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: Lake Halbert WTP

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: September 2011

Certificate No. & Grade: WO0012234, A

Date: October 3, 2011

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings:	162	Number of 4-hour periods when plant was off-line:	18
Number of readings above 0.10 NTU:	138	Number of 4-hour periods when plant was on-line	
Number of readings above 0.3 NTU:	0	but turbidity data was not collected:	0
Number of readings above 0.5 NTU:	0	Number of days when plant was on-line	
Number of readings above 1.0 NTU:	0	but individual filter turbidity data was not collected:	0
Maximum allowable turbidity level:	0.3	Number of days with readings above 1.0 NTU:	0 (2)
Percentage of readings above this limit:	0.0 % (1)	Number of days with readings above 5.0 NTU:	0 (3)

Statistical Summary				
Maximum turbidity reading:	0.30 NTU	Average turbidity value:	0.15 NTU
Minimum turbidity reading:	0.09 NTU	Standard deviation:	0.040 NTU
CFE 95th percentile value:	0.21 NTU	IFE 95th percentile:	0.220 NTU

Number of days with a low CT for no more than 4.0 consecutive hours:	0	Average log inactivation for Giardia:	NA
		Average log inactivation for viruses:	NA
Number of days with a low CT for more than 4.0 consecutive hours:	0 (4)	Number of days when profiling data was not collected:	30
		Number of days when CT data was not collected:	30

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:	60 (at least 30 required) (8)		
Average disinfectant residual value:	2.59	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 required because there was at least one treatment technique or monitoring/reporting violation reported.

#NAME?	◉ 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: Lake Halbert WTP

PWS ID No.: 1750002

Connections: 10,884

Month: September Year: 2011

Population: 23,770

PERFORMANCE DATA

Date	Raw Water Pumpage (MGD)	Treated Water Pumpage (MGD)	RAW WATER ANALYSES NTU	RAW WATER ANALYSES Alk.	SETTLED WATER TURBIDITY (Optional Data) Basin No. 1	2	3	4	5	6	FINISHED WATER QUALITY Turbidity NTU1	NTU2	NTU3	NTU4	NTU5	NTU6	Lowest Residual	Time†
1	2.280	2.280	21	95							0.17	0.16	0.19	0.16	0.15	0.17	3.5	
2	2.110	1.910	18	97							0.18	0.21	0.22	0.20	0.18	0.21	3.3	
3	2.080	2.080	17	95							0.21	0.21	0.20	0.19	0.19	0.19	3.1	
4	1.320	1.201	20	94							0.21	0.21	0.20	X	X	X	3.4	
5	2.620	2.501	17	94							0.30	0.26	0.23	0.24	0.24	0.25	3.3	
6	3.380	3.315	15	94							0.20	0.19	0.16	0.14	0.15	0.15	3.6	
7	2.970	2.876	14	92							0.18	0.16	0.16	0.17	0.18	0.18	3.7	
8	1.976	1.976	21	92							0.16	0.16	0.15	X	0.13	0.14	3.4	
9	2.089	1.977	29	95							0.15	0.14	0.17	0.20	0.15	0.15	3.2	
10	2.095	1.873	30	97							0.16	0.16	0.15	0.16	0.15	0.16	3.5	
11	2.190	2.190	29	94							0.16	0.16	0.16	0.18	0.19	0.19	3.3	
12	2.162	2.073	25	92							0.16	0.16	0.19	0.19	0.18	0.14	3.5	
13	2.170	2.087	11	61							0.12	0.12	0.13	0.13	0.12	0.12	3.3	
14	2.950	2.763	6	72							0.13	0.13	0.12	0.13	0.11	0.13	2.5	
15	2.478	2.377	5	80							0.17	0.15	0.18	0.14	X	X	3.4	
16	2.379	2.278	16	94							X	0.20	0.24	0.19	0.15	0.13	3.2	
17	2.220	2.055	2	87							0.13	0.13	0.15	0.15	0.14	0.13	3.2	
18	2.070	1.981	5	81							0.12	0.11	0.10	0.10	0.09	0.09	3.3	
19	1.260	1.172	5	80							X	X	X	0.16	0.10	0.09	2.8	
20	2.060	1.980	4	80							0.14	0.12	0.13	0.13	0.10	0.10	2.9	
21	2.110	2.110	5	80							0.13	0.12	0.15	0.12	0.10	0.10	2.9	
22	2.060	2.060	5	83							0.11	0.10	0.11	0.10	0.09	0.09	2.7	
23	1.840	1.661	4	84							0.10	0.10	0.12	0.13	0.13	0.13	2.1	
24	0.560	0.560	3	88							X	X	0.14	0.14	X	X	2.4	
25	1.840	1.840	5	81							X	0.14	0.12	0.11	0.09	0.10	2.2	
26	2.150	2.145	5	78							0.10	0.11	0.12	0.13	0.11	0.11	2.6	
27	2.160	2.002	3	80							0.12	0.10	0.10	0.09	0.09	0.09	2.6	
28	1.870	1.870	2	81							0.13	0.12	0.13	0.12	0.12	0.11	3.5	
29	1.220	1.181	2	86							X	X	X	0.14	0.14	0.14	2.4	
30	2.270	2.110	2	85							0.13	0.19	0.16	0.14	0.13	0.12	2.7	
31																		
Total	62.939	60.484																
Avg	2.098	2.016																
Max	3.380	3.315																
Min	0.560	0.560																

