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: October 2009

Certificate No. & Grade: WO0004220, A

Date: November 2, 2009

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings:	127	Number of 4-hour periods when plant was off-line:	59
Number of readings above 0.10 NTU:	48	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:	0.19 NTU	Average turbidity value:	0.10 NTU
Minimum turbidity reading:	0.06 NTU	Standard deviation:	0.024 NTU
CFE 95th percentile value:	0.14 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:	31
		Number of days when CT data was not collected:	31

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:	61 (at least 31 required) (8)		
Average disinfectant residual value:	2.20	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.

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: Navarro Mills

PWS ID No.: 1750002
Connections: 11,050

Month: October **Year:** 2009
Population: 28,500

PERFORMANCE DATA

Date	Raw Water Pumpage (MGD)	Treated Water Pumpage (MGD)	RAW WATER ANALYSES		SETTLED WATER TURBIDITY (Mandatory Data)						FINISHED WATER QUALITY							
					Basin No.						Turbidity						Lowest Residual	Time*
			NTU	Alk.	1	2	3	4	5	6	NTU1	NTU2	NTU3	NTU4	NTU5	NTU6		
1	4.460	4.459	25	94	0.6	0.7	0.6	0.6	0.7	0.6	x	x	x	0.08	0.09	0.08	2.9	
2	4.490	3.982	27	93	0.8	0.8	0.9	0.7	1.0	0.8	x	x	x	0.12	0.10	0.09	3.2	
3	7.230	6.368	31	94	0.6	0.8	0.7	0.7	0.8	0.6	0.12	0.11	0.12	0.11	0.10	0.10	3.3	
4	5.220	4.942	36	94	0.7	0.7	0.6	0.7	0.6	0.6	x	x	0.09	0.09	0.09	0.10	3.4	
5	4.970	4.527	50	96	0.5	0.6	0.6	0.5	0.5	0.5	x	x	0.08	0.08	0.11	0.09	3.4	
6	4.870	4.984	40	97	0.5	0.5	0.5	0.5	0.5	0.5	x	x	0.07	0.08	0.07	0.06	3.1	
7	5.470	4.913	44	99	0.5	0.5	0.5	0.5	0.4	0.5	0.07	x	0.06	0.07	0.07	0.07	3.1	
8	5.470	5.177	54	97	0.5	0.4	0.5	0.6	0.5	0.5	x	x	0.09	0.07	0.07	0.07	2.7	
9	7.350	5.821	43	98	0.6	0.5	0.5	0.5	0.5	0.4	0.08	x	0.08	0.11	0.08	0.07	2.9	
10	5.740	5.086	39	93	0.4	0.5	0.6	0.5	0.4	0.5	x	x	0.07	0.08	0.08	0.08	3.0	
11	5.670	5.257	39	96	0.4	0.6	0.6	0.5	0.4	0.4	x	x	0.07	0.07	0.09	0.08	3.0	
12	5.730	5.789	46	99	0.4	0.5	0.4	0.5	0.4	0.4	x	x	0.08	0.08	0.08	0.11	3.1	
13	5.980	5.319	50	100	0.6	0.7	0.9	0.7	0.7	0.6	x	x	0.08	0.09	0.09	0.08	3.1	
14	5.810	4.592	47	101	0.8	0.9	0.9	1.0	0.8	0.8	x	x	0.08	0.09	0.09	0.10	2.9	
15	5.830	5.623	34	102	1.2	1.3	1.4	1.1	1.1	1.2	x	x	0.10	0.10	0.11	0.12	2.8	
16	5.650	5.163	36	102	1.1	1.1	0.9	1.0	1.0	1.1	x	x	0.13	0.13	0.12	0.12	2.6	
17	7.880	6.325	31	100	0.9	1.0	1.1	1.0	1.0	1.1	0.13	0.13	0.13	0.12	0.13	0.12	3.2	
18	5.100	4.485	36	106	0.8	1.1	0.9	0.9	0.8	0.8	x	x	x	0.11	0.12	0.16	3.2	
19	6.960	5.576	30	102	x	1.6	1.6	1.4	1.3	1.2	x	x	0.12	0.11	0.11	0.12	3.3	
20	7.210	5.100	29	103	1.0	x	x	1.1	0.9	0.9	x	x	0.11	0.11	0.10	0.10	3.4	
21	7.280	4.973	32	105	0.8	1.1	1.3	x	x	0.8	x	x	0.09	0.08	0.09	0.09	2.7	
22	6.040	4.908	36	102	0.8	0.8	0.9	1.2	0.8	x	x	x	0.11	0.10	0.09	0.09	3.5	
23	5.390	4.549	39	101	0.8	0.8	1.0	0.9	1.1	0.9	x	x	0.10	0.11	0.08	0.09	3.0	
24	5.410	4.848	31	106	0.8	1.1	1.0	0.9	1.1	1.0	x	x	x	0.10	0.11	0.11	3.0	
25	5.450	4.978	31	106	0.8	0.9	0.9	0.9	0.9	0.8	x	x	0.13	0.13	0.14	0.13	3.0	
26	5.910	5.579	32	108	0.9	0.8	0.9	0.8	0.8	0.8	x	x	0.19	0.17	0.16	0.15	2.9	
27	5.120	4.577	31	106	1.0	1.1	1.2	0.8	1.1	0.7	x	x	0.15	0.14	0.13	0.13	2.7	
28	5.120	4.988	27	108	0.7	0.9	0.9	0.9	0.9	0.8	x	x	0.12	0.12	0.11	0.10	3.1	
29	4.760	4.326	25	110	0.9	0.7	0.9	0.7	0.8	0.7	x	x	0.10	0.09	0.10	0.10	3.3	
30	6.300	5.097	22	108	0.7	0.8	0.8	0.8	0.6	0.7	0.08	0.10	0.09	0.10	0.08	0.09	3.3	
31	4.470	4.283	23	112	0.4	0.7	0.5	0.7	0.5	0.6	x	x	x	0.09	0.09	0.09	3.2	
Total	178.340	156.594																
Avg	5.753	5.051																
Max	7.880	6.368																
Min	4.460	3.982																

