

SURFACE WATER MONTHLY OPERATING REPORT

FOR PUBLIC WATER SYSTEMS THAT ARE USING SURFACE WATER SOURCES
OR GROUND WATER SOURCES UNDER THE INFLUENCE OF SURFACE WATER

Summary Page

PUBLIC WATER
SYSTEM NAME: City of Corsicana

PLANT NAME
OR NUMBER: Navarro Mills

I certify that I am familiar with the information contained in this report and that,
to the best of my knowledge, the information is true, complete, and accurate.

PWS ID No.: 1750002
Report for
the Month of: March 2014

Operator's Signature: _____
Certificate No. & Grade: WO0004220, A Date: April 1, 2014

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings:	186	Number of 4-hour periods when plant was off-line:	0
Number of readings above 0.10 NTU:	3	Number of 4-hour periods when plant was on-line but turbidity data was not collected:	0
Number of readings above 0.3 NTU:	0	Number of days when plant was on-line but individual filter turbidity data was not collected:	0
Number of readings above 0.5 NTU:	0	Number of days with readings above 1.0 NTU:	0 (2)
Number of readings above 1.0 NTU:	0	Number of days with readings above 5.0 NTU:	0 (3)
Maximum allowable turbidity level:	0.3		
Percentage of readings above this limit:	0.0 % (1)		
Statistical Summary		Maximum turbidity reading:	0.11 NTU
		Minimum turbidity reading:	0.06 NTU
		CFE 95 th percentile value:	0.10 NTU
		Average turbidity value:	0.08 NTU
		Standard deviation:	0.011 NTU
		IFE 95 th percentile:	0.184 NTU
Number of days with a low CT for no more than 4.0 consecutive hours:	0	Average log inactivation for Giardia:	3.01
Number of days with a low CT for more than 4.0 consecutive hours:	0 (4)	Average log inactivation for viruses:	28.34
		Number of days when profiling data was not collected:	0
		Number of days when CT data was not collected:	0
Minimum disinfectant residual required leaving the plant:		0.5 mg/L, measured as Total Chlorine	
Number of days with a low residual for no more than 4.0 consecutive hours:	0		
Number of days with a low residual for more than 4.0 consecutive hours:	0 (5)	Number of days when disinfectant residual leaving the plant was not properly monitored:	0

DISTRIBUTION SYSTEM

Minimum disinfectant residual required in distribution system:	0.5 mg/L, measured as Total Chlorine		
Total number of readings this month:	61	(at least 31 required) (8)	
Average disinfectant residual value:	2.69	Percentage of readings with a low residual this month:	0.0 % (6A)
Number of readings with a low residual:	0		
Number of readings with no detectable residual:	0	Percentage of readings with a low residual last month:	0.0 % (6B)

ADDITIONAL REPORTS & WORKSHEETS

The Page 1 Addendum (Public Notices) is not required because there were no treatment technique or monitoring/reporting violations reported.

Additional report(s) for individual filter monitoring required: NONE Filter Profile Filter Assessment CPE
 Additional report(s) for individual filter monitoring submitted: NONE Filter Profile (9) Filter Assessment (10) CPE (11)
 No additional IFE Reports are required this month.

SURFACE WATER MONTHLY OPERATING REPORT
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
WATER SUPPLY DIVISION/PUBLIC DRINKING WATER SECTION (MC-155)
P.O. BOX 13087, AUSTIN, TEXAS 78711-3087

SURFACE WATER MONTHLY OPERATING REPORT
 FOR PUBLIC WATER SYSTEMS THAT ARE USING SURFACE WATER SOURCES
 OR GROUND WATER SOURCES UNDER THE INFLUENCE OF SURFACE WATER (cont.)
Turbidity Data Page

