

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
Report for
the Month of: February 2010

Operator's Signature: _____
Certificate No. & Grade: WO0012234, A Date: March 1, 2010

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings:	<u>62</u>	Number of 4-hour periods when plant was off-line:	<u>106</u>
Number of readings above 0.10 NTU:	<u>46</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>0.20</u> NTU	Average turbidity value:	<u>0.13</u> NTU
Minimum turbidity reading:	<u>0.09</u> NTU	Standard deviation:	<u>0.028</u> NTU
CFE 95 th percentile value:	<u>0.18</u> NTU	IFE 95 th percentile:	<u>0.180</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> (R)
Number of days with a low CT for more than 4.0 consecutive hours:	<u>0</u> (4)	Average log inactivation for viruses:	<u>NA</u> (R)
		Number of days when profiling data was not collected:	<u>18</u>
		Number of days when CT data was not collected:	<u>18</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 when disinfectant residual leaving the plant was not properly monitored:	<u>0</u>
Number of days with a low residual for more than 4.0 consecutive hours:	<u>0</u> (5)		

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>58</u>	(at least 30 required)	(8)
Average disinfectant residual value:	<u>2.40</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

TCEQ - 0102C (06-01-09)

PAGE 1

SWMOR

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.)
Summary Page Addendum (Violations and Public Notices)

PUBLIC WATER SYSTEM NAME: City Of Corsicana

PLANT NAME OR NUMBER: Lake Halbert WTP

PWS ID No.: 1750002

Month: February

Year: 2010

PUBLIC NOTICES						
VIOLATION TYPE	DESCRIPTION OF VIOLATION	VIOLATION OCCURRED?	NOTICE TO TCEQ	NOTICE TO CUSTOMER *		VIOLATION DATES
			DATE OF NOTICE	DATE OF NOTICE	PENDING	
TREATMENT TECHNIQUE	Were more than 5.0% of the turbidity readings above the acceptable level? - see (1) on the <i>Summary Page</i>	No				
	Were there any days with turbidity readings above 1.0 NTU? - see (2) on the <i>Summary Page</i>	No				
	Were there any days with turbidity readings above 5.0 NTU? - see (3) on the <i>Summary Page</i>	No				
	Were there any periods when the plant failed to meet the CT requirements for more than 4.0 consecutive hours? - see (4) on the <i>Summary Page</i>	No				
	Were there any periods when the residuals leaving the plant fell below the acceptable level for more than 4.0 consecutive hours? - see (5) on the <i>Summary Page</i>	No				
	Were more than 5.0% of the residuals in the distribution system below the acceptable level for two months in a row? - see (6A) and (6B) on the <i>Summary Page</i>	No				
MONITORING & REPORTING	Were there any days when the plant failed to report all of the required Combined Filter Effluent (CFE) turbidity readings? - see the <i>Turbidity Data Page</i>	No				
	Were there any days when the plant failed to report all the CT data needed to evaluate the level of microbial inactivation achieved? - see the <i>Disinfection Data Page</i>	Yes				1, 2, 4, 5, 8, 9, 11, 13, 14, 15, 16, 17, 19, 20, 22, 24, 25, 27,
	Were there any days when the plant failed to report the minimum disinfectant residual entering the distribution system? - see the <i>Turbidity Data Page</i>	No				
	Did the system fail to collect enough samples in the distribution system to meet the minimum disinfectant monitoring requirements? - see (8) on the <i>Summary Page</i>	No				
	Were there any days when the plant failed to report the maximum individual filter effluent (IFE) turbidity level produced by each filter? - see the <i>Filter Data Page</i>	No				
	Were there any days when the plant failed to report the IFE turbidity level 4-hours after beginning a filter run? - see the <i>Filter Data Page</i>	No				
	Did the plant fail to submit a Filter Profile Report if one was required? - see (9) on the <i>Summary page</i>	No				
	Did the plant fail to submit a Filter Assessment Report if one was required? - see (10) on the <i>Summary Page</i>	No				
	Did the plant fail to submit a Comprehensive Performance Evaluation Request if one was required? - see (11) on the <i>Summary Page</i>	No				
	Did the plant fail to collect at least one Total Organic Carbon sample set? - see <i>TOCMOR Page</i>	No				

☐ Treatment technique violation notices are due no later than the end of the next business day. Please include a copy if possible.

* Copies of each Public Notice must accompany this report if they have already been issued.