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:** 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
PLANT NAME OR NUMBER: Navarro Mills
PWS ID No.: 1750002
Month: October **Year:** 2009

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	0.35	x	0.11	x	0.14	x	0.11	x	0.17	x	0.20	0.19								
2	0.17	x	x	x	0.12	x	0.13	x	0.12	x	0.18	x								
3	0.14	x	0.21	0.16	0.21	0.11	0.11	x	0.14	x	0.17	x								
4	0.09	x	0.11	x	0.09	x	0.09	x	x	x	0.09	x								
5	0.09	x	0.09	x	0.08	x	x	x	0.22	0.16	0.10	x								
6	0.08	x	0.08	x	0.07	x	x	x	0.11	x	0.08	x								
7	0.16	0.10	0.09	x	0.07	x	0.12	0.09	0.12	x	0.08	x								
8	0.10	x	0.08	x	0.07	x	0.08	x	0.08	x	0.21	0.09								
9	0.08	x	0.15	0.10	x	x	0.07	x	0.08	x	0.09	x								
10	0.08	x	0.10	x	0.09	0.09	0.07	x	0.08	x	0.08	x								
11	0.08	x	0.09	x	0.09	x	0.07	x	x	x	0.09	x								
12	0.08	x	0.09	x	0.08	x	0.07	x	0.16	0.11	0.08	x								
13	0.14	0.11	0.09	x	0.08	x	0.17	0.10	0.12	x	0.08	x								
14	0.12	x	0.10	x	0.09	x	0.11	x	0.11	x	0.18	0.12								
15	0.14	x	x	x	0.11	x	0.13	x	0.12	x	0.14	x								
16	0.14	x	0.24	0.19	x	x	0.13	x	0.13	x	0.13	x								
17	0.13	x	0.16	x	0.17	0.15	0.12	x	0.13	x	0.13	x								
18	0.13	x	0.15	x	0.18	x	0.11	x	0.25	0.18	0.15	x								
19	0.21	0.13	0.13	x	0.13	x	0.28	0.16	0.15	x	0.11	x								
20	0.12	x	0.10	x	0.09	x	0.10	x	0.13	x	0.28	0.12								
21	0.12	x	0.22	0.14	0.09	x	0.10	x	0.11	x	0.13	x								
22	0.09	x	0.12	x	0.08	x	0.08	x	0.09	x	0.09	x								
23	0.12	x	0.14	0.14	0.09	x	0.09	x	0.12	x	0.12	x								
24	0.13	x	0.16	x	0.21	0.16	0.10	x	0.14	x	0.13	x								
25	0.16	x	0.16	x	0.16	x	0.13	x	0.24	0.18	0.17	x								
26	0.32	0.17	0.16	x	0.15	x	0.25	0.17	0.17	x	0.13	x								
27	0.15	x	0.15	x	0.15	x	0.12	x	0.13	x	x	x								
28	0.13	x	0.15	x	0.13	x	0.11	x	0.12	x	x	x								
29	0.11	x	x	x	0.12	x	0.09	x	0.10	x	x	x								
30	0.10	x	0.17	0.11	0.11	x	0.09	x	0.09	x	0.20	0.13								
31	0.11	x	0.11	x	0.14	0.11	0.08	x	x	x	0.10	x								

