

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: March 2006

Operator's Signature: _____
Certificate No. & Grade: W00012234 A Date: April 3, 2006

TREATMENT PLANT PERFORMANCE			
Total number of turbidity readings:	<u>76</u>	Number of 4-hour periods when plant was off-line:	<u>110</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>0.14</u> NTU	Average turbidity value:
	Minimum turbidity reading:	<u>0.05</u> NTU	<u>0.08</u> NTU
		Average turbidity value:	<u>0.08</u> NTU
		Standard deviation:	<u>0.017</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>22</u>
		Number of days when CT data was not collected:	<u>22</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>56</u>		
Average disinfectant residual value:	<u>2.49</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)

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: March Year: 2006

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	Aik.	Basin No.						Turbidity						Lowest Residual	Time	
					1	2	3	4	5	6	NTU1	NTU2	NTU3	NTU4	NTU5	NTU6			
1	1.181	1.083	27	128								0.06	0.06	0.09	X	X	X	3.6	
2	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
3	1.835	1.831	23	126								X	X	0.06	0.08	0.09	0.08	3.0	
4	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
5	1.130	1.125	29	126								X	X	X	0.10	0.09	0.09	2.5	
6	0.575	0.572	27	127								0.10	0.10	X	X	X	X	3.9	
7	0.694	0.690	36	129								X	X	X	X	0.07	0.07	3.1	
8	1.995	1.993	27	127								0.10	0.08	0.08	0.05	0.07	0.08	3.1	
9	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
10	0.815	0.813	25	130								X	X	X	X	0.09	0.07	2.8	
11	1.847	1.824	21	127								0.08	0.08	0.08	0.09	0.06	0.05	2.9	
12	0.800	0.798	22	124								0.06	0.06	0.07	X	X	X	3.1	
13	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
14	1.476	1.246	32	131								X	X	0.08	0.08	0.09	0.08	2.7	
15	1.895	1.891	38	132								0.07	0.07	0.09	0.08	0.08	0.06	3.0	
16	0.630	0.626	33	130								0.06	0.05	0.07	X	X	X	3.1	
17	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
18	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
19	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
20	0.850	0.842	49	129								X	X	X	X	0.14	0.10	3.4	
21	1.825	1.681	41	133								0.06	0.07	0.12	0.09	0.06	0.05	2.6	
22	0.593	0.528	36	136								0.05	0.07	X	X	X	X	2.5	
23	0.920	0.709	30	132								X	X	X	X	0.10	0.08	2.6	
24	0.615	0.600	25	133								0.08	0.09	0.09	X	X	X	3.0	
25	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
26	0.000	0.000	X	X	X	X						X	X	X	X	X	X	X	
27	1.030	0.790	34	120								X	X	X	X	0.07	0.06	3.2	
28	1.920	1.639	40	132								0.06	0.06	0.08	0.09	0.06	0.05	3.1	
29	1.085	0.954	37	130								0.06	0.06	0.10	0.10	X	X	3.1	
30	0.705	0.701	45	132								X	X	X	X	0.09	0.07	3.0	
31	1.359	1.170	50	125								X	X	X	0.07	0.07	0.08	3.4	
Total	25.775	24.106																	
Avg	0.831	0.778																	
Max	1.995	1.993																	
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: April 3, 2006

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: March Year: 2006

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		
1	0.12	X	0.10	X	0.11	X	X	X												
2	X	X	X	X	X	X	X	X												
3	0.08	0.08	0.11	0.11	0.09	0.09	0.16	0.16												
4	X	X	X	X	X	X	X	X												
5	0.10	0.10	0.10	0.09	0.09	0.09	0.15	0.15												
6	0.10	X	0.10	X	0.09	X	0.15	X												
7	0.09	0.09	0.10	0.10	0.09	0.08	0.15	0.14												
8	0.09	X	0.10	X	0.09	X	0.15	X												
9	X	X	X	X	X	X	X	X												
10	0.08	0.08	0.11	0.11	0.10	0.10	0.14	0.14												
11	0.08	X	0.10	X	X	X	0.14	X												
12	0.07	X	0.09	X	X	X	0.14	X												
13	X	X	X	X	X	X	X	X												
14	0.09	0.09	0.12	0.12	0.12	0.12	0.16	0.16												
15	0.09	X	0.11	X	0.11	X	0.15	X												
16	0.08	X	0.10	X	0.10	X	0.16	X												
17	X	X	X	X	X	X	X	X												
18	X	X	X	X	X	X	X	X												
19	X	X	X	X	X	X	X	X												
20	0.09	0.08	0.11	0.11	0.11	0.11	0.15	0.15												
21	0.08	X	0.10	X	0.10	X	0.14	X												
22	0.07	X	0.09	X	0.09	X	0.14	X												
23	0.08	0.07	0.09	0.09	0.09	0.09	0.16	0.15												
24	0.08	X	0.09	X	0.09	X	0.15	X												
25	X	X	X	X	X	X	X	X												
26	X	X	X	X	X	X	X	X												
27	0.08	0.08	0.09	0.09	0.12	0.12	0.15	0.15												
28	0.08	X	0.11	0.11	0.11	X	0.17	0.14												
29	0.11	0.10	0.10	X	0.10	X	0.16	X												
30	0.10	0.10	0.10	0.10	0.10	0.10	0.15	0.15												
31	0.12	0.11	0.11	0.11	0.13	0.13	0.15	0.14												