SUMMITTED BY: _____

Certificate No. and Grade: WO0012234, A

Date: March 1, 2010

TCEQ - 0102C (02-01-09)

PAGE 1 - Addendum

SWMOR

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: 10,071

Month: February Year: 2010

Population: 28,500

PERFORMANCE DATA																			
Date	Raw Water Pumpage (MGD)	Treated Water Pumpage (MGD)	RAW WATER ANALYSES		SETTLED WATER TURBIDITY (Optional 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	2.200	2.101	37	72								X	X	0.13	0.14	0.09	0.11	2.8	
2	0.550	0.506	38	92								X	X	X	X	0.12	0.11	2.8	
3	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
4	1.812	1.716	43	80								X	X	X	0.16	0.15	0.13	2.6	
5	1.878	1.678	41	94								X	X	X	0.11	0.10	0.13	3.3	
6	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
7	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
8	1.991	1.756	38	94								X	X	0.17	0.15	0.20	0.18	2.6	
9	2.100	2.025	39	90								0.15	0.14	0.14	0.11	0.11	0.12	3.3	
10	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
11	1.550	1.529	45	63								X	X	0.10	0.12	0.12	0.11	2.7	
12	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
13	1.438	1.136	44	86								X	X	X	0.18	0.18	0.17	3.0	
14	1.900	1.849	42	88								0.16	0.14	0.10	0.11	X	X	3.5	
15	0.500	0.477	45	84								X	X	0.15	0.13	X	X	3.2	
16	1.501	1.409	45	68								X	X	0.17	0.13	0.10	X	3.0	
17	1.923	1.726	43	81								X	X	0.14	0.16	0.12	0.10	3.4	
18	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
19	1.300	1.261	43	72								X	X	X	X	0.13	0.14	3.2	
20	1.900	1.839	45	78								X	X	0.09	0.09	0.10	0.09	3.2	
21	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
22	0.600	0.571	46	53								X	X	0.14	0.10	X	X	2.7	
23	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
24	2.134	1.996	43	64								X	X	0.18	0.12	0.14	X	3.2	
25	2.476	2.333	44	84								X	X	0.14	0.11	0.11	0.18	3.2	
26	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
27	3.502	3.178	44	90								X	0.10	0.09	0.09	0.10	0.10	3.5	
28	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
29																			
30																			
31																			
Total	31.255	29.086																	
Avg	1.116	1.039																	
Max	3.502	3.178																	
Min	0.000	0.000																	

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: March 1, 2010

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: Lake Halbert WTP
Month: February Year: 2010

PERFORMANCE DATA																				
Date	INDIVIDUAL FILTER TURBIDITY																			
	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		
1	0.09	0.09	0.09	0.09	0.13	0.13	0.15	0.15												
2	0.08	0.08	0.07	0.07	0.10	0.10	0.11	0.11												
3	X	X	X	X	X	X	X	X												
4	0.14	0.14	0.08	0.08	0.10	0.10	0.13	0.12												
5	0.10	0.10	0.08	0.08	0.07	0.07	0.18	0.18												
6	X	X	X	X	X	X	X	X												
7	X	X	X	X	X	X	X	X												
8	0.13	0.13	0.15	0.15	0.14	0.14	0.23	0.23												
9	0.10	X	0.08	X	0.13	X	0.17	X												
10	X	X	X	X	X	X	X	X												
11	0.07	0.07	0.06	0.06	0.10	0.10	0.21	0.18												
12	X	X	X	X	X	X	X	X												
13	X	X	0.12	0.12	0.09	0.08	0.20	0.20												
14	0.11	0.11	0.10	X	0.09	X	0.16	X												
15	0.09	0.09	0.06	0.06	0.06	0.06	0.11	0.09												
16	0.08	0.08	0.07	0.07	0.12	0.12	0.17	0.17												
17	0.12	0.12	0.18	0.18	0.09	0.09	0.11	0.11												
18	X	X	X	X	X	X	X	X												
19	0.09	0.09	0.09	0.09	0.07	0.07	0.15	0.15												
20	0.08	0.08	0.07	0.07	0.08	0.06	0.11	0.11												
21	X	X	X	X	X	X	X	X												
22	0.07	0.07	0.07	0.07	0.05	0.05	0.13	0.13												
23	X	X	X	X	X	X	X	X												
24	0.13	0.13	0.05	0.05	0.12	0.09	0.13	0.13												
25	0.09	0.08	0.09	0.09	0.13	0.12	0.10	0.09												
26	X	X	X	X	X	X	X	X												
27	0.11	0.11	0.08	0.08	0.08	0.08	0.09	0.09												
28	X	X	X	X	X	X	X	X												
29																				
30																				
31																				

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									
Number of days with event(s) above 1.0 NTU this month	0	0	0	0										
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	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
Is the plant required to submit a Filter Profile Report?	N	N	N	N										
Is the plant required to submit a Filter Assessment Report?	N	N	N	N										
Is the plant required to submit a Request for Compliance CPE?														N

SUBMITTED BY: _____ Certificate No. _____ and Grade: WO0012234, A Date: March 1, 2010

