

## QUALITY ASSURANCE FORM

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 3.0

 Sheet:
 1 of 1

Approved by: Top Management - Tier 2

## **CONTINUOUS FEED WATERMAIN DISINFECTION PLAN**

Site Location (street, city):					Disinfection #  Project #: (if more than 1 this Project):						
Peel Project Manager:					Consultant (if applicable):  Practices will be undertaken to prevent contamination, including end capping, clean work site, chlorine spray of tools and materials, etc.						
Installing Contractor:				(	dean work site,	chiorine spr	ay or tools an	a materiais, e	etc.		
Company performing disinfection*:  Name (Print)				*completes this form Anticipated work date  Signature Initials				ork date: Initials			
Operator In Charge		Name (Fine)			Signati	uic		mitiais		veo operator #	
Watermain Details:	Material:		Diameter:	mm	Length:	m	Volume:	L			
	Material:		Diameter:	mm	Length:	m	Volume:	L			
	Material:		Diameter:	mm	Length:	m	Volume:	L		Total Volume:	
	Material:		Diameter: _	mm	Length:	<u>m</u>	Volume:	L		L	
Location of source wat	er:							Expecte	d flow rate:	L/s	
Backflow preventor <sup>a</sup> ar	nd flow meter:	mm <sup>a</sup>	RPZ; certified	on site	Expected	l total vol	ume of wa	ater used:		L	
Proposed chlorine cond	mg/L	Disinfectant used <sup>b</sup> :									
De-chlorinating agent <sup>c</sup> :			, and the second							entering the watermain nitted to Region of Peel	
Discharge point:	☐ Sanitary Sewer <sup>1</sup>	□Watercourse <sup>2</sup> □Over la			er land <sup>2</sup>				-		
Discharge location:								•		nent and erosion mented as per Licence	
Disinfection Site Map (	include sampling p	oints, source, dischar	ge point, and s	street nam	es)		(draw arrow to	ward North)		LEGEND	
							N		CI₂ S1, S2, etc.	Valve RPZ Injection point Sample point/# End cap w/ blow-off Diameter Sampling Station Flushing Point	
NOTES: Disinfection Company staff per Drinking Water Act and Peel's by a certified Water Operator of will require a written plan. Con Operator or a Water Quality A equivalent) is authorized to tes guarded against damage during as per Peel requirements and of commissioned. Pre-chlorinatio Bacteriological samples will be sampling requires a written plan	legal instruments. All chlor Water Quality Analyst. stractor must <b>obtain a hydralyst</b> with a <b>backflow prost</b> , install, relocate, repair g transit and be fully flush e-mailed to zzg-backflowp on flushing shall achieve a excollected by Region of Pean. If using <b>Option B</b> samp	orine measurements will be Disinfection Company will of Irant permit in advance per revention tester's licence (Cor replace backflow prevented before re-installation at revention@peelregion.ca or velocity of 0.91 m/s (3 ft/s); sel certified water Operator bling method, check here:	performed using complete and submit Water Bylaw 6-2010 Ontario Water Workers used in the instance complete. Chloric if this flow rate is a (s) or Water Quality	alibrated dig it a Region of 2.7, by contact as Association allation and contact ensure it's from injection not achievable of Analyst usin	tal testing equi Peel Watermai ing 905-791-78 (OWWA) Certif ommissioning o ee of any debris point shall be a e, flush a minim g verification sa	ipment. Bac n Disinfection 0 ext. 3101. fied Cross Co of new water is (high-flow added within num of 3 pipo ampling Opt	cteriological sate on Form (QP F Backflow cert onnection Contractions. When water rinse, in 3 m (10ft) of the volumes at r	ampling and c FORM 0764). I ificate should itrol Specialist moving betw ncluding ports the bacfklow maximum ach	hlorine residual Non-routine or of the kept on site the Certificate or a teen jobs, backflow is). Backflow Test preventer on the ievable velocity.	testing may be performed complex disinfection work for audits. A <i>Certified</i> Ministry-approved ow preventer must be temperate to be filled out e watermain to be Turbidity after prepy the ORO. Staged	
Please visit the Region of Please visit the Region of						<u>t</u>				Region of Peel working with you	
Disinfection Company						Date:					