

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

Operator's Signature: _____

Report for

the Month of: January 2012

Certificate No. & Grade: WO0004220, A

Date: February 1, 2012

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings:	<u>186</u>	Number of 4-hour periods when plant was off-line:	<u>0</u>
Number of readings above 0.10 NTU:	<u>8</u>	Number of 4-hour periods when plant was on-line but turbidity data was not collected:	<u>0</u>
Number of readings above 0.3 NTU:	<u>0</u>	Number of days when plant was on-line but individual filter turbidity data was not collected:	<u>0</u>
Number of readings above 0.5 NTU:	<u>0</u>	Number of days with readings above 1.0 NTU:	<u>0</u> (2)
Number of readings above 1.0 NTU:	<u>0</u>	Number of days with readings above 5.0 NTU:	<u>0</u> (3)
Maximum allowable turbidity level:	<u>0.3</u>		
Percentage of readings above this limit:	<u>0.0</u> % (1)		

Statistical Summary	Maximum turbidity reading:	<u>0.23</u> NTU	Average turbidity value:	<u>0.06</u> NTU
	Minimum turbidity reading:	<u>0.04</u> NTU	Standard deviation:	<u>0.024</u> NTU
	CFE 95 th percentile value:	<u>0.09</u> NTU	IFE 95 th percentile:	<u>0.155</u> NTU

Number of days with a low CT for no more than 4.0 consecutive hours:	<u>0</u>	Average log inactivation for Giardia:	<u>NA</u>
		Average log inactivation for viruses:	<u>NA</u>
Number of days with a low CT for more than 4.0 consecutive hours:	<u>0</u> (4)	Number of days when profiling data was not collected:	<u>31</u>
		Number of days when CT data was not collected:	<u>31</u>

Minimum disinfectant residual required leaving the plant:	<u>0.5</u> mg/L, measured as Total Chlorine
Number of days with a low residual for no more than 4.0 consecutive hours:	<u>0</u>
Number of days with a low residual for more than 4.0 consecutive hours:	<u>0</u> (5)
Number of days when disinfectant residual leaving the plant was not properly monitored:	<u>0</u>

DISTRIBUTION SYSTEM

Minimum disinfectant residual required in distribution system:	<u>0.5</u> mg/L, measured as Total Chlorine		
Total number of readings this month:	<u>61</u>	(at least 31 required) (8)	
Average disinfectant residual value:	<u>2.59</u>	Percentage of readings with a low residual this month:	<u>0.0</u> % (6A)
Number of readings with a low residual:	<u>0</u>		
Number of readings with no detectable residual:	<u>0</u>	Percentage of readings with a low residual last month:	<u>0.0</u> % (6B)

ADDITIONAL REPORTS & WORKSHEETS

The Page 1 Addendum (Public Notices) is required because there was at least one treatment technique or monitoring/reporting violation reported.

Additional report(s) for individual filter monitoring required:	<input checked="" type="radio"/> NONE	<input type="radio"/> Filter Profile	<input type="radio"/> Filter Assessment	<input type="radio"/> CPE
Additional report(s) for individual filter monitoring submitted:	<input checked="" type="radio"/> NONE	<input type="radio"/> Filter Profile (9)	<input type="radio"/> Filter Assessment (10)	<input type="radio"/> 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
 PWS ID No.: 1750002
 Month: January Year: 2012