PUBLIC WATER SYSTEM NAME: City of Corsicana

PLANT NAME OR NUMBER: Navarro Mills

PWS ID No.: 1750002

Connections: 10,877

Month: March Year: 2014

Population: 23,770

PERFORMANCE DATA																		
Date	Raw Water Pumpage (MGD)	Treated Water Pumpage (MGD)	RAW WATER ANALYSES		SETTLED WATER TURBIDITY (Mandatory Data)						FINISHED WATER QUALITY							
			NTU	Alk.	Basin No.						Turbidity						Lowest Residual	Time=
					1	2	3	4	5	6	NTU1	NTU2	NTU3	NTU4	NTU5	NTU6		
1	4.890	4.776	32	124	0.6	0.8	1.1	1.0	0.9	0.9	0.08	0.08	0.08	0.08	0.08	0.07	2.9	
2	5.250	4.640	31	124	0.7	0.9	1.0	1.1	0.9	0.9	0.08	0.08	0.08	0.08	0.11	0.11	2.9	
3	5.390	3.979	30	124	0.7	0.8	1.0	1.0	0.8	0.7	0.10	0.09	0.08	0.07	0.07	0.07	2.5	
4	6.160	5.596	32	123	0.6	0.7	1.0	0.9	0.8	0.6	0.07	0.06	0.06	0.06	0.06	0.06	2.8	
5	7.410	5.244	32	122	0.8	0.9	1.0	1.0	1.0	0.9	0.06	0.07	0.07	0.07	0.07	0.08	2.9	
6	6.550	5.307	35	121	0.7	0.9	1.2	1.1	1.1	0.9	0.08	0.08	0.08	0.08	0.09	0.08	2.9	
7	5.120	4.148	36	125	0.8	1.0	1.1	1.1	1.1	1.0	0.08	0.08	0.08	0.08	0.08	0.08	3.0	
8	5.150	4.726	34	127	0.7	0.9	1.0	1.1	0.9	1.0	0.08	0.09	0.08	0.08	0.08	0.10	3.0	
9	5.200	3.925	33	127	0.7	0.8	1.0	1.0	0.9	0.8	0.09	0.08	0.07	0.07	0.08	0.09	3.0	
10	4.900	4.434	35	126	0.7	0.8	1.2	1.0	0.9	0.8	0.07	0.07	0.06	0.06	0.07	0.07	3.0	
11	4.950	3.840	30	125	0.7	0.8	1.1	1.0	0.9	0.8	0.06	0.06	0.06	0.06	0.06	0.06	3.0	
12	6.110	4.804	33	125	0.9	0.9	1.1	1.0	0.9	0.9	0.06	0.06	0.06	0.06	0.07	0.10	2.9	
13	7.200	5.356	38	125	0.8	0.9	1.1	1.0	1.1	1.0	0.09	0.08	0.08	0.09	0.09	0.08	2.9	
14	6.080	4.799	36	126	0.7	1.0	1.1	1.0	0.9	1.0	0.08	0.08	0.08	0.08	0.09	0.08	2.9	
15	4.890	4.492	40	125	0.7	0.8	1.1	1.1	0.9	0.9	0.09	0.10	0.08	0.08	0.09	0.09	3.0	
16	4.970	4.198	39	125	0.8	1.0	1.3	1.2	1.1	1.0	0.09	0.08	0.08	0.09	0.09	0.10	2.9	
17	4.950	4.048	37	127	0.9	1.0	1.2	1.1	1.1	1.0	0.09	0.09	0.08	0.08	0.08	0.08	3.0	
18	4.930	4.820	38	126	0.9	1.1	1.3	1.2	1.1	1.0	0.08	0.08	0.07	0.07	0.08	0.08	3.0	
19	4.980	4.364	40	127	0.9	1.0	1.2	1.1	1.0	0.9	0.08	0.07	0.07	0.07	0.07	0.07	3.0	
20	5.350	4.492	40	127	0.8	1.2	1.3	1.2	1.3	1.1	0.07	0.07	0.07	0.08	0.07	0.07	2.7	
21	7.110	5.291	38	127	0.9	1.1	1.4	1.3	1.2	1.2	0.09	0.10	0.10	0.11	0.10	0.09	3.0	
22	5.870	4.713	37	129	0.8	0.9	1.1	1.1	1.1	1.0	0.09	0.08	0.09	0.09	0.08	0.08	3.0	
23	4.960	4.868	40	128	0.8	0.9	1.1	1.1	1.0	1.0	0.10	0.09	0.08	0.08	0.08	0.08	3.0	
24	5.010	4.144	38	129	0.8	0.9	1.2	1.1	1.1	0.9	0.08	0.09	0.07	0.07	0.07	0.07	3.0	
25	5.020	4.762	38	128	0.9	0.9	1.2	1.1	1.0	0.9	0.07	0.07	0.07	0.07	0.07	0.07	3.0	
26	5.060	4.141	39	128	0.9	1.0	1.3	1.3	1.1	1.1	0.07	0.07	0.07	0.06	0.07	0.07	3.0	
27	5.440	4.539	40	130	0.9	1.0	1.4	1.2	1.2	1.1	0.07	0.07	0.07	0.07	0.07	0.07	3.0	
28	6.460	5.275	36	128	0.8	1.0	1.3	1.2	1.1	1.0	0.07	0.08	0.08	0.08	0.09	0.08	3.0	
29	4.860	4.114	38	128	0.8	0.9	1.1	1.1	1.1	0.9	0.08	0.08	0.08	0.09	0.09	0.08	2.9	
30	4.860	4.667	37	130	0.7	0.9	1.2	1.1	1.0	0.9	0.09	0.09	0.08	0.08	0.08	0.08	2.9	
31	4.840	4.799	31	128	0.7	0.8	1.1	1.0	1.0	0.8	0.07	0.08	0.07	0.07	0.07	0.07	2.9	
Total	169.920	143.301																
Avg	5.481	4.623																
Max	7.410	5.596																
Min	4.840	3.840																