SUMMARY & COMPLIANCE ACTIONS	Criteria											Plant
	Filter No.											
	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: April 3, 2006

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: March Year: 2006 PWS IC

DISINFECTION PROCESS PARAMETERS										
APPROVED CT STUDY PARAMETERS					PERFORMANCE STANDARDS					
Parameters	Disinfection Zones					Log Inactivations				Parar
	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 (min)
1	FCL D1	3.4	2.800	15.0	7.6				
	D2								
	D3								
	D4								
	D5								
2	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
3	FCL D1	3.8	2.800	15.0	7.7				
	D2								
	D3								
	D4								
	D5								
4	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
5	FCL D1	3.3	2.000	14.0	7.4				
	D2								
	D3								
	D4								
	D5								
6	FCL D1	3.5	2.000	18.0	7.0				
	D2								
	D3								
	D4								
	D5								
7	FCL D1	2.5	2.300	19.0	7.4				
	D2								
	D3								
	D4								
	D5								
8	FCL D1	3.1	2.500	21.0	7.7				
	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 (min)	Date
9	NA D1									
	D2									
	D3					NA	NA	NA		17
	D4									
	D5									
10	FCL D1	3.2	2.100	19.0	7.4					
	D2									
	D3									18
	D4									
	D5									
11	FCL D1	3.4	2.100	19.0	7.4					
	D2									
	D3									19
	D4									
	D5									
12	FCL D1	3.9	2.100	19.0	7.6					
	D2									
	D3									20
	D4									
	D5									
13	NA D1									
	D2									
	D3					NA	NA	NA		21
	D4									
	D5									
14	FCL D1	2.5	2.300	17.0	7.4					
	D2									
	D3									22
	D4									
	D5									
15	FCL D1	3.8	2.100	19.0	7.5					
	D2									
	D3									23
	D4									
	D5									
16	FCL D1	3.2	2.100	19.0	7.5					
	D2									
	D3									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: April 3, 2006 SUBMI

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.)

C WATER PLANT NAME
 :M NAME: City of Corsicana OR NUMBER: Lake Halbert
 D No.: 1750002 Month: March Year: 2006

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					0.5		2.0	
minutes)	18.0								

PERFORMANCE DATA									
DISINFECTION PROCESS DATA									
Disinfectant	C (mg/L)	Flow (MGD)	Temp (°C)	pH	Giardia Log	Virus Log	Inact. Ratio	Time	
NA D1									
D2									
D3					NA	NA	NA		
D4									
D5									
NA D1									
D2									
D3					NA	NA	NA		
D4									
D5									
NA D1									
D2									
D3					NA	NA	NA		
D4									
D5									
FCL D1	3.5	2.000	19.0	7.8					
D2									
D3									
D4									
D5									
FCL D1	3.1	2.000	18.0	7.4					
D2									
D3									
D4									
D5									
FCL D1	3.3	2.100	15.0	7.4					
D2									
D3									
D4									
D5									
FCL D1	3.5	2.300	17.0	7.4					
D2									
D3									
D4									
D5									
FCL D1	3.3	1.800	16.0	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
25	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
26	NA D1								
	D2								
	D3					NA	NA	NA	
	D4								
	D5								
27	FCL D1	3.0	2.000	18.0	7.0				
	D2								
	D3								
	D4								
	D5								
28	FCL D1	3.2	2.500	15.0	7.7				
	D2								
	D3								
	D4								
	D5								
29	FCL D1	3.8	2.100	15.0	7.6				
	D2								
	D3								
	D4								
	D5								
30	FCL D1	4.0	1.200	15.0	7.7				
	D2								
	D3								
	D4								
	D5								
31	FCL D1	4.4	2.500	19.0	7.5				
	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.

TESTED BY: _____ Certificate No. _____ and Grade: W00012234 A Date: April 3, 2006