PLANT NAME OR NUMBER: Navarro Mills
 Connections: 10,820
 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	4.700	4.722	23	98	0.5	0.6	0.6	0.7	0.5	0.5	0.07	0.05	0.04	0.05	0.06	0.08	3.0	
2	8.060	6.936	23	98	0.4	0.4	0.6	0.5	0.4	0.3	0.05	0.05	0.04	0.04	0.05	0.04	3.0	
3	7.730	5.807	24	98	0.5	0.6	0.7	0.6	0.6	0.5	0.06	0.06	0.04	0.05	0.05	0.06	3.1	
4	6.870	5.812	23	98	0.5	0.5	0.6	0.6	0.5	0.5	0.05	0.05	0.04	0.04	0.06	0.06	2.6	
5	6.730	4.965	20	99	0.4	0.5	0.5	0.5	0.6	0.5	0.05	0.05	0.05	0.05	0.05	0.05	2.7	
6	6.550	5.584	26	97	0.5	0.5	0.5	0.6	0.5	0.5	0.06	0.05	0.05	0.05	0.06	0.06	2.8	
7	5.760	4.978	18	98	0.4	0.5	0.5	0.5	0.6	0.4	0.04	0.04	0.05	0.05	0.05	0.05	3.0	
8	4.500	3.953	20	97	0.4	0.4	0.5	0.5	0.4	0.4	0.05	0.05	0.04	0.04	0.05	0.05	2.9	
9	4.540	4.055	18	98	0.4	0.5	0.7	0.5	0.5	0.4	0.05	0.05	0.04	0.04	0.07	0.07	2.8	
10	5.810	4.618	18	97	0.4	0.5	0.6	0.7	0.5	0.5	0.08	0.07	0.05	0.06	0.07	0.07	3.1	
11	6.800	5.016	18	97	0.7	0.5	0.7	0.6	0.5	0.5	0.08	0.08	0.06	0.06	0.07	0.08	3.2	
12	6.660	5.472	19	97	0.5	0.5	0.6	0.6	0.6	0.5	0.07	0.08	0.06	0.05	0.05	0.05	3.1	
13	4.500	3.968	20	99	0.5	0.5	0.6	0.6	0.5	0.5	0.07	0.05	0.06	0.06	0.06	0.05	3.1	
14	5.830	4.629	24	98	0.6	0.5	0.6	0.6	0.5	0.5	0.06	0.05	0.06	0.06	0.07	0.07	3.2	
15	6.710	5.441	23	98	0.4	0.5	0.6	0.7	0.5	0.4	0.07	0.06	0.05	0.05	0.06	0.05	3.0	
16	6.700	5.814	26	98	0.7	0.4	0.7	0.7	0.6	0.5	0.07	0.05	0.04	0.05	0.05	0.05	3.1	
17	6.400	5.027	27	99	0.8	x	0.7	0.8	0.6	0.6	0.05	0.05	0.05	0.05	0.06	0.08	3.1	
18	6.530	5.264	29	98	0.5	0.6	0.6	0.6	0.6	0.5	0.06	0.06	0.05	0.05	0.07	0.06	3.1	
19	6.600	5.375	27	99	0.5	0.7	0.9	0.7	0.7	0.7	0.06	0.06	0.06	0.06	0.06	0.06	3.1	
20	4.990	4.819	26	97	0.5	0.6	0.9	0.7	0.7	0.6	0.06	0.06	0.06	0.05	0.06	0.06	3.1	
21	7.130	5.839	25	99	0.4	0.5	0.8	0.7	0.5	0.6	0.07	0.06	0.06	0.06	0.06	0.06	3.2	
22	7.110	5.442	24	98	0.5	0.5	0.9	0.7	0.6	0.6	0.07	0.06	0.05	0.05	0.06	0.06	3.3	
23	5.050	4.962	25	97	0.5	0.5	0.8	0.6	0.5	0.5	0.06	0.06	0.05	0.05	0.05	0.05	3.1	
24	4.490	3.716	26	100	0.7	0.9	1.0	0.9	0.9	0.8	0.05	0.06	0.05	0.06	0.09	0.09	2.8	
25	6.880	5.266	30	100	0.6	0.9	0.9	0.9	0.7	0.8	0.23	0.18	0.17	0.16	0.13	0.13	2.8	
26	5.150	5.220	30	96	0.5	0.8	0.8	0.8	0.6	0.7	0.11	0.11	0.08	0.08	0.09	0.09	2.7	
27	4.620	3.426	30	98	0.6	0.7	1.1	0.8	0.7	0.7	0.08	0.07	0.07	0.07	0.07	0.07	2.6	
28	6.300	5.482	32	98	0.7	0.8	1.1	0.9	0.9	0.8	0.08	0.08	0.08	0.08	0.08	0.09	2.8	
29	5.830	4.862	33	98	0.6	0.7	1.0	0.8	0.7	0.7	0.09	0.09	0.08	0.08	0.09	0.09	2.9	
30	4.640	3.988	32	99	0.6	0.6	1.0	0.7	0.8	0.6	0.08	0.06	0.06	0.05	0.06	0.06	2.6	
31	4.650	4.163	35	101	0.6	0.8	1.1	0.8	0.9	0.7	0.08	0.07	0.06	0.06	0.07	0.08	2.3	
Total	184,820	154,621																
Avg	5.962	4.988																
Max	8.060	6.936																
Min	4.490	3.426																