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: WO0012234, A Date: October 3, 2011

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: Lake Halbert WTP

PWS ID No.: 1750002

Month: September Year: 2011

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	Max	4 Hrs	Max	4 Hrs	Max	4 Hrs	Max	4 Hrs	Max	4 Hrs	Max	4 Hrs	Max	4 Hrs	Max	4 Hrs
1	0.15	X	X	X	0.12	X	0.14	X												
2	0.29	0.29	0.22	0.22	0.10	X	0.17	X												
3	0.19	X	0.22	X	X	X	0.16	X												
4	0.18	X	0.19	X	X	X	0.16	X												
5	0.25	X	0.26	X	0.14	X	0.22	0.22												
6	0.19	X	0.20	X	0.11	X	0.21	X												
7	0.23	0.23	0.11	X	0.14	0.14	0.14	X												
8	0.18	0.11	X	X	0.07	0.03	0.14	0.07												
9	0.10	X	X	X	0.07	X	0.09	X												
10	0.12	X	0.19	0.19	0.10	0.10	0.10	X												
11	0.20	0.18	0.16	X	0.08	X	0.08	X												
12	0.18	0.11	0.12	X	0.07	0.03	0.10	0.09												
13	0.10	X	X	X	0.07	0.07	0.13	X												
14	0.22	0.16	0.09	0.08	0.09	X	0.14	X												
15	0.20	X	0.20	X	0.08	X	0.14	X												
16	0.18	X	0.13	0.13	0.19	0.19	0.11	X												
17	0.15	0.15	0.11	X	0.09	X	0.08	X												
18	0.12	X	0.07	X	0.06	X	0.11	0.08												
19	0.09	0.09	X	X	0.14	0.14	0.11	0.07												
20	0.15	0.15	X	X	0.12	X	0.10	X												
21	0.10	X	X	X	0.07	X	0.08	X												
22	0.08	X	X	X	0.09	X	0.06	X												
23	0.16	0.15	0.16	0.10	0.11	0.11	0.06	X												
24	0.12	0.12	X	X	0.09	0.07	0.02	0.02												
25	0.12	0.12	X	X	0.09	0.09	0.05	0.05												
26	0.09	X	X	X	0.07	X	0.06	X												
27	0.13	0.13	X	X	0.10	0.10	0.05	X												
28	0.12	X	X	X	0.08	X	0.04	X												
29	0.09	0.09	X	X	0.11	0.08	0.05	0.04												
30	0.17	X	0.17	0.17	0.09	X	X	X												
31																				

