

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: October 2009

Certificate No. & Grade: WO0012234, A

Date: November 2, 2009

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings:	<u>71</u>	Number of 4-hour periods when plant was off-line:	<u>115</u>
Number of readings above 0.10 NTU:	<u>43</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>0.28</u> NTU	Average turbidity value:	<u>0.12</u> NTU
Minimum turbidity reading:	<u>0.07</u> NTU	Standard deviation:	<u>0.034</u> NTU
CFE 95 th percentile value:	<u>0.18</u> NTU	IFE 95 th percentile:	<u>0.250</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>
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>
		Number of days when profiling data was not collected:	<u>20</u>
		Number of days when CT data was not collected:	<u>20</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)	
Average disinfectant residual value:	<u>2.20</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

PLANT NAME OR NUMBER: Lake Halbert WTP

PWS ID No.: 1750002

Connections: 11,500

Month: October 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	1.525	1.500	28	110								X	X	X	0.09	0.10	0.10	2.6	
2	3.155	3.029	31	112								0.10	0.10	0.11	0.09	0.09	0.09	2.9	
3	0.220	0.204	31	114								0.11	X	X	X	X	X	3.8	
4	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
5	2.138	2.070	27	115								X	X	0.17	0.13	0.11	0.10	2.3	
6	2.593	2.390	25	115								0.07	0.07	0.07	0.08	0.09	0.11	2.5	
7	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
8	2.525	2.396	34	116								X	X	0.16	0.12	0.09	0.09	2.9	
9	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
10	1.797	1.598	41	111								X	X	X	0.11	0.10	0.10	2.7	
11	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
12	1.204	1.128	29	118								X	X	0.16	0.12	X	X	3.1	
13	1.608	1.507	42	113								0.12	0.08	0.14	X	X	X	3.2	
14	2.977	2.884	40	114								X	X	0.13	0.10	0.09	0.08	3.1	
15	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
16	1.075	1.072	43	106								0.11	0.10	X	X	X	X	2.8	
17	0.825	0.804	38	104								X	0.11	0.10	X	X	X	3.0	
18	1.536	1.329	34	116								X	X	X	0.12	0.12	0.12	2.8	
19	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
20	2.618	2.516	28	110								X	X	0.15	0.14	0.10	0.11	3.2	
21	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
22	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
23	2.702	2.087	24	101								X	X	0.12	0.17	0.14	0.18	2.8	
24	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
25	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
26	1.643	1.350	22	98								X	X	0.21	0.16	X	X	2.8	
27	1.350	1.341	33	100								X	X	X	0.28	0.14	0.12	3.2	
28	1.850	1.471	29	105								0.12	0.12	0.10	X	0.10	0.11	2.8	
29	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
30	3.251	3.133	28	90								X	0.19	0.15	0.14	0.11	0.10	3.2	
31	1.652	1.366	28	90								X	0.13	0.12	0.14	0.13	0.13	3.4	
Total	38.244	35.175																	
Avg	1.234	1.135																	
Max	3.251	3.133																	
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: November 2, 2009

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: October 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		
1	0.11	0.11	X	X	0.08	0.07	0.06	0.05												
2	0.10	X	X	X	0.12	X	0.09	X												
3	0.14	0.14	X	X	0.07	X	0.06	X												
4	X	X	X	X	X	X	X	X												
5	0.12	0.12	0.12	0.12	0.11	0.10	0.09	0.09												
6	0.14	X	0.13	0.13	0.16	X	0.11	X												
7	X	X	X	X	X	X	X	X												
8	0.15	0.15	0.10	0.10	0.08	0.08	0.13	0.13												
9	X	X	X	X	X	X	X	X												
10	0.09	0.09	0.08	0.08	0.10	0.10	0.08	0.08												
11	X	X	X	X	X	X	X	X												
12	0.08	0.08	0.07	0.07	0.14	0.14	0.08	0.08												
13	0.08	0.07	0.16	0.08	0.13	0.12	0.07	0.06												
14	0.12	0.12	0.11	0.11	0.09	0.09	0.05	0.05												
15	X	X	X	X	X	X	X	X												
16	0.09	0.09	0.11	0.11	0.09	0.09	0.07	0.07												
17	0.06	0.06	0.12	0.12	0.10	0.10	X	X												
18	0.18	0.18	X	X	0.15	0.09	0.08	0.08												
19	X	X	X	X	X	X	X	X												
20	0.12	0.12	0.12	0.12	0.15	0.15	0.16	0.16												
21	X	X	X	X	X	X	X	X												
22	X	X	X	X	X	X	X	X												
23	0.18	X	0.25	0.09	0.27	0.13	0.26	0.20												
24	X	X	X	X	X	X	X	X												
25	X	X	X	X	X	X	X	X												
26	0.18	0.18	0.12	0.12	0.10	0.09	0.18	0.18												
27	0.22	X	X	X	0.12	X	0.17	0.11												
28	0.25	0.20	X	X	0.29	0.17	0.20	X												
29	X	X	X	X	X	X	X	X												
30	0.19	X	0.20	X	0.19	X	0.22	X												
31	X	X	X	X	0.16	0.16	0.14	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								
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: November 2, 2009