NOTE: ONLY use the "Time" column to show the length of time that the disinfectant residual entering the distribution system fell below the acceptable level.

SUBMITTED BY: _____ Certificate No. and Grade: WO0004220, A Date: April 1, 2014

SURFACE WATER MONTHLY OPERATING REPORT

FOR PUBLIC WATER SYSTEMS THAT ARE USING SURFACE WATER SOURCES
OR GROUND WATER SOURCES UNDER THE INFLUENCE OF SURFACE WATER (cont.)

Filter Data Page

PUBLIC WATER
SYSTEM NAME: City of Corsicana

PWS ID No.: 1750002

PLANT NAME
OR NUMBER: Navarro Mills

Month: March Year: 2014

PERFORMANCE DATA																				
INDIVIDUAL FILTER TURBIDITY																				
Date	Filter No. 1		Filter No. 2		Filter No. 3		Filter No. 4		Filter No. 5		Filter No. 6		Filter No. 7		Filter No. 8		Filter No. 9		Filter No. 10	
	Max	4 Hrs	Max	4 Hrs																
1	x	x	0.08	x	x	x	0.09	x	0.09	x	x	x								
2	x	x	0.13	x	x	x	0.15	x	0.15	x	x	x								
3	x	x	0.09	x	x	x	0.08	x	0.08	x	x	x								
4	x	x	0.07	x	x	x	0.09	x	0.10	x	0.15	0.09								
5	0.18	0.12	0.08	x	0.17	0.11	0.09	x	0.09	x	0.11	x								
6	0.10	x	x	x	0.11	x	0.11	x	x	x	0.10	x								
7	0.10	x	x	x	0.10	x	x	x	x	x	0.09	x								
8	0.10	x	x	x	0.10	x	x	x	x	x	0.09	x								
9	0.08	x	x	x	0.08	x	x	x	x	x	0.08	x								
10	0.08	x	x	x	0.09	x	x	x	x	x	0.08	x								
11	0.08	x	x	x	0.08	x	x	x	x	x	0.09	x								
12	0.09	x	0.21	0.12	0.11	x	x	x	0.16	0.12	0.08	x								
13	0.09	x	0.10	x	0.09	x	0.19	0.12	0.10	x	0.18	0.11								
14	x	x	0.08	x	x	x	0.10	x	0.09	x	0.11	x								
15	x	x	0.09	x	x	x	0.11	x	x	x	0.11	x								
16	x	x	0.08	x	x	x	0.10	x	x	x	0.10	x								
17	x	x	0.08	x	x	x	0.09	x	x	x	0.09	x								
18	x	x	0.08	x	x	x	0.09	x	x	x	0.09	x								
19	x	x	0.07	x	x	x	0.08	x	x	x	0.09	x								
20	0.19	0.13	0.07	x	0.18	x	0.10	x	0.19	0.13	0.08	x								
21	0.12	x	x	x	0.13	0.13	0.08	x	0.12	x	x	x								
22	0.09	x	x	x	0.10	x	0.08	x	0.10	x	x	x								
23	0.09	x	x	x	0.09	x	x	x	0.09	x	x	x								
24	0.09	x	x	x	0.09	x	x	x	0.09	x	x	x								
25	0.08	x	x	x	0.08	x	x	x	0.08	x	x	x								
26	0.11	x	x	x	0.11	x	x	x	0.10	x	x	x								
27	0.09	x	x	x	0.09	x	0.19	0.12	0.08	x	0.32	0.12								
28	0.08	x	x	x	0.07	x	0.12	x	x	x	0.11	x								
29	0.08	x	0.18	0.11	x	x	0.10	x	x	x	0.10	x								
30	x	x	0.09	x	x	x	0.09	x	x	x	0.09	x								
31	x	x	0.08	x	x	x	0.08	x	x	x	0.08	x								

