

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: December 2009

Certificate No. & Grade: WO0012234, A

Date: January 4, 2010

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings: <u>112</u>	Number of 4-hour periods when plant was off-line: <u>74</u>
Number of readings above 0.10 NTU: <u>98</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>0.29</u> NTU	Average turbidity value: <u>0.14</u> NTU
Minimum turbidity reading: <u>0.09</u> NTU	Standard deviation: <u>0.038</u> NTU
CFE 95 th percentile value: <u>0.21</u> NTU	IFE 95 th percentile: <u>0.241</u> NTU

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

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: <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>61</u> (at least 31 required) (8)	Percentage of readings with a low residual this month: <u>0.0</u> % (6A)
Average disinfectant residual value: <u>2.04</u>	Percentage of readings with a low residual last month: <u>0.0</u> % (6B)
Number of readings with a low residual: <u>0</u>	
Number of readings with no detectable residual: <u>0</u>	

ADDITIONAL REPORTS & WORKSHEETS

#NAME?

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: Lake Halbert WTP

PWS ID No.: 1750002

Connections: 11,500

Month: December Year: 2009

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	3.292	3.155	24	96								0.15	0.12	0.14	0.12	0.10	0.20	2.8	
2	1.782	1.287	26	98								X	X	X	0.19	X	X	3.1	
3	1.738	1.606	29	95								X	X	X	0.25	0.16	0.16	2.6	
4	1.111	0.965	29	93								X	X	0.17	0.17	0.14	0.20	3.2	
5	0.450	0.428	27	94								X	X	0.20	0.18	X	X	2.3	
6	2.501	2.403	28	97								X	X	0.19	0.14	0.13	0.13	2.6	
7	2.722	2.410	29	99								0.13	0.14	0.13	0.18	0.26	0.23	3.3	
8	2.725	2.711	28	99								0.15	0.14	0.13	0.12	0.10	0.10	3.3	
9	2.335	1.774	28	96								0.10	0.10	0.27	0.29	0.13	0.16	3.2	
10	1.228	1.127	30	96								X	X	X	0.14	0.16	0.14	3.4	
11	1.303	1.056	29	96								X	X	0.15	0.14	0.13	0.13	2.8	
12	0.742	0.654	28	96								X	X	0.15	0.16	X	X	3.1	
13	1.559	1.349	31	100								X	X	X	0.18	0.16	0.20	3.5	
14	2.566	2.441	28	97								0.16	0.15	0.14	0.16	0.13	0.12	3.4	
15	2.421	2.099	29	97								0.13	0.13	0.14	0.18	0.17	0.16	3.0	
16	0.986	0.587	32	98								0.14	0.15	X	X	X	X	3.2	
17	1.388	0.806	29	100								X	X	X	X	0.17	0.16	3.7	
18	2.336	2.236	30	101								0.16	0.15	0.12	0.11	0.11	0.11	3.5	
19	1.025	1.013	30	100								0.12	0.12	X	X	0.09	0.10	3.2	
20	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
21	1.975	1.774	26	98								X	X	0.12	0.12	0.14	0.22	3.3	
22	2.250	2.226	28	99								0.15	0.14	0.12	0.16	0.10	0.10	3.0	
23	2.200	2.097	29	98								0.15	0.14	0.15	0.09	0.13	0.11	3.2	
24	1.725	1.713	33	99								X	X	0.11	0.13	0.14	0.12	2.5	
25	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
26	1.375	1.352	27	99								X	X	X	0.12	0.12	0.11	2.6	
27	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
28	1.486	1.185	26	90								X	X	0.09	0.11	0.09	0.11	3.1	
29	1.775	1.754	29	99								0.13	0.13	0.14	0.12	0.10	0.09	2.6	
30	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
31	2.381	2.181	25	87								X	X	0.20	0.14	0.13	X	3.0	
Total	49.377	44.389																	
Avg	1.593	1.432																	
Max	3.292	3.155																	
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: W00012234, A Date: January 4, 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: December Year: 2009