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: October Year: 2009

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)	4.000	4.000	4.000			0.5	2.0
T ₁₀ (minutes)	78.3	15.1	9.0				

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	2.7	2.900	24.0	7.3				
	CLA D3	2.6	2.900	24.0	7.7				
	D4								
	D5								
2	NA D1								
	FCL D2	3.8	2.900	24.0	7.4				
	CLA D3	2.9	2.900	24.0	7.3				
	D4								
	D5								
3	NA D1								
	FCL D2	3.7	2.900	23.0	7.0				
	CLA D3	3.8	2.900	24.0	7.0				
	D4								
	D5								
4	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
5	NA D1								
	FCL D2	2.9	3.000	22.0	7.2				
	CLA D3	2.3	3.000	23.0	7.5				
	D4								
	D5								
6	NA D1								
	FCL D2	3.7	3.000	23.0	7.5				
	CLA D3	3.8	3.000	23.0	7.4				
	D4								
	D5								
7	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
8	NA D1								
	FCL D2	2.7	3.200	22.0	7.5				
	CLA D3	2.9	3.200	22.0	7.9				
	D4								
	D5								

PERFORMANCE DATA									
Date	DISINFECTION PROCESS DATA								
	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time
9	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
10	NA D1								
	FCL D2	2.7	3.800	21.0	7.3				
	CLA D3	2.7	3.800	22.0	7.4				
	D4								
	D5								
11	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
12	NA D1								
	FCL D2	3.2	3.800	21.0	7.4				
	CLA D3	3.1	3.800	20.0	7.6				
	D4								
	D5								
13	NA D1								
	FCL D2	3.4	3.800	20.0	7.5				
	CLA D3	3.2	3.800	20.0	7.4				
	D4								
	D5								
14	NA D1								
	FCL D2	3.4	3.800	19.0	7.2				
	CLA D3	3.1	3.800	19.0	7.6				
	D4								
	D5								
15	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
16	NA D1								
	FCL D2	2.7	3.800	21.0	7.0				
	CLA D3	2.8	3.800	21.0	7.0				
	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: November 2, 2009

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: Lake Halbert WTP
Month: October 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
Flow Rate (MGD)	4.000	4.000	4.000			0.5	2.0
T ₁₀ (minutes)	78.3	15.1	9.0				

PERFORMANCE DATA									
DISINFECTION PROCESS DATA									
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time=
17	NA D1								
	FCL D2	3.1	3.000	20.0	7.0				
	CLA D3	3.0	3.000	20.0	7.0				
	D4								
	D5								
18	NA D1								
	FCL D2	3.3	2.400	20.0	7.4				
	CLA D3	2.8	2.400	20.0	7.4				
	D4								
	D5								
19	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
20	NA D1								
	FCL D2	2.9	3.800	20.0	7.6				
	CLA D3	3.2	3.800	19.0	7.7				
	D4								
	D5								
21	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
22	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
23	NA D1								
	FCL D2	3.2	3.800	20.0	7.6				
	CLA D3	2.8	3.800	19.0	7.7				
	D4								
	D5								
24	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								

PERFORMANCE DATA									
DISINFECTION PROCESS DATA									
Date	Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time=
25	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
26	NA D1								
	FCL D2	2.8	3.800	20.0	7.4				
	CLA D3	2.8	3.800	19.0	7.5				
	D4								
	D5								
27	NA D1								
	FCL D2	3.2	2.200	19.0	7.6				
	CLA D3	3.2	2.200	18.0	7.5				
	D4								
	D5								
28	NA D1								
	FCL D2	3.7	2.200	18.0	7.6				
	CLA D3	3.9	2.200	19.0	7.5				
	D4								
	D5								
29	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
30	NA D1								
	FCL D2	3.5	4.100	19.0	7.4				
	CLA D3	3.5	4.100	18.0	7.5				
	D4								
	D5								
31	NA D1								
	FCL D2	3.9	2.400	19.0	7.5				
	CLA D3	3.4	2.400	20.0	7.4				
	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: November 2, 2009