SUMMARY & COMPLIANCE ACTIONS

Criteria	Filter No. 1	2	3	4	5	6	7	8	9	10	Plant
Number of days with event(s) above 0.5 NTU at 4.0 hrs this month	0	0	0	0							
Number of days with event(s) above 1.0 NTU this month	######	######	######	######							
Number of days with event(s) above 1.0 NTU last month	0	0	0	0							
Number of days with event(s) above 1.0 NTU two months ago	0	0	0	0							
Total number of days with event(s) above 1.0 NTU in three months	######	######	######	######	######	######	######	######	######	######	
Number of days with event(s) above 2.0 NTU this month	######	######	######	######							######
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
Is the plant required to submit a Filter Profile Report?	######	######	######	######	######	######	######	######	######	######	
Is the plant required to submit a Filter Assessment Report?	######	######	######	######							
Is the plant required to submit a Request for Compliance CPE?											######

SUBMITTED BY: _____ Certificate No. and Grade: WO0012234, A Date: October 3, 2011

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
PLANT NAME OR NUMBER: Lake Halbert WTP
PWS ID No.: 1750002
Month: September Year: 2011

DISINFECTION PROCESS PARAMETERS

APPROVED CT STUDY PARAMETERS						PERFORMANCE STANDARDS	
	Disinfection Zones					Log Inactivations	
Parameters	D1	D2	D3	D4	D5	Giardia lamblia Cysts	Viruses
Flow Rate (MGD)	4.000	4.000	4.000			0.5	2.0
T_{10} (minutes)	78.3	15.1	9.0				

PERFORMANCE DATA

Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time†
1	NA *D1*								
	FCL *D2*	1.3	2.300	30.0	7.3				
	CLA *D3*	3.9	2.300	31.0	7.7				
	D4								
	D5								
2	NA *D1*								
	FCL *D2*	1.3	2.100	30.0	6.9				
	CLA *D3*	3.4	2.100	30.0	7.6				
	D4								
	D5								
3	NA *D1*								
	FCL *D2*	1.2	2.100	29.0	7.0				
	CLA *D3*	3.5	2.100	30.0	7.3				
	D4								
	D5								
4	NA *D1*								
	FCL *D2*	1.0	2.100	30.0	7.3				
	CLA *D3*	3.5	2.100	31.0	7.3				
	D4								
	D5								
5	NA *D1*								
	FCL *D2*	1.0	2.800	26.0	7.0				
	CLA *D3*	4.2	2.800	28.0	7.5				
	D4								
	D5								
6	NA *D1*								
	FCL *D2*	1.0	3.400	28.0	7.1				
	CLA *D3*	3.6	3.400	29.0	7.4				
	D4								
	D5								
7	NA *D1*								
	FCL *D2*	1.4	3.400	27.0	7.0				
	CLA *D3*	3.7	3.400	28.0	7.4				
	D4								
	D5								
8	NA *D1*								
	FCL *D2*	1.4	2.100	26.0	7.0				
	CLA *D3*	3.9	2.100	27.0	7.6				
	D4								
	D5								

PERFORMANCE DATA

Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time†
9	NA *D1*								
	FCL *D2*	1.5	2.100	24.0	7.0				
	CLA *D3*	3.8	2.100	25.0	7.3				
	D4								
	D5								
10	NA *D1*								
	FCL *D2*	1.8	2.100	24.0	7.1				
	CLA *D3*	3.5	2.100	25.0	7.5				
	D4								
	D5								
11	NA *D1*								
	FCL *D2*	1.4	2.200	24.0	7.3				
	CLA *D3*	3.5	2.200	26.0	7.5				
	D4								
	D5								
12	NA *D1*								
	FCL *D2*	1.3	2.200	27.0	7.2				
	CLA *D3*	3.8	2.200	27.0	7.4				
	D4								
	D5								
13	NA *D1*								
	FCL *D2*	1.3	2.200	26.0	7.2				
	CLA *D3*	3.6	2.200	26.0	7.5				
	D4								
	D5								
14	NA *D1*								
	FCL *D2*	1.4	3.800	27.0	7.1				
	CLA *D3*	2.5	3.800	27.0	7.0				
	D4								
	D5								
15	NA *D1*								
	FCL *D2*	1.4	3.800	27.0	7.0				
	CLA *D3*	3.5	3.800	27.0	7.2				
	D4								
	D5								
16	NA *D1*								
	FCL *D2*	1.0	2.200	26.0	7.2				
	CLA *D3*	3.2	2.200	26.0	7.6				
	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: WO0012234, A Date: October 3, 2011