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	Max	4 Hrs
1	0.22	0.22	0.20	0.20	0.12	X	0.12	X												
2	0.19	0.19	0.19	0.19	0.13	0.12	0.11	0.10												
3	0.16	0.15	0.15	0.13	0.12	0.12	0.20	0.20												
4	X	X	0.17	0.11	0.15	0.15	0.20	0.19												
5	0.22	0.22	0.20	0.20	0.15	0.15	0.25	0.25												
6	0.21	0.21	0.23	0.23	0.11	0.11	0.22	0.22												
7	0.21	0.21	X	X	0.29	0.29	0.16	X												
8	0.19	X	X	X	0.12	X	0.14	X												
9	0.26	0.16	0.24	0.11	0.13	0.13	0.15	X												
10	0.13	0.13	0.14	0.14	0.14	0.14	X	X												
11	0.11	0.10	0.10	0.09	0.13	0.12	X	X												
12	0.12	0.12	0.11	0.11	0.15	0.12	0.29	0.29												
13	0.22	0.22	0.22	0.13	X	X	0.28	0.28												
14	0.17	X	0.15	X	0.18	0.18	0.19	X												
15	0.16	0.16	0.16	0.16	0.17	0.17	0.18	X												
16	0.12	X	0.12	X	0.10	X	0.12	X												
17	0.12	0.12	0.15	0.15	0.16	0.16	X	X												
18	0.11	X	0.13	X	0.13	x	X	X												
19	X	X	0.08	0.07	0.08	0.08	0.12	0.12												
20	X	X	X	X	X	X	X	X												
21	0.12	0.12	0.10	0.10	0.13	0.13	0.11	0.11												
22	0.10	X	0.11	X	0.11	X	0.08	X												
23	0.16	0.16	0.14	X	0.10	X	0.08	X												
24	0.12	0.12	0.09	0.08	0.09	0.08	0.09	0.09												
25	X	X	X	X	X	X	X	X												
26	0.10	0.10	0.09	0.09	0.06	0.06	0.10	0.09												
27	X	X	X	X	X	X	X	X												
28	0.14	0.14	0.10	0.10	0.14	0.14	0.09	0.06												
29	0.10	X	0.11	X	0.13	X	0.06	X												
30	X	X	X	X	X	X	X	X												
31	0.07	0.07	0.07	0.07	0.09	0.09	0.19	0.19												

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									
	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: January 4, 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: December Year: 2009
PUBLIC SYSTE 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									
Date	DISINFECTION PROCESS DATA								
	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time
1	NA D1								
	FCL D2	3.4	3.900	14.0	7.4				
	CLA D3	3.2	3.900	15.0	7.5				
	D4								
	D5								
2	NA D1								
	FCL D2	2.7	3.900	14.0	7.0				
	CLA D3	2.4	3.900	13.0	7.2				
	D4								
	D5								
3	NA D1								
	FCL D2	2.8	3.700	14.0	7.2				
	CLA D3	2.6	3.700	13.0	7.2				
	D4								
	D5								
4	NA D1								
	FCL D2	3.5	2.200	12.0	7.2				
	CLA D3	3.8	2.200	12.0	7.7				
	D4								
	D5								
5	NA D1								
	FCL D2	2.7	2.800	13.0	7.7				
	CLA D3	2.3	2.800	11.0	7.7				
	D4								
	D5								
6	NA D1								
	FCL D2	2.9	3.900	11.0	7.7				
	CLA D3	2.6	3.900	10.0	7.7				
	D4								
	D5								
7	NA D1								
	FCL D2	3.4	2.400	11.0	7.5				
	CLA D3	3.3	2.400	11.0	7.5				
	D4								
	D5								
8	NA D1								
	FCL D2	3.9	2.400	12.0	7.4				
	CLA D3	3.8	2.400	11.0	7.4				
	D4								
	D5								