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: October 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						<i>calculated</i>	<i>calculated from matrix</i>	
1	10/6	104	5.62	4.72	16.0	35	0.46			0.46
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		104.00	5.62	4.72	16.01		0.46			0.46
Max		104.00	5.62	4.72	16.01		0.46			0.46
Min		104.00	5.62	4.72	16.01		0.46			0.46

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	
104	5.62	4.72	16.0	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: WO0012234, A

Date: November 2, 2009

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: October 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	
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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.)		
	<table border="1"> <tr> <td style="text-align: center;">Current Month SUVA</td> </tr> <tr> <td style="text-align: center;">1.73</td> </tr> </table>	Current Month SUVA	1.73
Current Month SUVA			
1.73			

ACC #6	
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ACC #7	
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ACC #8	
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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: WO0012234, A Date: November 2, 2009

STEP 2 JAR TEST REPORT

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

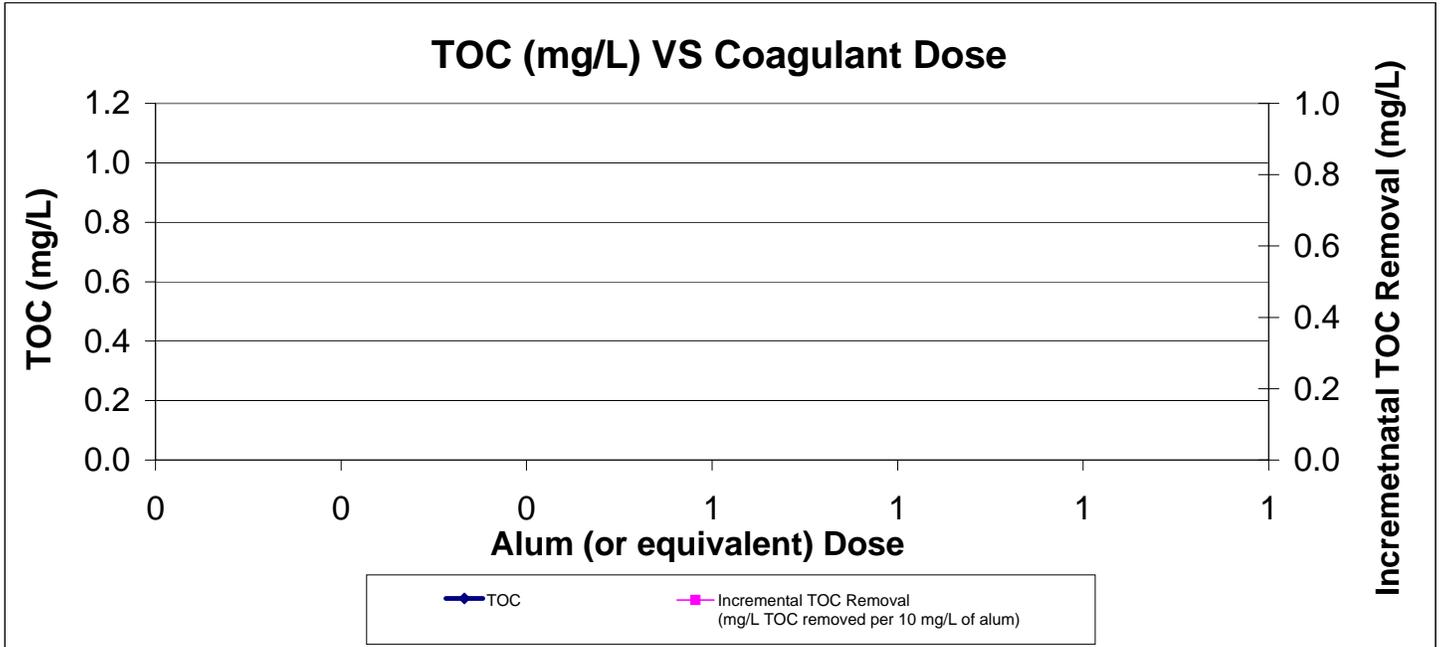
PUBLIC WATER
 SYSTEM NAME: City Of Corsicana
 PWS ID No.: 1750002

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