

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

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: November 2005

Operator's Signature: _____
Certificate No. & Grade: W00012234 A Date: December 1, 2005

TREATMENT PLANT PERFORMANCE

Total number of turbidity readings: <u>61</u>	Number of 4-hour periods when plant was off-line: <u>119</u>
Number of readings above 0.10 NTU: <u>2</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 readings above 0.5 NTU: <u>0</u>	
Number of readings above 1.0 NTU: <u>0</u>	
Maximum allowable turbidity level: <u>0.3</u>	Number of days with readings above 1.0 NTU: <u>0</u> (2)
Percentage of readings above this limit: <u>0.0</u> % (1)	Number of days with readings above 5.0 NTU: <u>0</u> (3)
Statistical Summary	Maximum turbidity reading: <u>0.18</u> NTU Minimum turbidity reading: <u>0.05</u> NTU Average turbidity value: <u>0.07</u> NTU Standard deviation: <u>0.020</u> NTU
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 <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>0</u>
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>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 <input type="radio"/> Free Chlorine <input checked="" type="radio"/> Total Chlorine	
Number of days with a low residual for no more than 4.0 consecutive hours: <u>0</u>	
Number of days with a low residual for more than 4.0 consecutive hours: <u>0</u> (5)	Number of days when disinfectant residual leaving the plant was not properly monitored: <u>0</u>

DISTRIBUTION SYSTEM

Minimum disinfectant residual required in distribution system: <u>0.5</u> mg/L <input type="radio"/> Free Chlorine <input checked="" type="radio"/> Total Chlorine	
Total number of readings this month: <u>55</u>	Percentage of readings with a low residual this month: <u>0.0</u> % (6A)
Average disinfectant residual value: <u>2.19</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>	

PUBLIC NOTIFICATION

TREATMENT TECHNIQUE VIOLATIONS	YES/NO	If YES, date when notice was given to:	
		COMMISSION	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	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) above	No		

*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: 8,734

Month: November Year: 2005

Population: 24,485

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	0.595	0.595	21	125							X	X	X	X	X	0.09	3.1	
2	2.050	1.926	26	131							0.07	0.07	0.07	0.07	0.05	0.08	3.3	
3	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
4	2.631	2.460	23	121							X	0.06	0.05	0.05	0.05	0.05	2.9	
5	1.662	1.583	30	144							X	X	X	0.06	0.06	0.06	3.7	
6	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
7	1.175	1.167	11	127							X	X	X	X	0.07	0.07	2.7	
8	2.797	2.598	15	126							0.07	0.07	0.06	0.07	0.07	0.08	3.2	
9	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
10	1.193	0.504	37	128							X	X	X	0.09	X	X	3.2	
11	3.625	3.611	31	124							0.18	0.11	0.10	0.10	0.09	0.10	2.8	
12	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
13	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
14	1.815	1.813	29	127							X	X	X	X	0.08	0.09	2.6	
15	1.410	1.406	32	126							0.06	0.07	0.07	X	X	X	2.7	
16	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
17	2.319	2.179	39	127							X	X	0.09	0.10	0.07	0.07	2.9	
18	2.415	2.401	25	128							0.06	0.06	0.06	0.05	X	X	2.9	
19	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
20	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
21	1.760	1.754	26	129							X	X	X	X	0.06	0.06	3.2	
22	0.722	0.574	19	128							X	X	X	X	X	0.06	2.4	
23	3.666	3.578	23	131							0.07	0.07	0.06	0.07	0.07	0.07	3.0	
24	1.120	1.116	26	131							0.10	X	X	X	X	0.10	3.2	
25	2.415	2.408	28	133							0.08	0.10	0.07	0.07	X	X	3.2	
26	1.940	1.935	29	127							X	X	X	0.07	0.09	0.08	2.8	
27	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
28	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
29	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
30	0.000	0.000	X	X	X	X					X	X	X	X	X	X	X	
31																		
Total	35.310	33.608	<input checked="" type="checkbox"/> 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.															
Avg	1.177	1.120																
Max	3.666	3.611																
Min	0.000	0.000																

SUBMITTED BY: _____ Certificate No. and Grade: W00012234 A Date: December 1, 2005

