

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: <u>City of Corsicana</u>	PLANT NAME OR NUMBER: <u>Lake Halbert</u>
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.: <u>1750002</u> Report for the Month of: <u>May 2008</u>	Operator's Signature: _____ Certificate No. & Grade: <u>W00012234 A</u> Date: _____

TREATMENT PLANT PERFORMANCE			
Total number of turbidity readings:	88	Number of 4-hour periods when plant was off-line:	98
Number of readings above 0.10 NTU:	85	Number of 4-hour periods when plant was on-line but turbidity data was not collected:	0
Number of readings above 0.3 NTU:	0		
Number of readings above 0.5 NTU:	0		
Number of readings above 1.0 NTU:	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:
	Minimum turbidity reading:	0.08 NTU	0.17 NTU
			Standard deviation:
			0.042 NTU
Additional report(s) for individual filter monitoring required:		<input 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 type="radio"/> NONE <input type="radio"/> Filter Profile <input type="radio"/> Filter Assessment <input type="radio"/> CPE	
		Number of days when plant was on-line but individual filter turbidity data was not collected: <u>28</u>	
Number of days with a low CT for no more than 4.0 consecutive hours:	0	Average log inactivation for Giardia:	NA
Number of days with a low CT for more than 4.0 consecutive hours:	0 (4)	Average log inactivation for viruses:	NA
		Number of days when profiling data was not collected:	28
		Number of days when CT data was not collected:	28
Minimum disinfectant residual required leaving the plant:	_____ mg/L	<input type="radio"/> Free Chlorine <input type="radio"/> Total Chlorine	
Number of days with a low residual for no more than 4.0 consecutive hours:	_____		
Number of days with a low residual for more than 4.0 consecutive hours:	_____ (5)	Number of days when disinfectant residual leaving the plant was not properly monitored:	0

DISTRIBUTION SYSTEM			
Minimum disinfectant residual required in distribution system:	_____ mg/L	<input type="radio"/> Free Chlorine <input type="radio"/> Total Chlorine	
Total number of readings this month:	_____	Percentage of readings with a low residual this month:	_____ % (6A)
Average disinfectant residual value:	_____		
Number of readings with a low residual:	_____	Percentage of readings with a low residual last month:	_____ % (6B)
Number of readings with no detectable residual:	_____		

PUBLIC NOTIFICATION			
TREATMENT TECHNIQUE VIOLATIONS	YES/NO	If YES, date when notice was given to:	
		COMMISSIONERS	CUSTOMERS*
Were more than 5.0% of the turbidity readings above the acceptable level? - see (1) above	No		
Were there any days with turbidity readings above 1.0 NTU? - see (2) above	No		
Were there any days with turbidity readings above 5.0 NTU? - see (3) above	No		
Were there any periods when the plant failed to meet the CT requirements for more than 4.0 consecutive hours? - see (4) above	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) above			
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) above			

Due by the end of the next business day.
 * Copies of each Public Notice must accompany this report.