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
PLANT NAME OR NUMBER: Lake Halbert WTP
PWS ID No.: 1750002
Month: September Year: 2011

DISINFECTION PROCESS PARAMETERS

APPROVED CT STUDY PARAMETERS						PERFORMANCE STANDARDS	
	Disinfection Zones					Log Inactivations	
Parameters	D1	D2	D3	D4	D5	Giardia lamblia Cysts	Virus
Flow Rate (MGD)	4.000	4.000	4.000			0.5	2.0
T_{10} (minutes)	78.3	15.1	9.0				

PERFORMANCE DATA

Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time†
	NA *D1*								
	FCL *D2*	1.4	2.200	27.0	7.3				
17	CLA *D3*	3.6	2.200	27.0	7.5				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.2	2.200	26.0	7.0				
18	CLA *D3*	3.7	2.200	27.0	7.3				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.3	2.200	26.0	7.0				
19	CLA *D3*	2.8	2.200	27.0	7.1				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.1	2.000	27.0	7.2				
20	CLA *D3*	3.1	2.000	27.0	7.2				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.5	2.100	26.0	7.0				
21	CLA *D3*	3.3	2.100	27.0	7.3				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.4	2.100	26.0	7.2				
22	CLA *D3*	3.1	2.100	27.0	7.6				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.6	2.100	26.0	7.2				
23	CLA *D3*	2.9	2.100	27.0	7.2				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.8	2.100	26.0	6.8				
24	CLA *D3*	2.9	2.100	27.0	6.9				
	D4								
	D5								

PERFORMANCE DATA

Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time†
	NA *D1*								
	FCL *D2*	1.5	2.100	26.0	7.1				
25	CLA *D3*	3.1	2.100	27.0	7.4				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.3	2.100	26.0	7.1				
26	CLA *D3*	2.4	2.100	27.0	7.2				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.4	2.100	27.0	7.1				
27	CLA *D3*	3.6	2.100	27.0	7.5				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.4	2.100	27.0	7.0				
28	CLA *D3*	3.9	2.100	26.0	7.5				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.2	2.300	27.0	7.2				
29	CLA *D3*	2.6	2.300	27.0	7.5				
	D4								
	D5								
	NA *D1*								
	FCL *D2*	1.6	2.300	26.0	7.2				
30	CLA *D3*	2.7	2.300	26.0	7.5				
	D4								
	D5								
	D1								
	D2								
31	*D3*								
	D4								
	D5								
					Max	NA	NA		
					Min	NA	NA		
					Avg	NA	NA		
					SD	NA	NA		

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: WO0012234, A Date: October 3, 2011

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

PLANT NAME OR NUMBER: Lake Halbert WTP

PWS ID No.: 1750002

Month: September Year: 2011

Type of treatment: [X] 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*	*calculated*		*#NAME?*	*calculated*
1	9/6	102	5.79	4.89	15.5	#NAME?	#NAME?			#NAME?
2										#NAME?
3										#NAME?
4										#NAME?
5										#NAME?
6										#NAME?
7										#NAME?
8										#NAME?
9										#NAME?
10										#NAME?
11										#NAME?
12										#NAME?
13										#NAME?
14										#NAME?
15										#NAME?
16										#NAME?
17										#NAME?
18										#NAME?
19										#NAME?
20										#NAME?
21										#NAME?
22										#NAME?
23										#NAME?
24										#NAME?
25										#NAME?
26										#NAME?
27										#NAME?
28										#NAME?
29										#NAME?
30										#NAME?
31										#NAME?
Avg		102.00	5.79	4.89	15.54		#NAME?			#NAME?
Max		102.00	5.79	4.89	15.54		#NAME?			#NAME?
Min		102.00	5.79	4.89	15.54		#NAME?			#NAME?