PERFORMANCE DATA										
Date	DISINFECTION PROCESS DATA									Date
	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time	
9	NA D1									17
	FCL D2	3.4	3.600	13.0	7.4					
	CLA D3	3.2	3.600	12.0	7.4					
	D4									
	D5									
10	NA D1									18
	FCL D2	3.9	2.400	11.0	7.6					
	CLA D3	3.4	2.400	9.0	7.6					
	D4									
	D5									
11	NA D1									19
	FCL D2	3.0	2.500	13.0	7.4					
	CLA D3	3.2	2.500	9.0	7.6					
	D4									
	D5									
12	NA D1									20
	FCL D2	3.6	2.800	11.0	7.7					
	CLA D3	3.1	2.800	9.0	7.6					
	D4									
	D5									
13	NA D1									21
	FCL D2	3.7	2.800	12.0	7.7					
	CLA D3	3.5	2.800	11.0	0.8	#NAME?	#NAME?	#####		
	D4									
	D5									
14	NA D1									22
	FCL D2	3.7	3.200	11.0	7.3					
	CLA D3	3.4	3.200	9.0	7.3					
	D4									
	D5									
15	NA D1									23
	FCL D2	3.9	2.400	10.0	7.6					
	CLA D3	3.8	2.400	10.0	7.5					
	D4									
	D5									
16	NA D1									24
	FCL D2	3.6	2.400	10.0	7.4					
	CLA D3	3.5	2.400	10.0	7.4					
	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. WO0012234, A and Grade: _____ Date: January 4, 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.)

WATER SYSTEM NAME: City Of Corsicana
 System No.: 1750002

PLANT NAME OR NUMBER: Lake Halbert WTP
 Month: December Year: 2009

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	3.7	3.500	14.0	7.6				
CLA D3	3.7	3.500	14.0	7.4				
D4								
D5								
NA D1								
FCL D2	3.7	2.500	14.0	7.3				
CLA D3	4.0	2.500	12.0	7.4				
D4								
D5								
NA D1								
FCL D2	3.6	2.500	14.0	7.3				
CLA D3	3.3	2.500	10.0	7.3				
D4								
D5								
NA D1								
NA D2								
NA D3					NA	NA	NA	
D4								
D5								
NA D1								
FCL D2	3.9	3.900	9.0	7.4				
CLA D3	3.6	3.900	9.0	7.7				
D4								
D5								
NA D1								
FCL D2	3.4	2.400	10.0	7.2				
CLA D3	3.4	2.400	10.0	7.3				
D4								
D5								
NA D1								
FCL D2	3.4	2.400	10.0	7.5				
CLA D3	3.2	2.400	10.0	7.3				
D4								
D5								
NA D1								
FCL D2	2.6	2.400	10.0	7.4				
CLA D3	3.0	2.400	10.0	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	Time (min)
25	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
26	NA D1								
	FCL D2	3.6	3.500	11.0	7.1				
	CLA D3	3.7	3.500	10.0	7.0				
	D4								
	D5								
27	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
28	NA D1								
	FCL D2	3.6	2.400	10.0	7.4				
	CLA D3	3.1	2.400	10.0	7.5				
	D4								
	D5								
29	NA D1								
	FCL D2	3.7	2.400	11.0	7.6				
	CLA D3	3.7	2.400	10.0	7.5				
	D4								
	D5								
30	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
31	NA D1								
	FCL D2	3.6	3.800	11.0	7.4				
	CLA D3	3.0	3.800	9.0	7.6				
	D4								
	D5								

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: January 4, 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: December Year: 2009

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	12/1	89	6.59	4.93	25.2	35	0.72			0.72
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		89.00	6.59	4.93	25.19		0.72			0.72
Max		89.00	6.59	4.93	25.19		0.72			0.72
Min		89.00	6.59	4.93	25.19		0.72			0.72