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

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

PWS ID No.: 1750002

Connections: 11,500

Month: May Year: 2008

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	1.175	1.152	55	104								X	X	X	X	0.18	0.15	3.2	
2	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
3	0.787	0.768	51	97								X	0.18	0.19	X	X	X	2.8	
4	1.252	1.202	48	97								X	X	X	0.21	0.15	0.11	3.3	
5	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
6	0.675	0.667	45	98								X	0.12	0.16	X	X	X	3.0	
7	1.636	1.513	41	97								X	0.22	0.22	X	0.21	0.20	3.0	
8	1.225	1.220	47	103								X	X	X	X	0.20	0.15	3.1	
9	0.134	0.130	70	105								0.15	X	X	X	X	X	3.5	
10	1.944	1.889	52	104								X	0.25	0.15	0.11	0.08	0.08	2.3	
11	1.600	1.593	49	103								X	X	0.11	0.08	0.13	0.13	2.0	
12	2.826	2.697	47	99								0.13	0.13	0.17	0.16	0.13	0.13	2.3	
13	1.100	1.096	43	95								0.16	0.15	0.17	0.16	X	X	3.4	
14	1.000	0.982	58	102								X	X	X	X	0.15	0.14	3.4	
15	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
16	1.244	0.949	41	104								0.20	0.20	0.21	X	X	X	2.7	
17	0.869	0.619	35	102								X	X	X	0.30	0.21	X	3.0	
18	1.425	1.410	52	101								X	X	X	0.21	0.19	0.14	3.1	
19	2.175	2.164	53	100								0.17	0.16	0.17	0.14	0.13	0.12	3.5	
20	1.139	1.065	48	114								X	X	X	X	0.14	0.12	3.4	
21	2.582	2.482	58	104								0.18	0.17	0.17	0.17	0.16	0.14	2.8	
22	2.608	2.389	49	107								0.17	0.15	0.15	0.19	0.16	0.17	3.4	
23	0.770	0.681	37	108								0.18	X	X	X	X	0.11	2.7	
24	1.730	1.524	51	110								0.23	0.21	0.25	0.22	X	X	3.0	
25	1.132	1.056	50	108								X	X	X	X	0.18	0.17	2.0	
26	1.596	1.502	50	106								X	X	X	0.27	0.18	0.16	2.5	
27	0.596	0.515	54	106								0.20	0.16	X	X	X	X	2.9	
28	1.300	1.287	56	101								X	X	X	0.26	0.15	0.11	2.5	
29	1.297	1.127	95	85								X	X	X	X	0.12	0.14	2.5	
30	1.847	1.288	70	100								0.16	X	X	X	0.24	0.20	3.2	
31	0.750	0.745	57	86								0.16	0.18	X	X	X	X	3.7	
Total	38.414	35.712																	
Avg	1.239	1.152																	
Max	2.826	2.697																	
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: _____

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
Month: May Year: 2008

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																		
1																				
2	X	X	X	X	X	X	X	X												
3																				
4																				
5	X	X	X	X	X	X	X	X												
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15	X	X	X	X	X	X	X	X												
16																				
17																				
18																				
19																				
20																				
21																				
22																				
23																				
24																				
25																				
26																				
27																				
28																				
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																
	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																				
	Number of days with event(s) above 1.0 NTU two months ago																				
	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											0									
	Number of days with event(s) above 2.0 NTU last month																				
	Does the plant have an approved Corrective Action Plan?																				
	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. W00012234 A and Grade: _____ Date: _____

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
Month: May Year: 2008 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	D1								
	D2								
	D3								
	D4								
	D5								
2	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
3	D1								
	D2								
	D3								
	D4								
	D5								
4	D1								
	D2								
	D3								
	D4								
	D5								
5	NA D1								
	NA D2								
	NA D3					NA	NA	NA	
	D4								
	D5								
6	D1								
	D2								
	D3								
	D4								
	D5								
7	D1								
	D2								
	D3								
	D4								
	D5								
8	D1								
	D2								
	D3								
	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	D1									17
	D2									
	D3									
	D4									
	D5									
10	D1									18
	D2									
	D3									
	D4									
	D5									
11	D1									19
	D2									
	D3									
	D4									
	D5									
12	D1									20
	D2									
	D3									
	D4									
	D5									
13	D1									21
	D2									
	D3									
	D4									
	D5									
14	D1									22
	D2									
	D3									
	D4									
	D5									
15	NA D1									23
	NA D2									
	NA D3					NA	NA	NA		
	D4									
	D5									
16	D1									24
	D2									
	D3									
	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: W00012234 A Date: _____ 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 NAME: City of Corsicana PLANT NAME: Lake Halbert
 No.: 1750002 OR NUMBER: Lake Halbert
 Month: May Year: 2008

DISINFECTION PROCESS PARAMETERS							
APPROVED CT STUDY PARAMETERS					PERFORMANCE STANDARDS		
Meters	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
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
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
D4								
D5								
D1								
D2								
D3								
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	D1								
	D2								
	D3								
	D4								
	D5								
26	D1								
	D2								
	D3								
	D4								
	D5								
27	D1								
	D2								
	D3								
	D4								
	D5								
28	D1								
	D2								
	D3								
	D4								
	D5								
29	D1								
	D2								
	D3								
	D4								
	D5								
30	D1								
	D2								
	D3								
	D4								
	D5								
31	D1								
	D2								
	D3								
	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: W00012234 A Date: _____