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	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:** 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

PLANT NAME OR NUMBER: Navarro Mills

PWS ID No.: 1750002

Month: October **Year:** 2009

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)	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*	3.4	7.400	24.0	7.5				
	CLA *D3*	2.9	7.400	25.0	7.5				
	D4								
	D5								
2	NA *D1*								
	FCL *D2*	3.2	7.200	25.0	7.6				
	CLA *D3*	3.4	7.200	25.0	7.7				
	D4								
	D5								
3	NA *D1*								
	FCL *D2*	3.8	7.300	24.0	7.6				
	CLA *D3*	3.3	7.300	24.0	7.7				
	D4								
	D5								
4	NA *D1*								
	FCL *D2*	3.6	7.400	23.0	7.6				
	CLA *D3*	3.4	7.400	24.0	7.8				
	D4								
	D5								
5	NA *D1*								
	FCL *D2*	3.6	7.500	23.0	7.6				
	CLA *D3*	3.5	7.500	23.0	7.8				
	D4								
	D5								
6	NA *D1*								
	FCL *D2*	2.9	7.500	23.0	7.4				
	CLA *D3*	3.4	7.500	23.0	7.6				
	D4								
	D5								
7	NA *D1*								
	FCL *D2*	3.5	7.500	23.0	7.5				
	CLA *D3*	3.2	7.500	23.0	7.6				
	D4								
	D5								
8	NA *D1*								
	FCL *D2*	3.0	7.500	23.0	7.6				
	CLA *D3*	2.8	7.500	23.0	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	Time*
9	NA *D1*								
	FCL *D2*	3.4	7.500	23.0	7.4				
	CLA *D3*	3.0	7.500	23.0	7.5				
	D4								
	D5								
10	NA *D1*								
	FCL *D2*	3.3	7.800	22.0	7.5				
	CLA *D3*	3.1	7.800	23.0	7.6				
	D4								
	D5								
11	NA *D1*								
	FCL *D2*	3.3	7.600	21.0	7.4				
	CLA *D3*	3.0	7.600	22.0	7.5				
	D4								
	D5								
12	NA *D1*								
	FCL *D2*	3.5	7.800	21.0	7.4				
	CLA *D3*	3.2	7.800	21.0	7.4				
	D4								
	D5								
13	NA *D1*								
	FCL *D2*	2.6	7.600	21.0	7.6				
	CLA *D3*	3.2	7.600	21.0	7.5				
	D4								
	D5								
14	NA *D1*								
	FCL *D2*	2.9	7.800	21.0	7.6				
	CLA *D3*	3.6	7.800	21.0	7.7				
	D4								
	D5								
15	NA *D1*								
	FCL *D2*	2.9	8.000	20.0	7.7				
	CLA *D3*	3.0	8.000	21.0	7.8				
	D4								
	D5								
16	NA *D1*								
	FCL *D2*	2.8	7.800	20.0	7.6				
	CLA *D3*	2.9	7.800	20.0	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:** WO0004220, 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

