



Disinfectant Contact Time Compliance Report

GENERAL INSTRUCTIONS: As required by Section 62-555.630, Florida Administrative Code (F.A.C.), all community and non-transient non-community public water systems using surface water or ground water under the direct influence of surface water must file this completed report to demonstrate compliance with surface water treatment requirements. This report must be resubmitted following any change which may affect the contact time or disinfection. Graphs and tables used to calculate the contact time over the range of flows should also be submitted with this report. Refer to Appendix C of the Guidance Manual for Compliance with the Filtration and Disinfection Requirements for Public Water Systems Using Surface Water Sources, (adopted as a reference under Rule 62-555.335(1), F.A.C.) for instructions on how to conduct a tracer study and determine disinfectant contact time.

This worksheet is divided into five parts. The first part provides information on the identity of the water system. The second part provides general information on the treatment facility. The third and fourth parts include the CT calculations and supporting documentation. These sections should be repeated for each tracer test performed. Attach additional sheets as necessary. The last part is a certification whereby the system's authorized representative attests to the accuracy of the information used in preparing this report. The submission of any false statement or representation in this report is a violation of the law.

I. General Water System Information

System name: _____ Contact person: _____
 PWS Identification number (PWS-ID): _____ Contact phone number: _____
 Mailing address: _____ City: _____
 State: _____ Zip: _____ System Type: CWS or NTNC: _____

II. Treatment Facility Information

1. Plant Treatment Capacity (MGD)

A. Design _____	B. Maximum _____	C. Average _____
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2. High Service Pumps (MGD)

A. Maximum (Design) _____	B. Average _____	C. Maximum (As Tested) _____
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3. Seasonal Water Temperature Variation (°C)

Minimum _____	Maximum _____
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4. pH (At Process Section)

Minimum _____	Maximum _____
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5. Clearwell Data

No.	Capacity	Full	Minimum	Test Level
1	_____ mg.	_____ ft.	_____ ft	_____ ft
2	_____ mg.	_____ ft	_____ ft	_____ ft
3	_____ mg.	_____ ft	_____ ft	_____ ft
4	_____ mg.	_____ ft	_____ ft	_____ ft

6. Disinfectant

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- A. Chemical _____
- B. Point of Application _____
- C. Residual Prior to First Point of Use _____

III. Tracer Test Information

7. Tracer Test Method

- A. Step Dose (_____)
- B. Slug Dose (_____)
- C. Other _____

8. Water Quality (for CT determination)

- A. pH _____
- B. Temperature _____ °C

9. Tracer Chemical

- A. Type _____
- B. Dosage _____ mg/l
- C. Background _____ mg/l
- D. Point of Application _____
- E. Testing Method _____

10. Contact Time (Complete parts 10 and 11 for each tracer test performed)

- A. T_{10} _____ min. (If multiple sections are used list each T_{10} below)

- Section 1 _____ Section 5 _____
- Section 2 _____ Section 6 _____
- Section 3 _____
- Section 4 _____

- B. $CT_{calc.}$ ($T_{10} \times$ Disinfectant conc. (mg/l)) = _____ mg/l-min (if multiple sections list each $CT_{calc.}$ below)

- Section 1 _____ Section 3 _____
- Section 2 _____ Section 4 _____

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2. Graphic analysis for T_{10}

D. CT Rating Form (signed by State Personnel)

E. NOTE: If only one "Worst Case" (>90% of design capacity) tracer test is performed, calculations (C-3 in G.M.) may be provided to demonstrate T_{10} and subsequent CT inactivation ratios at three (3) process flow rates including minimum, mid-range and average.

PART IV CERTIFICATION

I certify that the information listed in this report is correct and accurately represents the treatment techniques and capacity of the system. I further certify this information was used to calculate the CT values.

Signed _____

Name _____
(PLEASE PRINT)

Title _____

Date _____