



**NONCOMMUNITY PUBLIC WATER SUPPLY  
 WATER TREATMENT SYSTEM CONSTRUCTION PERMIT APPLICATION  
 REQUIRED UNDER AUTHORITY OF ACT 1976 PA 399, AS AMENDED**

**ARSENIC TREATMENT TYPE: GREENSAND IRON REMOVAL FILTER**

**Facility**

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Public Water Supply System Number (WSSN) \_\_\_\_\_

**Facility Owner**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**Treatment System Designer**

Name \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Please submit the following information in addition to plans, specifications, and an operation and maintenance manual:**

Peak demand of water supply (gpm)
Well pump capacity (gpm)
Number of size of treatment vessels
Type of greensand and any other media used
Media layers (if applicable)

Depth of media layers
Loading rate (gpm/ft <sup>2</sup> )
Make and model of control valve
Backwash flow rate and duration
Backwash frequency (days of gallons treated)
Backwash volume (gal)
Method of greensand regeneration (continuous or intermittent, continuous is recommended)
Oxidant Used (e.g. sodium hypochlorite or potassium permanganate, brand and concentration, NSF 60 certified)
Method of controlling regeneration (e.g. continuous regeneration injection pump electrically interconnected with well pump or intermittent regeneration triggered by gallons treated)
Total population served
List any areas that will not receive treated water such as irrigation, toilet, or process water

**Other Treatment**

Description and basis of design for other treatment applied such as aeration, chemical addition, softening, disinfection, etc.

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**Water Quality (Untreated)**

Total Hardness _____ (mg/l)	Iron _____ (mg/l)	pH _____ (mg/l)
Nitrates _____ (mg/l)	Chlorides _____ (mg/l)	Silica _____ (mg/l)
Total Arsenic _____ (mg/l)	Orthophosphates _____ (mg/l)	Other _____ (mg/l)

**Plans & Specifications**

- 1) Include plans and specifications identifying:
  - a. Service line, storage tank, treatment vessels, piping, valves, pressure gauges, flow meters, sampling locations
  - b. Chemical injection location (if applicable)

- c. Waste water receiving system
- d. Mechanical warning alarm
- e. Labeled "Raw Water" and "Treated Water" taps
- f. Make and model of equipment including chemical injection pumps
- g. Method of controlling chemical injection or regeneration process (if applicable)
- h. Number and size of treatment vessels

**Operation & Maintenance**

- 1) Include an operation and maintenance manual including:
  - a. Routine operation and maintenance activities
  - b. Troubleshooting guide
  - c. Monitoring plan
  - d. Permanent tags/labels for piping, valves, gauges, sample taps, key components

**Certified Operator**

Identify an operator certified at or above the D5 level (limited treatment)

Operator Name \_\_\_\_\_ Cert. No. \_\_\_\_\_ Level \_\_\_\_\_

**Free Chlorine Residual Field Test Kit Information** (If using chlorine): Manufacturer's literature, operation and maintenance manual, and test kit information are to be provided to the certified operator.

Test Kit Manufacturer \_\_\_\_\_ Model Number \_\_\_\_\_

Range of Detection \_\_\_\_\_ Degree of Accuracy \_\_\_\_\_

**Operation Report**

Monthly operation report (attached) is to be submitted by the certified operator.

**Other Relevant Information**

**Alternate Source**

If another approved water source is available (by connection or drilling a new well) that source shall be used in lieu of treating a source that exceeds drinking water standards

Distance to and name of nearest community water system \_\_\_\_\_

\_\_\_\_\_

Is connection to community water possible? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Third Party Standards**

Equipment, materials, and additives in contact with potable water must meet American National Standards Institute/National Sanitation Foundation (ANSI/NSF) Standards.

- 1) Provide ANSI/NSF listing if any "Drinking Water Treatment Chemicals" are involved in treatment system (Standard 60).
- 2) Provide ANSI/NSF product listing for "Drinking Water System Components". (Standard 61, 58, 51...)

**Backwash Discharge**

Approval may be required for disposal of backwash waste water. Requirements are dependent on the characteristics of the waste water and where the waste water is to be discharged. It is the water supply owner's responsibility to obtain any required wastewater discharge permits.