PLANT NAME OR NUMBER: Navarro Mills

PWS ID No.: 1750002

Month: October **Year:** 2009

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)	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=
17	NA *D1*								
	FCL *D2*	3.4	8.200	20.0	7.6				
	CLA *D3*	3.3	8.200	20.0	7.7				
	D4								
	D5								
18	NA *D1*								
	FCL *D2*	3.3	7.700	20.0	7.6				
	CLA *D3*	3.2	7.700	20.0	7.7				
	D4								
	D5								
19	NA *D1*								
	FCL *D2*	3.7	10.200	19.0	7.5				
	CLA *D3*	3.4	10.200	20.0	7.6				
	D4								
	D5								
20	NA *D1*								
	FCL *D2*	1.9	10.400	20.0	7.5				
	CLA *D3*	3.7	10.400	20.0	7.6				
	D4								
	D5								
21	NA *D1*								
	FCL *D2*	3.5	10.200	20.0	7.5				
	CLA *D3*	3.8	10.200	20.0	7.5				
	D4								
	D5								
22	NA *D1*								
	FCL *D2*	3.3	9.800	19.0	7.5				
	CLA *D3*	3.8	9.800	20.0	7.7				
	D4								
	D5								
23	NA *D1*								
	FCL *D2*	3.3	7.700	19.0	7.5				
	CLA *D3*	3.4	7.700	19.0	7.6				
	D4								
	D5								
24	NA *D1*								
	FCL *D2*	3.1	7.600	19.0	7.6				
	CLA *D3*	3.2	7.600	19.0	7.7				
	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*								
	FCL *D2*	3.1	7.600	19.0	7.6				
	CLA *D3*	3.0	7.600	19.0	7.7				
	D4								
	D5								
26	NA *D1*								
	FCL *D2*	3.4	8.100	19.0	7.6				
	CLA *D3*	3.2	8.100	19.0	7.6				
	D4								
	D5								
27	NA *D1*								
	FCL *D2*	3.1	7.800	19.0	7.6				
	CLA *D3*	3.0	7.800	19.0	7.7				
	D4								
	D5								
28	NA *D1*								
	FCL *D2*	3.1	6.800	19.0	7.6				
	CLA *D3*	3.5	6.800	19.0	7.7				
	D4								
	D5								
29	NA *D1*								
	FCL *D2*	3.0	6.300	19.0	7.6				
	CLA *D3*	3.3	6.300	19.0	7.7				
	D4								
	D5								
30	NA *D1*								
	FCL *D2*	3.5	6.400	18.0	7.7				
	CLA *D3*	3.6	6.400	19.0	7.8				
	D4								
	D5								
31	NA *D1*								
	FCL *D2*	3.8	6.700	19.0	7.5				
	CLA *D3*	3.5	6.700	19.0	7.6				
	D4								
	D5								

	Giardia Log	Virus Log
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:** WO0004220, 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

PLANT NAME OR NUMBER: Navarro Mills

PWS ID No.: 1750002

Month: October Year: 2009

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*			*calculated*
1	10/6	100	4.53	3.61	20.3	35	0.58			0.58
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		100.00	4.53	3.61	20.31		0.58			0.58
Max		100.00	4.53	3.61	20.31		0.58			0.58
Min		100.00	4.53	3.61	20.31		0.58			0.58