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: February 1, 2012

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

PLANT NAME
OR NUMBER: Navarro Mills

PWS ID No.: 1750002

Month: January Year: 2012

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	0.05	x	x	x	0.05	x	0.05	x	0.06	x								
2	x	x	0.09	x	0.09	x	0.08	x	0.07	x	0.07	x								
3	x	x	0.06	x	0.06	x	0.05	x	0.05	x	0.06	x								
4	x	x	0.05	x	0.05	x	0.05	x	x	x	0.06	x								
5	0.09	x	0.07	x	0.05	x	0.05	x	x	x	0.07	x								
6	0.06	0.06	0.05	x	0.05	x	x	x	x	x	0.05	x								
7	0.06	x	0.05	x	0.05	x	x	x	x	x	0.05	x								
8	0.05	x	x	x	0.04	x	x	x	x	x	0.05	x								
9	0.06	x	x	x	0.05	x	x	x	x	x	0.05	x								
10	0.06	x	x	x	0.06	x	0.10	0.08	0.12	0.09	0.06	x								
11	0.05	x	x	x	0.05	x	0.08	x	0.08	x	x	x								
12	0.05	x	0.11	0.08	0.04	x	0.06	x	0.07	x	x	x								
13	0.04	x	0.08	x	x	x	0.06	x	0.07	x	x	x								
14	x	x	0.07	x	0.10	0.06	0.08	x	0.07	x	x	x								
15	x	x	0.06	x	0.06	x	0.05	x	0.06	x	x	x								
16	x	x	0.06	x	0.06	x	0.06	x	0.06	x	x	x								
17	x	x	0.06	x	0.06	x	0.06	x	0.06	x	x	x								
18	x	x	0.08	x	0.07	x	0.07	x	0.07	x	x	x								
19	x	x	0.07	x	0.07	x	0.07	x	0.07	x	x	x								
20	x	x	0.08	x	0.08	x	x	x	0.12	x	0.11	0.08								
21	0.13	0.08	0.07	x	0.06	x	x	x	0.06	x	0.08	x								
22	0.08	x	0.05	x	0.05	x	x	x	x	x	0.06	x								
23	0.07	x	0.04	x	0.06	x	0.12	0.08	x	x	0.06	x								
24	0.16	x	0.28	x	x	x	0.18	x	x	x	0.14	x								
25	0.12	x	0.24	0.16	x	x	0.13	x	x	x	0.10	x								
26	0.07	x	0.09	x	x	x	0.08	x	x	x	0.07	x								
27	x	x	0.11	x	x	x	0.10	x	x	x	0.08	x								
28	x	x	0.11	x	x	x	0.11	x	0.22	0.14	0.09	x								
29	x	x	0.10	x	x	x	0.09	x	0.12	x	0.07	x								
30	x	x	0.08	x	x	x	0.08	x	0.09	x	x	x								
31	x	x	0.29	x	x	x	0.11	x	0.52	x	x	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: February 1, 2012