Backwash water will be discharged to: Community Sewer\_\_\_\_\_

Septic tank/drainfield\_\_\_\_\_ Other \_\_\_\_\_, if other describe location: \_\_\_\_\_

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Provide a copy of the permit application and plans and specifications to the local health department and another copy to:

Drinking Water and Environmental Health Division  
Environmental Health Section  
Noncommunity Water Supplies Unit  
525 West Allegan Street  
P.O. Box 30817  
Lansing, Michigan 48909-8311



**ARSENIC TREATMENT MONTHLY OPERATION REPORT –  
 GREENSAND FILTER (WITH POTASSIUM PERMANGANATE)**

Facility Name \_\_\_\_\_

WSSN \_\_\_\_\_

Certified Operator \_\_\_\_\_ # \_\_\_\_\_

Month/Year: \_\_\_\_\_ / \_\_\_\_\_

Day	Flow Meter Reading (Gallons)	Arsenic Treated (mg/L)	Check Permanganate Injection System (Y/N)	Visual Inspection (Y/N)	Comments	Inspected By
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
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27						
28						
29						
30						
31						

Operator Signature \_\_\_\_\_

Date \_\_\_\_\_

**See back for instructions on completing form**

Completion of this form is required by Rule 325.11502, 1976 PA 399

Submit a copy of this MOR to the Local Health Department within 30 days after the end of the month.



**Instructions for Completion of Monthly Operation Report: Greensand (With Permanganate)**

**Flow Meter Reading:** Record treated water meter reading at beginning and end of month. Flow data may be read from the face of a shut off valve or other metering device.

**ARSENIC SAMPLING**

**Treated Water:** Sample arsenic levels quarterly at the "Treated Water" sample tap directly after treatment and analyze through a certified lab. On the lab slip, state the sampling point is "Treated Water." Allow water to run from the sample tap for at least 30 seconds before filling the sample bottle to get a representative sample. Sampling arsenic levels in the distribution system where water is consumed is not required and not recommended. After getting the arsenic sample result from the lab, write the result in this column for the day that it was obtained. The Maximum Contaminant Level (MCL) for arsenic is 0.010 mg/L which is 10 parts per billion. If the lab results are higher than 0.010 mg/L, contact your local health department to determine what steps to take to maintain compliance.

**Untreated Water:** Sampling the raw (untreated) water arsenic level is not required but is allowed if the water supply wants information about raw water arsenic levels. If you do sample the raw water for arsenic, clearly label the sampling point "Raw Water" on the lab slip and write the sampling date, arsenic result, and that it is raw water in the comment section of this MOR form so they are not used in determining compliance with the arsenic MCL.

**Backwash Wastewater:** If you sample the backwash wastewater for arsenic for any purpose, clearly label the sampling point "Backwash Wastewater" on the lab slip and write the arsenic result, sampling date, and that it is backwash wastewater in the comment section of this MOR so they are not used in determining compliance with the arsenic MCL. Arsenic samples from untreated water or backwash wastewater must be used in compliance determination if the location where the sample is from is not clear and that can cause an MCL violation even though the treated water may meet the arsenic MCL. Please do not use your WSSN on a lab slip for any backwash samples since these are wastewater samples not drinking water samples.

**Check Potassium Permanganate Injection System:** Visually inspect the potassium permanganate injection system. Add potassium permanganate to the storage tank if needed, inspect for leaks, and make sure the injection pump starts up when the well pump starts. Mark a "Y" in this column every day the injection system is inspected and sign your name in the Analyzed by column for that day. Overfeeding Potassium Permanganate will produce pink treated water. An overfeed of Potassium Permanganate must be immediately remedied by reducing the injection rate of the chemical pump and running water to waste until it is no longer pink.

**Visual Inspection:** Visually inspect the treatment system weekly to verify the treatment unit is operating properly. Mark a "Y" in this column every day the treatment system is inspected and sign your name in the "Inspected By" column for that day.

**Comments:** Record maintenance or any unusual events. See below for additional space.

**Inspected By:** Person obtaining arsenic sample, changing cartridge filter, or inspecting system signs for that day. Signatures are not needed on days a sample, cartridge filter change, or inspection has not occurred.

**Operator Signature:** Certified operator signs and dates bottom of MOR attesting to the submitted information in the report and then submits the MOR to their local health department within 30 days after the end of the month. Submittal of an MOR is required for every month the treatment system is in operation even if an arsenic sample is not taken that month.