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	
89	6.59	4.93	25.2	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: January 4, 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: December Year: 2009

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	Q1			Q2			Q3			Q4		
	10/2008	11/2008	12/2008	01/2009	02/2009	03/2009	04/2009	05/2009	06/2009	07/2009	08/2009	09/2009
Monthly Raw Water SUVA	1.96	1.58	1.83	1.87	1.74	1.83	1.79	2.22	1.97	1.78	1.85	1.85
Quarterly Average	1.79			1.81			1.99			1.83		
RAA	1.86											

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: January 4, 2010

STEP 2 JAR TEST REPORT

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

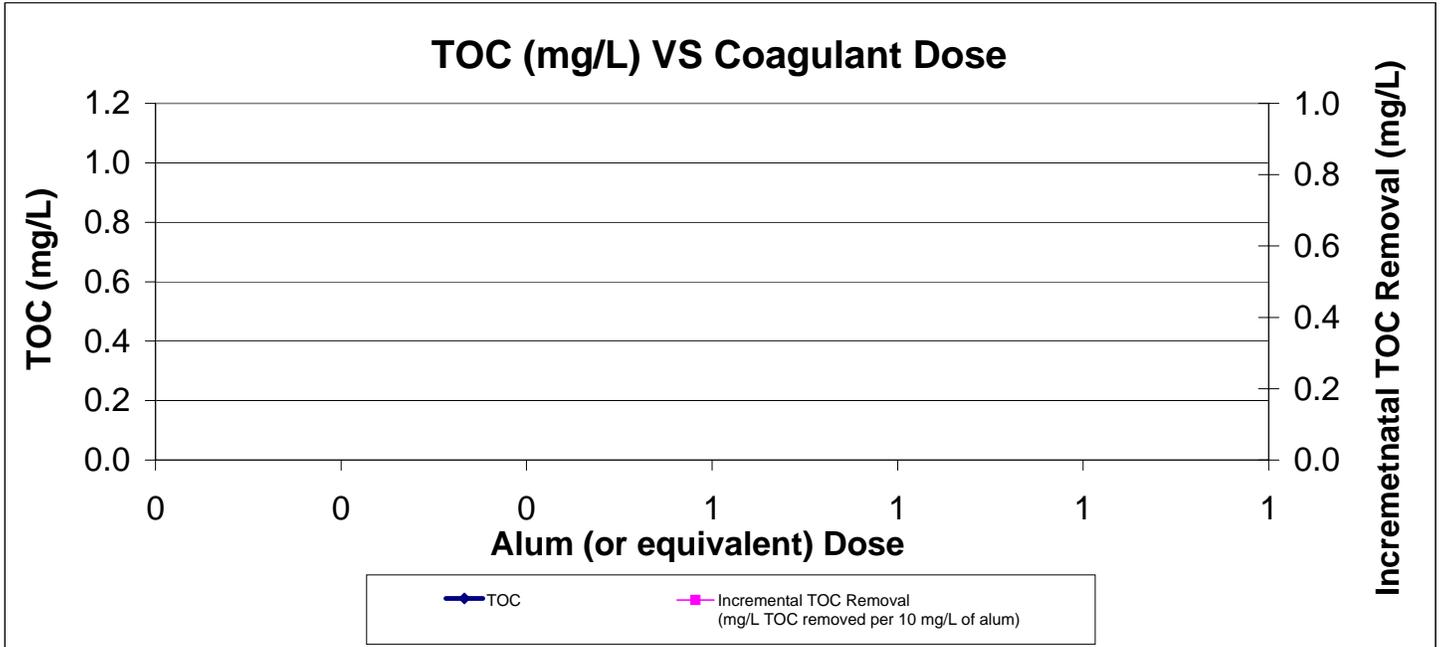
PUBLIC WATER
 SYSTEM NAME: City Of Corsicana
 PWS ID No.: 1750002

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