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: January Year: 2012

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	0.1	4.700	10.0	7.0				
	CLA D3	3.0	4.700	10.0	7.6				
	D4								
	D5								
2	NA D1								
	FCL D2	0.3	9.800	10.0	7.0				
	CLA D3	3.1	9.800	10.0	7.6				
	D4								
	D5								
3	NA D1								
	FCL D2	0.3	9.900	9.0	7.0				
	CLA D3	3.3	9.900	10.0	7.7				
	D4								
	D5								
4	NA D1								
	FCL D2	0.1	7.000	10.0	7.0				
	CLA D3	2.6	7.000	10.0	8.2				
	D4								
	D5								
5	NA D1								
	FCL D2	0.1	6.800	10.0	6.9				
	CLA D3	2.7	6.800	10.0	7.7				
	D4								
	D5								
6	NA D1								
	FCL D2	0.1	6.700	10.0	7.3				
	CLA D3	2.8	6.700	10.0	7.7				
	D4								
	D5								
7	NA D1								
	FCL D2	0.1	6.400	10.0	7.3				
	CLA D3	3.0	6.400	11.0	7.7				
	D4								
	D5								
8	NA D1								
	FCL D2	0.1	4.500	11.0	7.1				
	CLA D3	2.9	4.500	12.0	7.8				
	D4								
	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	0.2	4.600	12.0	7.1				
	CLA D3	2.9	4.600	12.0	7.9				
	D4								
	D5								
10	NA D1								
	FCL D2	0.3	6.900	11.0	7.1				
	CLA D3	3.3	6.900	12.0	7.1				
	D4								
	D5								
11	NA D1								
	FCL D2	0.1	6.800	11.0	7.0				
	CLA D3	3.2	6.800	11.0	7.7				
	D4								
	D5								
12	NA D1								
	FCL D2	0.1	6.800	11.0	7.0				
	CLA D3	3.1	6.800	11.0	7.6				
	D4								
	D5								
13	NA D1								
	FCL D2	0.1	4.600	10.0	7.1				
	CLA D3	3.2	4.600	11.0	7.9				
	D4								
	D5								
14	NA D1								
	FCL D2	0.1	6.800	10.0	7.0				
	CLA D3	3.2	6.800	10.0	7.5				
	D4								
	D5								
15	NA D1								
	FCL D2	0.1	6.700	10.0	7.0				
	CLA D3	3.0	6.700	10.0	7.5				
	D4								
	D5								
16	NA D1								
	FCL D2	0.2	6.900	11.0	7.0				
	CLA D3	3.2	6.900	11.0	7.9				
	D4								
	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: February 1, 2012

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: January Year: 2012

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									
DISINFECTION PROCESS DATA									
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Timet
17	NA D1								
	FCL D2	0.1	6.600	11.0	7.0				
	CLA D3	3.1	6.600	12.0	8.1				
	D4								
	D5								
18	NA D1								
	FCL D2	0.1	6.700	11.0	7.0				
	CLA D3	3.1	6.700	11.0	8.0				
	D4								
	D5								
19	NA D1								
	FCL D2	0.1	6.700	11.0	7.0				
	CLA D3	3.1	6.700	11.0	8.0				
	D4								
	D5								
20	NA D1								
	FCL D2	0.1	7.300	13.0	6.9				
	CLA D3	3.2	7.300	12.0	7.5				
	D4								
	D5								
21	NA D1								
	FCL D2	0.2	7.000	13.0	7.0				
	CLA D3	3.2	7.000	13.0	7.7				
	D4								
	D5								
22	NA D1								
	FCL D2	0.2	7.100	13.0	7.0				
	CLA D3	3.3	7.100	13.0	7.6				
	D4								
	D5								
23	NA D1								
	FCL D2	0.2	7.100	12.0	7.0				
	CLA D3	3.2	7.100	13.0	7.6				
	D4								
	D5								
24	NA D1								
	FCL D2	0.1	4.200	13.0	7.1				
	CLA D3	2.8	4.200	13.0	7.6				
	D4								
	D5								

PERFORMANCE DATA									
DISINFECTION PROCESS DATA									
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Timet
25	NA D1								
	FCL D2	0.1	7.000	12.0	7.0				
	CLA D3	2.7	7.000	13.0	8.0				
	D4								
	D5								
26	NA D1								
	FCL D2	0.1	7.200	12.0	7.0				
	CLA D3	2.8	7.200	13.0	7.8				
	D4								
	D5								
27	NA D1								
	FCL D2	0.1	4.700	12.0	7.2				
	CLA D3	2.6	4.700	13.0	7.5				
	D4								
	D5								
28	NA D1								
	FCL D2	0.1	7.800	12.0	7.0				
	CLA D3	2.8	7.800	13.0	7.8				
	D4								
	D5								
29	NA D1								
	FCL D2	0.1	7.900	12.0	7.0				
	CLA D3	3.0	7.900	13.0	7.6				
	D4								
	D5								
30	NA D1								
	FCL D2	0.1	4.700	12.0	6.9				
	CLA D3	2.6	4.700	13.0	7.8				
	D4								
	D5								
31	NA D1								
	FCL D2	0.1	4.700	13.0	7.0				
	CLA D3	2.3	4.700	13.0	8.1				
	D4								
	D5								

Max	NA	NA
Min	NA	NA
Avg	NA	NA
SD	NA	NA

NOTE: † ONLY use the "Timet" 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: February 1, 2012

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

PLANT NAME OR NUMBER: Navarro Mills
 Month: January Year: 2012

Type of treatment: Conventional Unconventional explain:

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						calculated	calculated from matrix	
1	1/3	101	4.35	3.45	20.7	35	0.59			0.59
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
Avg		101.00	4.35	3.45	20.69		0.59			0.59
Max		101.00	4.35	3.45	20.69		0.59			0.59
Min		101.00	4.35	3.45	20.69		0.59			0.59

TOTAL ORGANIC CARBON (TOC) REMOVAL SUMMARY

TOC Summary: Don't forget to include a copy of your P.7-TOC ACC worksheet with your report					Monthly Compliance Ratio
Raw Water Alkalinity	Raw Water TOC	Treated Water TOC	TOC % Removal	ACC # used	
101	4.35	3.45	20.7	5 Mo. Avg	1.00

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: February 1, 2012

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: January Year: 2012

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

ACC #2

ACC #3

ACC #4

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)
 (Source water SUVA is the dissolved organic carbon concentration divided by the ultraviolet light absorption at 254 nanometers in the source water before any treatment of any kind. Measure monthly.)

Current
Month SUVA
1.81

ACC #6

ACC #7

ACC #8

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: February 1, 2012

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

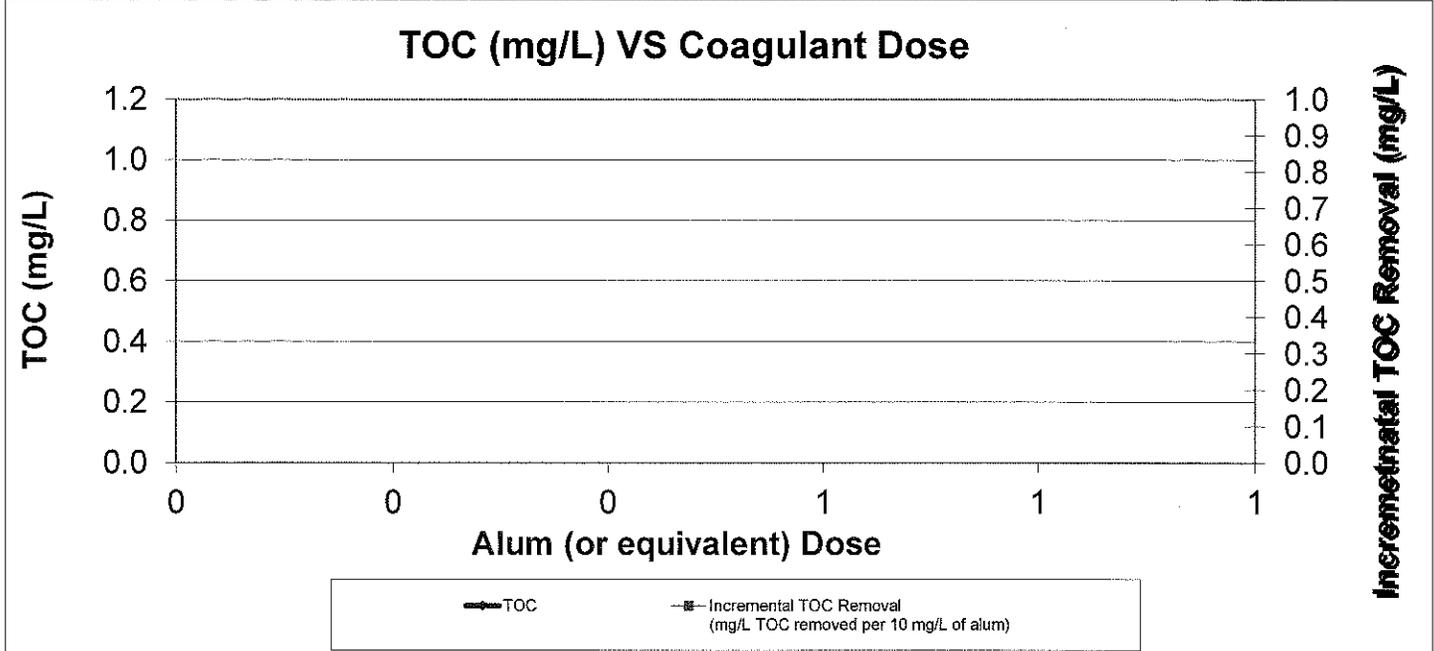
PLANT NAME
 OR NUMBER: Navarro Mills
 DATE OF JAR TEST: _____

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)

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)

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	0								
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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:
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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