Local Health Department (LHD) Name \_\_\_\_\_

LHD Address \_\_\_\_\_  
\_\_\_\_\_

LHD Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Additional Comments \_\_\_\_\_

**Submit a copy of the MOR to the Local Health Department within 30 days after the end of the month**



**ARSENIC TREATMENT MONTHLY OPERATION REPORT –  
 GREENSAND FILTER (WITH CHLORINE)**

Facility Name \_\_\_\_\_

WSSN \_\_\_\_\_

Certified Operator \_\_\_\_\_ # \_\_\_\_\_

Month/Year: \_\_\_\_\_ / \_\_\_\_\_

Chlorine Manufacturer/Trade Name \_\_\_\_\_

Concentration \_\_\_\_\_ %

Day	Flow Meter Reading (gallons)	Arsenic Treated (mg/L)	Free Chlorine Residual (mg/L)	Visual Inspection (Y/N)	Comments	Inspected By
1						
2						
3						
4						
5						
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12						
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Operator Signature \_\_\_\_\_

Date \_\_\_\_\_

**See back for instructions on completing form**

Completion of this form is required by Rule 325.11502, 1976 PA 399

Submit a copy of this MOR to the Local Health Department within 30 days after the end of the month.



### Instructions for Completion of Monthly Operation Report: Greensand (With Chlorine)

**Flow Meter Reading:** Record treated water meter reading at beginning and end of month. Flow data may be read from the face of a shut off valve or other metering device.

#### ARSENIC SAMPLING

**Treated Water:** Sample arsenic levels quarterly at the "Treated Water" sample tap directly after treatment and analyze through a certified lab. On the lab slip, state the sampling point is "Treated Water." Allow water to run from the sample tap for at least 30 seconds before filling the sample bottle to get a representative sample. Sampling arsenic levels in the distribution system where water is consumed is not required and not recommended. After getting the arsenic sample result from the lab, write the result in this column for the day that it was obtained. The Maximum Contaminant Level (MCL) for arsenic is 0.010 mg/L which is 10 parts per billion. If the lab results are higher than 0.010 mg/L, contact your local health department to determine what steps to take to maintain compliance.

**Untreated Water:** Sampling the raw (untreated) water arsenic level is not required but is allowed if the water supply wants information about raw water arsenic levels. If you do sample the raw water for arsenic, clearly label the sampling point "Raw Water" on the lab slip and write the sampling date, arsenic result, and that it is raw water in the comment section of this MOR form so they are not used in determining compliance with the arsenic MCL.

**Backwash Wastewater:** If you sample the backwash wastewater for arsenic for any purpose, clearly label the sampling point "Backwash Wastewater" on the lab slip and write the arsenic result, sampling date, and that it is backwash wastewater in the comment section of this MOR so they are not used in determining compliance with the arsenic MCL. Arsenic samples from untreated water or backwash wastewater must be used in compliance determination if the location where the sample is from is not clear and that can cause an MCL violation even though the treated water may meet the arsenic MCL. Please do not use your WSSN on a lab slip for any backwash samples since these are wastewater samples not drinking water samples.

**Free Chlorine Residual:** Analyze the free chlorine residual in treated water at the treated water sample tap with a DPD reagent field test kit at least weekly and record the results. Two field test kits that are approved for use are Hach's Free and Total Chlorine Test Strips, 0-10 mg/L, which is product # 2745050 at hach.com or Hach's Chlorine (Free) Test Kit, Model CN-66F, Color Disc, 0.1-3.5 mg/L which is product # 223102 at Hach.com. Other test kits can also be approved for use. Free chlorine residual should be maintain at about 0.5 – 1.0 mg/L and is required to stay below 4.0 mg/L.

**Visual Inspection:** Visually inspect the treatment system weekly to verify the treatment unit is operating properly. Mark a "Y" in this column every day the treatment system is inspected and sign your name in the "Inspected By" column for that day.

**Comments:** Record maintenance or any unusual events. See below for additional space.

**Inspected By:** Person obtaining arsenic sample, changing cartridge filter, or inspecting system signs for that day. Signatures are not needed on days a sample, cartridge filter change, or inspection has not occurred.

**Operator Signature:** Certified operator signs and dates bottom of MOR attesting to the submitted information in the report and then submits the MOR to their local health department within 30 days after the end of the month. Submittal of an MOR is required for every month the treatment system is in operation even if an arsenic sample is not taken that month.

