on the attached forms. These forms or their equivalent will be used to maintain the following records:

1. Date and time of inspection, name of operator

2. Chlorine residual and location of residual measurement

3. Production records

4. Operational notes including weekly calculation of chemical dosage (*see* attached form)

5. Chlorination failure log

6. Maintenance performed (both preventative and unscheduled maintenance)

**Operator Certification**

Water System Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ System No.\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Person Preparing the Operations Plan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments** - Forms for calculating dosages, chlorination failure plan, monitoring chlorine residuals and an chemical/equipment list.

Updated 11/23/16

**Response to Failures and Interruptions for Hypochlorination Systems**

Name of System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ System Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event the chlorination system is found to be not operating or injecting too little chlorine solution, the following plan of action will be taken to correct the problem or situation. The plan should address the availability of a spare chlorinator, manual feeding of chlorine until the problem is resolved, more frequent chlorine residual monitoring, etc.:

**Short-term chlorinator interruption (i.e. less than one day)**:

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**Long-term chlorine interruption (i.e. chlorinator cannot be repaired)**:

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Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: This plan is to be posted at the chlorination station.

This plan is to be reviewed and updated annually.

**Calculating Chemical Dosages**

The calculation of chlorine dosage is important in order to track the effectiveness of the chlorine feed process. To calculate the chlorine dosage over a specific period of time, you need to know:

1. Quantity of water produced during the specific time period (gallons);

2. Amount of solution injected during the specific time period (gallons);

1. Percent of available chlorine in the liquid hypochlorite used (usually 5.25% or 12.5%);
2. Specific gravity (SG) of pure liquid chlorine (usually 1.1 to 1.23).

4. Number of gallons of liquid hypochlorite used to make the solution;

5. Number of gallons of solution made with one gallon of the liquid hypochlorite. For example, if one gallon of liquid hypochlorite is added to 24 gallons of water, the final mixture would contain 25 gallons of solution.

The dosage is calculated by plugging these numbers into the formula (“X” means multiply!):

Dosage = 10,000 X (Amount of solution injected) X (Percent of available chlorine) X SG

(Quantity of water produced) X (Gallons of solution made with one gallon of hypochlorite)

***Example:***Over a seven-day period, a system produced 40,000 gallons of water. During that time period, the system used 18 gallons of solution. When mixing up the solution, the operator mixes one gallon of liquid hypochlorite with 24 gallons of water to make 25 gallons of solution. The percent of available chlorine in the liquid hypochlorite is 12.5% and its specific gravity is 1.2. The following is a calculation of the dosage:

Dosage = 10,000 X (18) X (12.5)(1.2) = 2.70 milligrams per liter (mg/l)

(40,000) X (25)

**Weekly Dosage Calculations**

Week 1 - Date \_\_\_\_\_\_\_\_\_\_\_ Dosage = 10,000 X ( ) X ( \_) =

( ) X ( )

Week 2 - Date \_\_\_\_\_\_\_\_\_\_\_ Dosage = 10,000 X ( ) X ( \_) =

( ) X ( )

Week 3 - Date \_\_\_\_\_\_\_\_\_\_\_ Dosage = 10,000 X ( ) X ( \_) =

( ) X ( )

Week 4 - Date \_\_\_\_\_\_\_\_\_\_\_ Dosage = 10,000 X ( ) X ( \_) =

( ) X ( )

**Chlorination Operational Log**

**Well No./Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month and Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**System Number/Name**

Were there any malfunctions of the chlorination system this month? Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

If yes, list the date the malfunction occurred and action taken. Problems that cannot be promptly corrected must be reported to the Division. Bacteriological sampling must be conducted if the safety of the water is in question:

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| Date | Time | Operator  Initials | Free  Chlorine  Residual | Production Meter  Reading | Gallons of Water Produced | Gallons of Chlorine Solution Used | Chlorine Dosage  (mg/L) | Operational Notes |
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**1. Operational notes include weekly dosage calculations, addition of solution, changes in feed rate and other pertinent info.**

**2. This form is to be maintained for each chlorination facility.**

**3. This form is to be kept on file for review by the Department.**

**Chlorine Residual Report**

System Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month:\_\_\_\_\_\_\_\_\_\_\_\_

System Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Day** | **Sampling Address** | **Residual** |
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**Chemical and Equipment List**

Chemical Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Supplier (product name and telephone): \_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Storage Tank (size and manufacturer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chemical Metering Pump (type, name, model and size): \_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other Equipment Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List of Telephone Contacts**

|  |  |  |
| --- | --- | --- |
|  | Name | **Phone #** |
| 1. | Tricia Wathen, SWRCB Visalia District Office | Office: (559) 447-3300 /  Cell: (559) 696-8506 |
| 2. | Certified Operators (include certification level) |  |
| 3. | Laboratory |  |
| 4. | Primary community members |  |
| 5. |  |  |