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: Lake Halbert WTP
Month: February Year: 2010 PUBLIC SYSTEM ID: PWS ID

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

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	3.6	2.900	10.0	7.6				
	CLA D3	3.2	2.900	10.0	7.5				
	D4								
	D5								
2	NA D1								
	FCL D2	3.0	2.700	10.0	7.5				
	CLA D3	2.8	2.700	10.0	7.7				
	D4								
	D5								
3	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
4	NA D1								
	FCL D2	2.9	2.900	14.0	7.4				
	CLA D3	2.6	2.900	10.0	7.6				
	D4								
	D5								
5	NA D1								
	FCL D2	2.9	3.300	12.0	7.5				
	CLA D3	3.3	3.300	9.0	7.1				
	D4								
	D5								
6	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
7	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
8	NA D1								
	FCL D2	2.7	2.900	14.0	7.6				
	CLA D3	2.6	2.900	10.0	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	Date
9	NA D1									17
	FCL D2	3.5	2.400	10.0	7.4					
	CLA D3	3.3	2.400	11.0	7.5					
	D4									
	D5									
10	NA D1									18
	NA D2									
	NA D3					NA	NA	NA		
	D4									
	D5									
11	NA D1									19
	FCL D2	3.1	2.400	12.0	7.5					
	CLA D3	2.7	2.400	8.0	7.5					
	D4									
	D5									
12	NA D1									20
	NA D2									
	NA D3					NA	NA	NA		
	D4									
	D5									
13	NA D1									21
	FCL D2	4.5	2.000	9.0	7.2					
	CLA D3	3.9	2.000	7.0	7.2					
	D4									
	D5									
14	NA D1									22
	FCL D2	3.6	3.900	7.0	7.4					
	CLA D3	3.6	3.900	7.0	7.4					
	D4									
	D5									
15	NA D1									23
	FCL D2	2.6	2.600	13.0	7.4					
	CLA D3	3.3	2.600	8.0	7.5					
	D4									
	D5									
16	NA D1									24
	FCL D2	2.6	3.800	15.0	7.5					
	CLA D3	3.0	3.800	9.0	7.8					
	D4									
	D5									

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

NOTE:

SUBMITTED BY: _____ Certificate No. _____ and Grade: WO0012234, A Date: March 1, 2010 SUBMIT

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.)

PLANT NAME: City Of Corsicana
PLANT No.: 1750002

PLANT NAME: Lake Halbert WTP
PLANT No.: February Year: 2010

DISINFECTION PROCESS PARAMETERS							
APPROVED CT STUDY PARAMETERS					PERFORMANCE STANDARDS		
Parameters	Disinfection Zones					Log Inactivations	
	D1	D2	D3	D4	D5	Giardia lamblia Cysts	Virus
Rate (MGD)	4.000	4.000	4.000			0.5	2.0
Time (minutes)	78.3	15.1	9.0				

PERFORMANCE DATA								
DISINFECTION PROCESS DATA								
Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time (min)
NA D1								
FCL D2	3.9	3.800	10.0	7.4				
CLA D3	3.5	3.800	8.0	7.7				
D4								
D5								
NA D1								
NA D2								
NA D3					NA	NA	NA	
D4								
D5								
NA D1								
FCL D2	3.6	3.800	8.0	7.4				
CLA D3	3.2	3.800	8.0	7.3				
D4								
D5								
NA D1								
FCL D2	3.5	3.900	12.0	7.2				
CLA D3	3.3	3.900	8.0	7.1				
D4								
D5								
NA D1								
NA D2								
NA D3					NA	NA	NA	
D4								
D5								
NA D1								
FCL D2	2.8	2.400	15.0	7.4				
CLA D3	2.7	2.400	11.0	7.4				
D4								
D5								
NA D1								
NA D2								
NA D3					NA	NA	NA	
D4								
D5								
NA D1								
FCL D2	3.2	3.900	9.0	7.4				
CLA D3	3.2	3.900	9.0	7.4				
D4								
D5								

PERFORMANCE DATA								
DISINFECTION PROCESS DATA								
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio
25	NA D1							
	FCL D2	3.6	4.000	8.0	7.4			
	CLA D3	3.9	4.000	8.0	7.4			
	D4							
	D5							
26	NA D1							
	NA D2							
	NA D3					NA	NA	NA
	D4							
	D5							
27	NA D1							
	FCL D2	3.7	4.000	8.0	7.2			
	CLA D3	3.6	4.000	8.0	7.1			
	D4							
	D5							
28	NA D1							
	NA D2							
	NA D3					NA	NA	NA
	D4							
	D5							
29	D1							
	D2							
	D3							
	D4							
	D5							
30	D1							
	D2							
	D3							
	D4							
	D5							
31	D1							
	D2							
	D3							
	D4							
	D5							

NOTE: The log removal credits for this plant were restricted on at least one day this month due to high free chlorine levels in one or more zones or trains.