TOTAL ORGANIC CARBON (TOC) REMOVAL SUMMARY

#NAME?					Monthly Compliance Ratio
Raw Water Alkalinity	Raw Water TOC	Treated Water TOC	TOC % Removal	ACC # used	
102	5.79	4.89	15.5	#NAME? #NAME?	#NAME?

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: WO0012234, A Date: October 3, 2011

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: Lake Halbert WTP

Month: September Year: 2011

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
				X			

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
1.68

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: WO0012234, A Date: October 3, 2011

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

PLANT NAME OR NUMBER: Lake Halbert WTP

PWS ID No.: 1750002

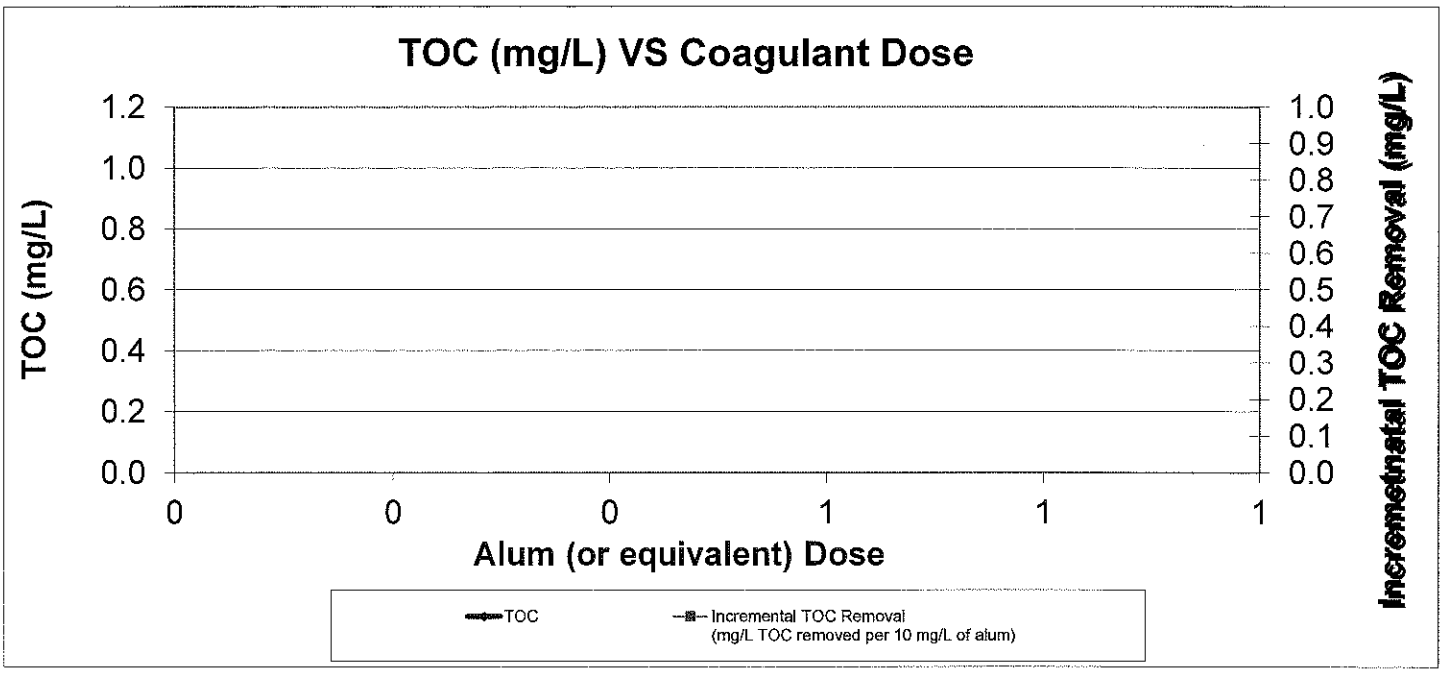
DATE OF JAR TEST:

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				
					Rapid Mix		Flocculation		Settling
Type	Stock Solution Concentration (g/L)	Type	Stock Solution Concentration (g/L)	Volume (liters)	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					Target pH (based on raw water alkalinity)				
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:	



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: WO0012234, A