SUMMARY & COMPLIANCE ACTIONS	Criteria	Filter No.										Plant										
		1	2	3	4	5	6	7	8	9	10											
	Number of days with event(s) above 0.5 NTU at 4.0 hrs this month	0	0	0	0	0	0															
	Number of days with event(s) above 1.0 NTU this month	0	0	0	0	0	0															
	Number of days with event(s) above 1.0 NTU last month	0	0	0	0	0	0															
	Number of days with event(s) above 1.0 NTU two months ago	0	0	0	0	0	0															
	Total number of days with event(s) above 1.0 NTU in three months	0	0	0	0	0	0															
	Number of days with event(s) above 2.0 NTU this month											0										
	Number of days with event(s) above 2.0 NTU last month											0										
	Does the filter/plant have an approved Corrective Action Plan?	N	N	N	N	N	N														N	
	Is the plant required to submit a Filter Profile Report?	N	N	N	N	N	N															
	Is the plant required to submit a Filter Assessment Report?	N	N	N	N	N	N															
	Is the plant required to submit a Request for Compliance CPE?											N										

SUBMITTED BY: _____ Certificate No. _____ and Grade: WO0004220, A Date: April 1, 2014

SURFACE WATER MONTHLY OPERATING REPORT

FOR PUBLIC WATER SYSTEMS THAT ARE USING SURFACE WATER SOURCES
OR GROUND WATER SOURCES UNDER THE INFLUENCE OF SURFACE WATER (cont.)
Disinfection Data Page

PUBLIC WATER SYSTEM NAME: City of Corsicana
PWS ID No.: 1750002

PLANT NAME OR NUMBER: Navarro Mills
Month: March Year: 2014

DISINFECTION PROCESS PARAMETERS									
APPROVED CT STUDY PARAMETERS					PERFORMANCE STANDARDS				
Parameters	Disinfection Zones					Log Inactivations			
	D1	D2	D3	D4	D5	Giardia lamblia Cysts		Viruses	
Flow Rate (MGD)	20.250	20.250	20.250			0.5		2.0	
T ₁₀ (minutes)	109.1	13.0	100.0						

PERFORMANCE DATA									
DISINFECTION PROCESS DATA									
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time=
1	NA D1								
	FCL D2	0.6	5.100	14.0	7.1				
	CLA D3	2.9	5.100	14.0	7.9	3.44	35.23	6.88	
	D4							(G)	
	D5								
2	NA D1								
	FCL D2	0.6	5.400	14.0	7.1				
	CLA D3	2.9	5.400	15.0	7.8	3.35	33.62	6.70	
	D4							(G)	
	D5								
3	NA D1								
	FCL D2	0.6	5.500	12.0	7.2				
	CLA D3	2.5	5.500	13.0	7.8	2.65	28.13	5.29	
	D4							(G)	
	D5								
4	NA D1								
	FCL D2	0.6	7.400	12.0	7.1				
	CLA D3	3.1	7.400	12.0	7.8	2.23	21.35	4.47	
	D4							(G)	
	D5								
5	NA D1								
	FCL D2	0.5	7.700	12.0	7.2				
	CLA D3	2.9	7.700	12.0	7.6	1.93	17.41	3.85	
	D4							(G)	
	D5								
6	NA D1								
	FCL D2	0.6	7.600	11.0	7.1				
	CLA D3	3.0	7.600	12.0	7.7	2.08	19.50	4.16	
	D4							(G)	
	D5								
7	NA D1								
	FCL D2	0.5	5.300	12.0	7.2				
	CLA D3	3.1	5.300	12.0	7.6	2.94	25.59	5.87	
	D4							(G)	
	D5								
8	NA D1								
	FCL D2	0.4	5.300	11.0	7.1				
	CLA D3	3.0	5.300	12.0	7.8	2.69	20.09	5.39	
	D4							(G)	
	D5								