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

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

ISSUED BY: _____ Certificate No. and Grade: WO0012234, A Date: March 1, 2010

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: Lake Halbert WTP
 Month: February Year: 2010

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	2/2	92	6.89	4.74	31.2	35	0.89			0.89
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		92.00	6.89	4.74	31.20		0.89			0.89
Max		92.00	6.89	4.74	31.20		0.89			0.89
Min		92.00	6.89	4.74	31.20		0.89			0.89

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	
92	6.89	4.74	31.2	5 RAA	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: WO0012234, A

Date: March 1, 2010

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: February Year: 2010

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	Month/Year	Q1			Q2			Q3			Q4		
		01/2009	02/2009	03/2009	04/2009	05/2009	06/2009	07/2009	08/2009	09/2009	10/2009	11/2009	12/2009
Monthly Raw Water SUVA		1.87	1.74	1.83	1.79	2.22	1.97	1.78	1.85	1.79	1.73	3.07	2.78
Quarterly Average		1.81			1.99			1.81			2.53		
RAA		2.04											

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: March 1, 2010

STEP 2 JAR TEST REPORT

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

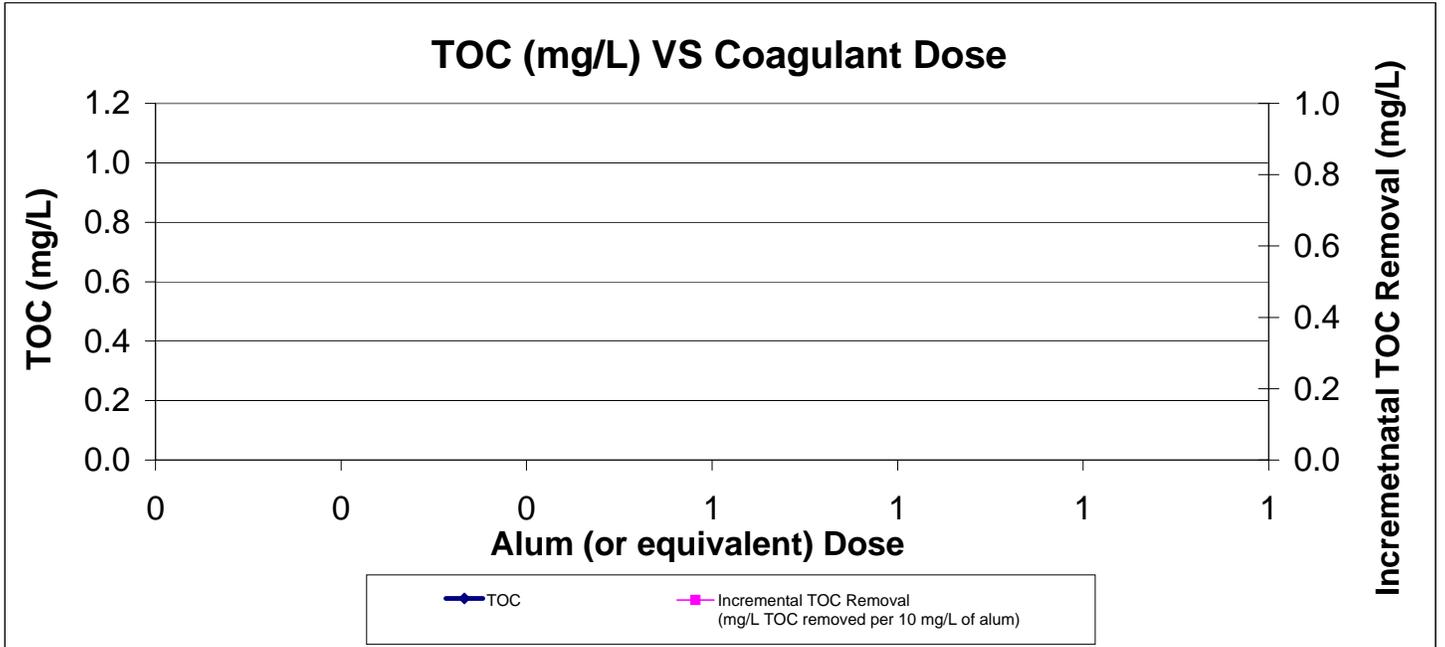
PUBLIC WATER
 SYSTEM NAME: City Of Corsicana
 PWS ID No.: 1750002

PLANT NAME
 OR NUMBER: Lake Halbert WTP
 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									
1					Target pH (based on raw water alkalinity)				
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:				



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