

### Watermain Disinfection Plan – Disinfection Criteria

Project Name & ID: _____ Phase #: _____ City Block #: _____ _____		
Type of Project: <input type="checkbox"/> New Subdivision <input type="checkbox"/> Replacement Watermain <input type="checkbox"/> By-Pass/Temporary By-Pass		
Pipe Information: <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Copper <input type="checkbox"/> D.I. <input type="checkbox"/> C.I. <input type="checkbox"/> Other: _____		
Total Number of Hydrants: _____		Total Number of Stubs/Dead Ends: _____
Pipe Sizes & Total Length:		
<input type="checkbox"/> 100mm, Total Length _____ m <input type="checkbox"/> 150mm, Total Length _____ m <input type="checkbox"/> 200mm, Total Length _____ m		
<input type="checkbox"/> 250mm, Total Length _____ m <input type="checkbox"/> 300mm, Total Length _____ m <input type="checkbox"/> 350mm, Total Length _____ m		
<input type="checkbox"/> 400mm, Total Length _____ m <input type="checkbox"/> Other Size _____ mm    Total Length _____ m		
<input type="checkbox"/> Other Size _____ mm    Total Length _____ m <input type="checkbox"/> Other Size _____ mm    Total Length _____ m		
Total Volume: _____ m <sup>3</sup>		Anticipated Disinfection Concentration: _____ mg/L
Disinfectant Product Name: _____ <input type="checkbox"/> Meet NSF/ANSI/CAN 60 Requirements		
Expiry Date: _____		Required Dosage for Disinfection: _____
Backflow Preventer (BFP): <input type="checkbox"/> 50mm (2") <input type="checkbox"/> 100mm (4") <input type="checkbox"/> 150mm (6") <input type="checkbox"/> 200mm (8") <b>(ONLY Reduced Pressure)</b>		
Anticipated Water supply via By-Pass: _____ <input type="checkbox"/> L/s <input type="checkbox"/> L/min		
Location of BFP/By-Pass: _____		
Disinfection Method: <b>Continuous Feed</b> <b>Contact Time:</b> <input type="checkbox"/> 24 hrs. (Preferable) <input type="checkbox"/> Less than 72 hrs.		
Discharge Location: <input type="checkbox"/> Storm <input type="checkbox"/> Sanitary <input type="checkbox"/> Overland <input type="checkbox"/> Other _____		
Any watercourse Nearby: <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify: _____ (Pond, River, Creek, etc.)		
Dechlorination Product Name: _____		Expiry Date: _____
Name of the Contractor/Company: _____		Date: _____
Representative Name: _____		Signature: _____