PERFORMANCE DATA									
DISINFECTION PROCESS DATA									
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time=
9	NA D1								
	FCL D2	0.5	5.300	11.0	7.1				
	CLA D3	3.0	5.300	11.0	7.8	2.76	23.74	5.52	
	D4							(G)	
	D5								
10	NA D1								
	FCL D2	0.5	5.400	12.0	7.1				
	CLA D3	3.1	5.400	12.0	7.7	2.91	25.11	5.82	
	D4							(G)	
	D5								
11	NA D1								
	FCL D2	0.6	5.200	12.0	7.1				
	CLA D3	3.0	5.200	12.0	7.7	3.11	30.23	6.22	
	D4							(G)	
	D5								
12	NA D1								
	FCL D2	0.4	7.300	13.0	7.2				
	CLA D3	2.9	7.300	13.0	7.9	2.02	16.40	4.04	
	D4							(G)	
	D5								
13	NA D1								
	FCL D2	0.7	7.500	13.0	7.2				
	CLA D3	3.0	7.500	14.0	7.9	2.42	25.90	4.84	
	D4							(G)	
	D5								
14	NA D1								
	FCL D2	0.6	7.200	14.0	7.2				
	CLA D3	3.0	7.200	14.0	7.7	2.46	25.08	4.92	
	D4							(G)	
	D5								
15	NA D1								
	FCL D2	0.6	5.000	15.0	7.2				
	CLA D3	3.1	5.000	15.0	7.8	3.83	38.90	7.65	
	D4							(G)	
	D5								
16	NA D1								
	FCL D2	0.5	5.000	13.0	7.2				
	CLA D3	2.9	5.000	15.0	7.7	3.33	29.45	6.66	
	D4							(G)	
	D5								

NOTE: = ONLY use the "Time=" column to show the length of time that the total inactivation ratio was less than 1.00.

SUBMITTED BY: _____ Certificate No. and Grade: WO0004220, A Date: April 1, 2014

SURFACE WATER MONTHLY OPERATING REPORT

FOR PUBLIC WATER SYSTEMS THAT ARE USING SURFACE WATER SOURCES
OR GROUND WATER SOURCES UNDER THE INFLUENCE OF SURFACE WATER (cont.)
Disinfection Data Page (cont.)

PUBLIC WATER SYSTEM NAME: City of Corsicana
PWS ID No.: 1750002

PLANT NAME OR NUMBER: Navarro Mills
Month: March Year: 2014

DISINFECTION PROCESS PARAMETERS							
APPROVED CT STUDY PARAMETERS					PERFORMANCE STANDARDS		
Parameters	Disinfection Zones					Log Inactivations	
	D1	D2	D3	D4	D5	Giardia lamblia Cysts	Virus
Flow Rate (MGD)	20.250	20.250	20.250			0.5	2.0
T ₁₀ (minutes)	109.1	13.0	100.0				

PERFORMANCE DATA									
Date	DISINFECTION PROCESS DATA								
	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time=
17	NA D1								
	FCL D2	0.6	5.200	13.0	7.2				
	CLA D3	3.1	5.200	14.0	8.0	3.41	32.91	6.82	
	D4							(G)	
	D5								
18	NA D1								
	FCL D2	0.5	5.200	14.0	7.2				
	CLA D3	3.1	5.200	14.0	7.8	3.31	29.96	6.62	
	D4							(G)	
	D5								
19	NA D1								
	FCL D2	0.5	5.100	14.0	7.2				
	CLA D3	3.1	5.100	14.0	7.8	3.38	30.54	6.75	
	D4							(G)	
	D5								
20	NA D1								
	FCL D2	0.6	7.300	15.0	7.2				
	CLA D3	2.9	7.300	15.0	7.8	2.51	26.38	5.01	
	D4							(G)	
	D5								
21	NA D1								
	FCL D2	0.5	7.200	15.0	7.2				
	CLA D3	3.1	7.200	15.0	7.6	2.52	23.19	5.04	
	D4							(G)	
	D5								
22	NA D1								
	FCL D2	0.6	7.100	15.0	7.1				
	CLA D3	3.0	7.100	15.0	7.7	2.67	27.26	5.33	
	D4							(G)	
	D5								
23	NA D1								
	FCL D2	0.5	5.000	15.0	7.2				
	CLA D3	3.0	5.000	15.0	7.6	3.55	33.20	7.10	
	D4							(G)	
	D5								
24	NA D1								
	FCL D2	0.5	5.100	14.0	7.1				
	CLA D3	3.0	5.100	15.0	8.1	3.44	30.74	6.89	
	D4							(G)	
	D5								