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	
100	4.53	3.61	20.3	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: WO0004220, 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: Navarro Mills
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
				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		Q1			Q2			Q3			Q4		
	Month/Year	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	2.06	1.71	1.79	1.93	1.85	1.99	2.17	2.10	2.34	1.93	1.97	1.88
	Quarterly Average			1.85			1.92			2.20			1.93
	RAA												**1.98**

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:** 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: Navarro Mills

DATE OF JAR TEST:

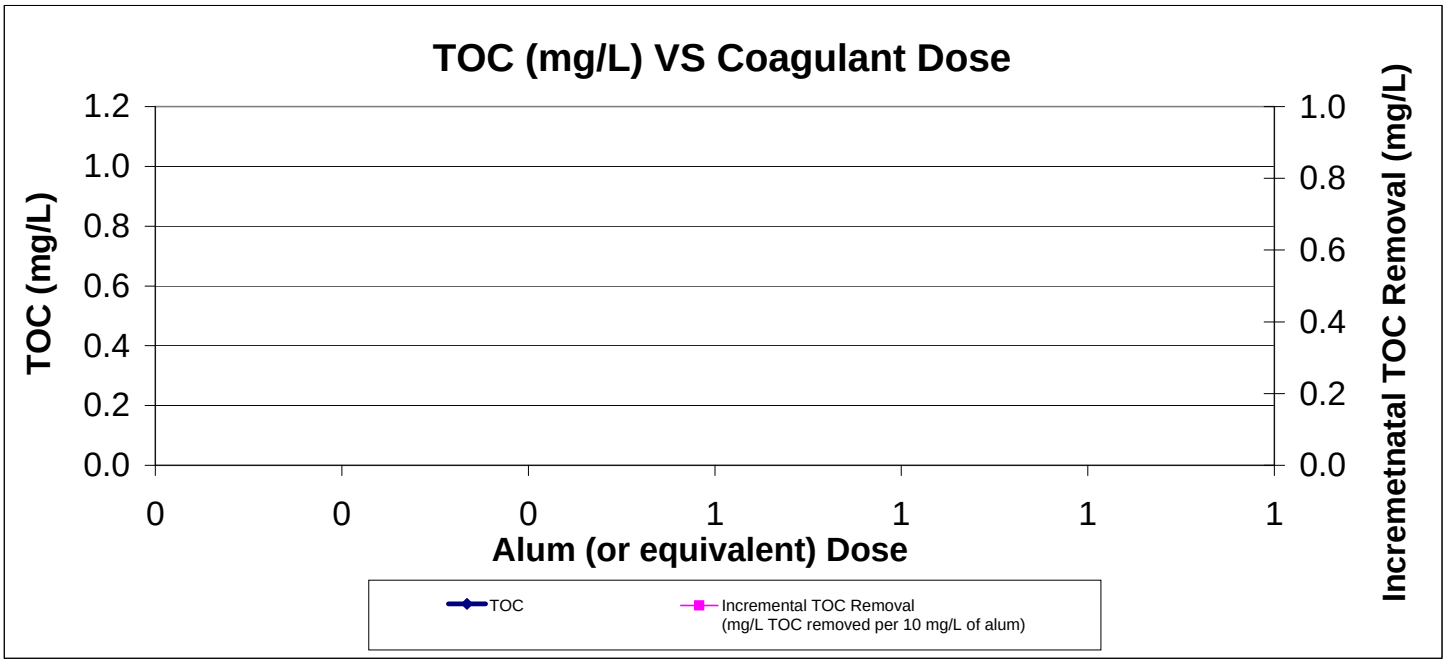
PLANT CONDITIONS								
RAW WATER SOURCE(s)	COAGULANT		COAGULANT AID		FLOC AID		pH ADJUSTMENT	
	Type	Dose (mg/L)	Type	Dose (mg/L)	Type	Dose (mg/L)	Type	Dose (mg/L)

STEP 2 JAR TEST PARAMETERS									
COAGULANT		BASE		JAR SIZE	JAR TEST CONDITIONS				
					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									
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: WO0004220, A