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: November Year: 2005

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																	
1	0.09	0.09	0.12	0.12	0.09	0.09	0.14	0.14													
2	0.08	X	0.11	X	0.09	X	0.14	X													
3	X	X	X	X	X	X	X	X													
4	0.06	0.06	0.12	0.12	0.09	0.09	0.14	0.13													
5	0.06	0.06	0.14	0.13	0.12	0.12	0.13	0.13													
6	X	X	X	X	X	X	X	X													
7	0.06	0.06	0.13	0.13	0.12	0.11	0.16	0.16													
8	0.11	0.11	0.13	X	0.11	X	0.15	X													
9	X	X	X	X	X	X	X	X													
10	0.07	0.07	0.12	0.12	0.11	0.11	0.20	0.20													
11	0.07	X	0.11	X	0.10	X	0.19	X													
12	X	X	X	X	X	X	X	X													
13	X	X	X	X	X	X	X	X													
14	0.05	0.04	0.10	0.10	0.09	0.09	0.15	0.15													
15	0.04	X	0.10	X	0.08	X	0.14	X													
16	X	X	X	X	X	X	X	X													
17	0.06	0.05	0.10	0.10	0.08	0.08	0.15	0.15													
18	0.06	X	0.09	X	0.08	X	0.14	X													
19	X	X	X	X	X	X	X	X													
20	X	X	X	X	X	X	X	X													
21	0.06	0.06	0.10	0.10	0.08	0.08	0.17	0.17													
22	0.05	0.05	0.12	0.12	0.08	0.08	0.14	0.14													
23	0.08	0.07	0.12	X	0.09	0.09	0.14	X													
24	0.07	0.06	0.10	0.10	0.09	0.08	0.15	0.14													
25	0.06	X	0.10	X	0.08	X	0.14	X													
26	0.06	0.05	0.10	0.09	0.08	0.08	0.14	0.13													
27	X	X	X	X	X	X	X	X													
28	X	X	X	X	X	X	X	X													
29	X	X	X	X	X	X	X	X													
30	X	X	X	X	X	X	X	X													
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	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 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: W00012234 A Date: December 1, 2005

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: November Year: 2005 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					0.5		2.0		Flow
T ₁₀ (minutes)	18.0									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	FCL D1	3.9	3.300	17.0	7.6				
	D2								
	D3								
	D4								
	D5								
2	FCL D1	3.6	3.500	17.0	7.8				
	D2								
	D3								
	D4								
	D5								
3	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
4	FCL D1	3.5	3.800	17.0	7.4				
	D2								
	D3								
	D4								
	D5								
5	FCL D1	4.2	4.000	18.0	7.3				
	D2								
	D3								
	D4								
	D5								
6	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
7	FCL D1	3.9	3.800	20.0	7.1				
	D2								
	D3								
	D4								
	D5								
8	FCL D1	3.7	3.800	20.0	7.5				
	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	NA D1									
	D2									
	D3					NA	NA	NA		17
	D4									
	D5									
10	FCL D1	3.5	2.300	21.0	7.6					
	D2									
	D3									18
	D4									
	D5									
11	FCL D1	3.6	3.800	20.0	7.5					
	D2									
	D3									19
	D4									
	D5									
12	NA D1									
	D2									
	D3					NA	NA	NA		20
	D4									
	D5									
13	NA D1									
	D2									
	D3					NA	NA	NA		21
	D4									
	D5									
14	FCL D1	3.5	3.800	21.0	7.2					
	D2									
	D3									22
	D4									
	D5									
15	FCL D1	3.5	3.600	21.0	7.6					
	D2									
	D3									23
	D4									
	D5									
16	NA D1									
	D2									
	D3					NA	NA	NA		24
	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: December 1, 2005 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 **PLANT NAME OR NUMBER:** Lake Halbert
System No.: 1750002 **Month:** November **Year:** 2005

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					0.5	2.0
Time (minutes)	18.0						

PERFORMANCE DATA								
DISINFECTION PROCESS DATA								
Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time <input type="checkbox"/>
FCL D1	3.8	3.000	18.0	7.8				
D2								
D3								
D4								
D5								
FCL D1	3.5	3.800	17.0	7.5				
D2								
D3								
D4								
D5								
NA D1								
D2								
D3					NA	NA	NA	
D4								
D5								
NA D1								
D2								
D3					NA	NA	NA	
D4								
D5								
FCL D1	3.4	3.800	16.0	7.3				
D2								
D3								
D4								
D5								
FCL D1	3.4	3.800	15.0	7.5				
D2								
D3								
D4								
D5								
FCL D1	3.4	3.800	14.0	7.5				
D2								
D3								
D4								
D5								
FCL D1	3.4	3.800	14.0	7.6				
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 <input type="checkbox"/>
25	FCL D1	3.1	3.800	15.0	7.4				
	D2								
	D3								
	D4								
	D5								
26	FCL D1	3.8	3.800	15.0	7.5				
	D2								
	D3								
	D4								
	D5								
27	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
28	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
29	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
30	NA D1								
	D2								
	D3					NA	NA	NA	
	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:** December 1, 2005