PERFORMANCE DATA										
Date	DISINFECTION PROCESS DATA									
	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time=	
25	NA D1									
	FCL D2	0.5	5.100	15.0	7.2					
	CLA D3	3.0	5.100	15.0	7.9	3.48	32.55	6.96		
	D4							(G)		
	D5									
26	NA D1									
	FCL D2	0.5	5.100	15.0	7.2					
	CLA D3	3.1	5.100	15.0	7.8	3.56	32.73	7.12		
	D4							(G)		
	D5									
27	NA D1									
	FCL D2	0.5	7.100	15.0	7.2					
	CLA D3	3.0	7.100	15.0	7.8	2.50	23.38	5.00		
	D4							(G)		
	D5									
28	NA D1									
	FCL D2	0.6	7.000	15.0	7.2					
	CLA D3	3.1	7.000	16.0	7.6	2.82	28.08	5.65		
	D4							(G)		
	D5									
29	NA D1									
	FCL D2	0.5	4.900	16.0	7.1					
	CLA D3	2.9	4.900	16.0	7.8	3.78	36.10	7.55		
	D4							(G)		
	D5									
30	NA D1									
	FCL D2	0.5	4.900	16.0	7.1					
	CLA D3	3.0	4.900	17.0	7.9	4.01	36.75	8.01		
	D4							(G)		
	D5									
31	NA D1									
	FCL D2	0.5	4.900	17.0	7.2					
	CLA D3	3.1	4.900	17.0	7.8	4.14	39.14	8.28		
	D4							(G)		
	D5									
								Max	4.14	39.14
								Min	1.93	16.40
								Avg	3.01	28.34
								SD	0.59	5.97

NOTE: = ONLY use the "Time=" column to show the length of time that the total inactivation ratio was less than 1.00.

SUBMITTED BY: _____ Certificate No. and Grade: WO0004220, A Date: April 1, 2014

MONTHLY TOTAL ORGANIC CARBON REMOVAL REPORT (TOCMOR)

FOR SURFACE WATER OR GROUND WATER UNDER THE INFLUENCE OF SURFACE WATER SYSTEMS

PUBLIC WATER SYSTEM NAME: City of Corsicana
 PWS ID No.: 1750002
 Type of treatment: Conventional Unconventional explain: _____

PLANT NAME OR NUMBER: Navarro Mills
 Month: March Year: 2014

Note: Systems are required to run one TOC Sample Set every month. Additional space is provided for those systems that do additional sampling

Test No.	Test Date	Monthly TOC Sample Set			Actual % TOC Removed	Step 1 Required Removal %	Step 1 Removal Ratio	Optional data		COMPLIANCE REMOVAL RATIO
		Raw Alkalinity	Raw TOC	Treated TOC				Step 2 Required % Removal	Step 2 Removal Ratio	
		Enter the Sample Set results						<i>calculated</i>	<i>calculated from matrix</i>	
1	3/4	124	4.70	3.88	17.4	25	0.70	15.2	1.1	1.15
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
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26										
27										
28										
29										
30										
31										
Avg		124.00	4.70	3.88	17.45		0.70		1.1	1.15
Max		124.00	4.70	3.88	17.45		0.70		1.1	1.15
Min		124.00	4.70	3.88	17.45		0.70		1.1	1.15

TOTAL ORGANIC CARBON (TOC) REMOVAL SUMMARY

TOC Summary: Don't forget to include a copy of your P.8-TOC Step 2 worksheet with your report.					Monthly Compliance Ratio
Raw Water Alkalinity	Raw Water TOC	Treated Water TOC	TOC % Removal	ACC # used	
124	4.70	3.88	17.4	NA	1.15

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

Operator's Signature: _____ Certificate No. and Grade: WO0004220, A Date: April 1, 2014

Submit the report by the 10th of the month following the reporting period to:
 TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
 WATER SUPPLY DIVISION/PUBLIC DRINKING WATER SECTION (MC-155)
 P.O. BOX 13087, AUSTIN, TEXAS 78711-3087

TOC ALTERNATIVE COMPLIANCE CRITERIA REPORT
FOR SURFACE WATER OR GROUND WATER UNDER THE INFLUENCE OF SURFACE WATER SYSTEMS

PUBLIC WATER SYSTEM NAME: City of Corsicana
PWS ID No.: 1750002

PLANT NAME OR NUMBER: Navarro Mills
Month: March Year: 2014

This Alternative Compliance Criteria (ACC) Report is being submitted to request the following ACC: (check one)
(Before you can begin entering data, you must put an "X" in the box that shows the number of the Alternative Compliance Criteria you are applying for.)

#1 #2 #3 #4 #5 #6 #7 #8

ACC #1	Source Water TOC less than 2.0? (either based on most recent month's data OR calculated quarterly as a running annual average)												
	Current Month TOC	Q1			Q2			Q3			Q4		
	4.70	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Average Raw Water TOC												
	Quarterly Average RAA												

ACC #2	Treated Water TOC less than 2.0? (either based on most recent month's data OR calculated quarterly as a running annual average)												
	Current Month TOC	Q1			Q2			Q3			Q4		
	3.88	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Average Treated Water TOC												
	Quarterly Average RAA												

ACC #3	Source Water TOC less than 4.0? (calculated quarterly as a running annual average) AND Source water alkalinity over 60 mg/L (as CaCO3)? (calculated quarterly as a running annual average)												
	Current Month TOC	Q1			Q2			Q3			Q4		
	4.70	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Average Raw Water TOC												
	Quarterly Average RAA												

AND TTHM and HAA5 no greater than 0.040 mg/L and 0.030 mg/L, respectively? (calculated as a running annual average of quarterly averages)

TTHM RAA for the 4 quarters that end March 2014: mg/L HAA5 RAA for the 4 quarter that end March 2014: mg/L

ACC #4	TTHM and HAA5 no greater than 0.040 mg/L and 0.030 mg/L, respectively? (calculated as a running annual average of quarterly averages)												
	TTHM RAA for the 4 quarters that end March 2014: <input type="text"/> mg/L						HAA5 RAA for the 4 quarters that end March 2014: <input type="text"/> mg/L						
	AND only chlorine is used in the whole plant and distribution system. Chlorine only?: <input type="text"/>												

I certify that for the last 12 months, only free chlorine was used as a disinfectant for primary disinfection and for maintenance of a residual in the distribution system.

Certified Operators Signature/ Certificate Number / Date

ACC #5	Source water SUVA less than or equal to 2.0 L/mg-m? (either based on most recent month's data OR calculated quarterly as a running annual average)												
	Current Month SUVA	Q1			Q2			Q3			Q4		
		04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Monthly Raw Water SUVA												
	Quarterly Average RAA												

ACC #6	Treated water SUVA less than or equal to 2.0 L/mg-m? (either based on most recent month's data OR calculated quarterly as a running annual average)												
	Current Month SUVA	Q1			Q2			Q3			Q4		
		04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Monthly Treated Water SUVA												
	Quarterly Average RAA												

Treated water SUVA measured: In Plant By Finished Water SUVA Jar Test

I certify that an oxidant was used upstream of the Treated Water TOC monitoring point during the period for which treated water SUVA data is reported.

Certified Operators Signature / Certificate Number / Date

ACC #7	Treated water alkalinity less than 60 mg/L (as CaCO3)? (softening practiced) (either based on most recent month's data OR calculated quarterly as a running annual average)												
	Current Month ALK	Q1			Q2			Q3			Q4		
		04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Monthly Treated Alkalinity												
	Quarterly Average RAA												

ACC #8	Magnesium hardness removal greater than or equal to 10 mg/L (as CaCO3)? (softening practiced) (either based on most recent month's data OR calculated quarterly as a running annual average)												
	Current Month Mg Hardness	Q1			Q2			Q3			Q4		
	Raw	04/2013	05/2013	06/2013	07/2013	08/2013	09/2013	10/2013	11/2013	12/2013	01/2014	02/2014	03/2014
	Treated												
	Removal												

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

Operator's Signature: _____ Certificate No. and Grade: WO0004220, A Date: April 1, 2014

STEP 2 JAR TEST REPORT

FOR SURFACE WATER OR GROUND WATER UNDER THE INFLUENCE OF SURFACE WATER SYSTEMS

PUBLIC WATER SYSTEM NAME: City of Corsicana
 PWS ID No.: 1750002

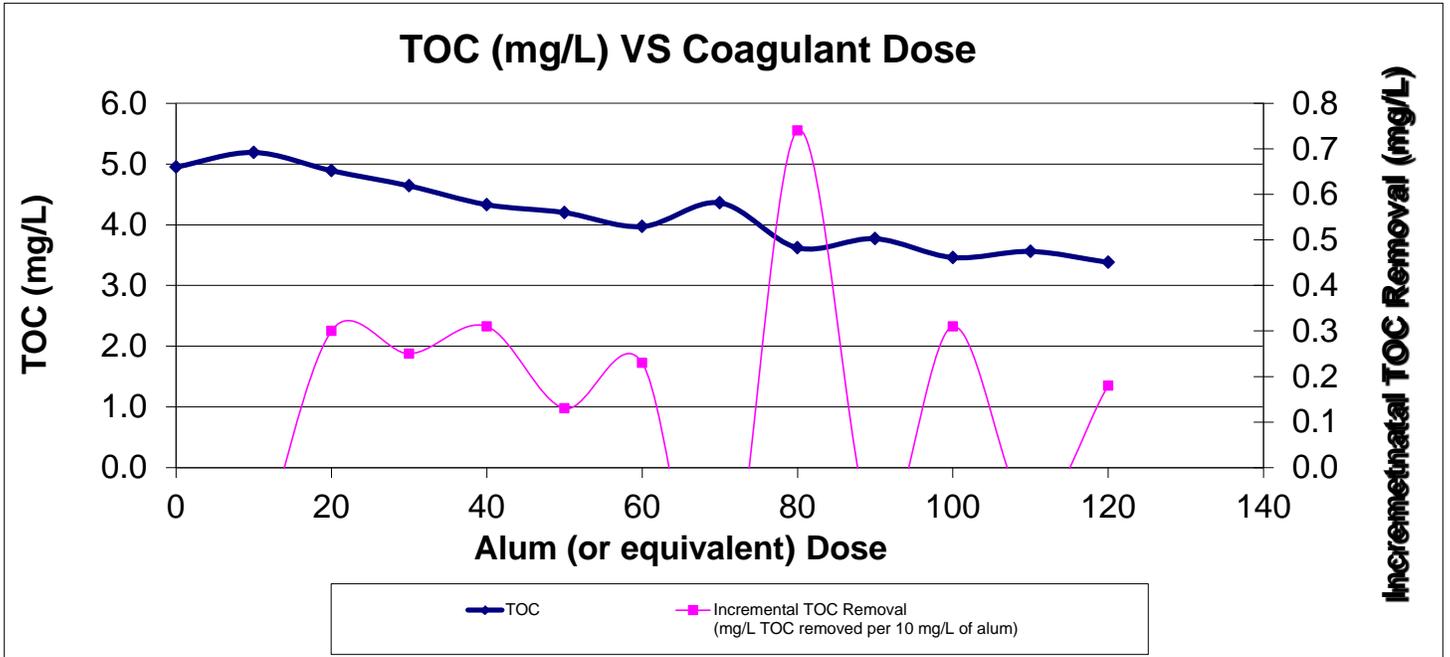
PLANT NAME OR NUMBER: Navarro Mills
 DATE OF JAR TEST: January 13, 2014

PLANT CONDITIONS								
RAW WATER SOURCE(s)	COAGULANT		COAGULANT AID		FLOC AID		pH ADJUSTMENT	
	Type	Dose (mg/L)	Type	Dose (mg/L)	Type	Dose (mg/L)	Type	Dose (mg/L)
Navarro Mills	Alum	110.00	N/A	0.00	N/A	0.00	Caustic	23.00

STEP 2 JAR TEST PARAMETERS									
COAGULANT		BASE		JAR SIZE	JAR TEST CONDITIONS				
Type	Stock Solution Concentration (g/L)	Type	Stock Solution Concentration (g/L)	Volume (liters)	Rapid Mix		Flocculation		Settling
					Speed (rpm)	Duration (minutes)	Speed (rpm)	Duration (minutes)	Duration (minutes)
Alum	11	N/A	-	0.5	100.0	1.0	30.0	20.0	40.0

JAR TEST RESULTS										
Jar No.	COAGULANT		BASE		Alkalinity (mg/L as CaCO ₃)	pH	TOC (mg/L)	Incremental TOC Removal (mg/L TOC removed per 10 mg/L of alum)	Cumulative TOC Removal (%)	
	Dose (Alum eq.) (mg/L)	Volume (mL)	Dose (mg/L)	Volume (mL)						
RAW					109	8.1	5.0			
1	10	0.50	1.00	0.50	Target pH (based on raw water alkalinity)	7.9	5.2	-0.2	bad data point	
2	20	1.00	2.00	1.50		8.0	4.9	0.3	1.2	
3	30	1.50	3.00	2.50		7.9	4.6	0.3	6.3	
4	40	2.00	4.00	3.50		7.6	4.3	0.3	12.5	
5	50	2.50	5.00	4.50		7.6	4.2	0.1	15.2	
6	60	3.00	6.00	5.50		7.6	4.0	0.2	19.8	
7	70	3.50	7.00	6.50		7.7	4.4	-0.4	bad data point	
8	80	4.00	8.00	7.50		6.3	7.6	3.6	0.7	26.9
9	90	4.50	9.00	8.50		7.6	3.8	-0.2	bad data point	
10	100	5.00	10.00	9.50		7.5	3.5	0.3	30.1	
11	110	5.50	11.00	10.50		7.5	3.6	-0.1	bad data point	
12	120	6.00	12.00	11.50		7.5	3.4	0.2	31.7	

Has the TCEQ approved this source as "Not Amenable" to Treatment even though Target pH was not reached? If "yes", provide the date of the TCEQ letter or e-mail.	TOC, % Removal at Apparent PODR:	More than 1 PODR
	More than one PODR found; please enter correct PODR value:	15.2%



I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

Operator's Signature: _____

Certificate No. and Grade: WO0004220, A