Local Health Department (LHD) Name \_\_\_\_\_

LHD Address \_\_\_\_\_

LHD Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Additional Comments \_\_\_\_\_

**Submit a copy of the MOR to the Local Health Department within 30 days after the end of the month**





*Operation and Maintenance Manual Boilerplate. You may modify this document to fit the treatment system being permitted and combine with equipment owner's manuals and any relevant documents to make the O&M manual for the treatment system or you may draft your own O&M manual. Blanks spaces, parenthesis, and underlined text signal areas to insert information specific to the treatment system and water supply. Please delete this paragraph from the final document.*

**OPERATION AND MAINTENANCE MANUAL  
POINT OF ENTRY ARSENIC TREATMENT –  
GREENSAND MEDIA WITH POTASSIUM PERMANGANATE INJECTION**  
Date

Water Supply Name:  
Water Supply Serial Number (WSSN):  
Local Health Department Contact:  
Local Health Department Contact Phone Number:

**SYSTEM OVERVIEW**

A point of entry greensand iron removal water treatment system was installed at this water supply to remove arsenic from the drinking water to a level below the maximum contaminant level (MCL) of 0.010 mg/L (10 parts per billion) in (month and year). This treatment system removes both iron and arsenic from the water supply. This point of entry treatment system uses (number) cubic feet of (brand) greensand media in (number of vessels) (diameter of vessels in inches) inch diameter tanks and is designed to meet a peak demand of (number) gpm.

A ( ) % NSF-60 certified Potassium Permanganate solution is injected into the raw water before the greensand treatment vessels to oxidize the arsenic before the treatment vessels. Potassium Permanganate is injected at a rate needed to oxidize the iron and arsenic in the water. Overfeeding Potassium Permanganate will produce pink treated water. An overfeed of Potassium Permanganate must be immediately remedied by reducing the injection rate of the chemical pump and running water to waste until it is no longer pink. Potassium Permanganate is used in this treatment system as an oxidant and not as a disinfectant.

The system must be operated by a D-5 or higher level certified operator. The certified operator (or other designated staff) must monitor and maintain the system, inspect the system weekly, and sample arsenic levels quarterly. The certified operator must sign and submit a monthly operation report (MOR) to the local health department every month of operation.

**OPERATING REQUIREMENTS**

Monthly Operation Report (MOR) Submittal

- Record the water meter reading at the beginning and end of the month, visually inspect the treatment system at least once a week, sample arsenic level at least once a quarter (every 3 months), and record other relevant information on the MOR, sign the MOR, and submit the MOR to the ( ) County Health Department within 30 days from the end of the month for which the MOR was prepared.

Weekly System Checks

- Perform a visual check of the treatment System at least weekly and whenever a problem is reported. Mark a “Y” in the “Visual Inspection” column of the MOR on days a visual inspection is performed and sign in the “Analyzed/Inspected By” column for that day.
- Perform any needed maintenance. Add Potassium Permanganate solution to the chemical tank if needed.
- Call the treatment system installer for service if a problem cannot be easily corrected.

#### Quarterly Arsenic Sampling

- Sample the arsenic levels in treated water at the “Treated Water” sample tap located (describe where this tap is such as “directly after piping from the 3 treatment vessels converge) once a quarter and analyze at a certified laboratory. Please allow water to run from the combined treated water tap for about 30 seconds before taking the sample to be sure to get a representative sample. Allowing the water to run for 30 seconds will wash away any iron sediment high in arsenic that may have built up. This sediment may cause a sample to give a false high arsenic result. On the lab slip, label the sampling point “Treated Water.” After getting the arsenic sample result from the lab, write the result in the “Arsenic Treated” column of the MOR for the day that it was obtained.
- The Maximum Contaminant Level (MCL) for arsenic is 0.010 mg/L which is 10 parts per billion or 10 ug/L. If the monthly arsenic sample is greater than 0.010 mg/L, contact the treatment installer and local health department to determine what actions to take. After actions are taken to correct the problem, analyze another sample from the Treated Water sample tap at a certified lab and record the result in the “Arsenic Treated” column of the MOR for the day that it was obtained.
- Sampling instructions may change in the future. Follow sampling instructions from the local health department.

#### Maintenance of Potassium Permanganate Injection Equipment

- Maintain a supply of (\_\_\_\_) % NSF-60 certified Potassium Permanganate for injection. Fill the Potassium Permanganate storage tank as needed. (Give instructions on how to mix the Potassium Permanganate solution.)
- Replace the peristaltic pump tube in the chemical injection pump on a regular basis (usually once or twice a year). This pump tube will wear out and develop a leak eventually due to wear from the rollers. Follow the direction supplied by the manufacturer. Insert the same size pump tube that is being removed. Various sized pump tubes are available for this pump and will each pump at a different rate.
- The potassium permanganate pump used at your water supply is a (Make and Model) with a \_\_\_\_\_ pump tube. During normal operation, the dial adjustment ring is set to approximately to give the desired Potassium Permanganate injection rate. Spare pump tubes must be maintained on-site and a spare pump, tubing, and injection point should also be maintained on-site.
- Visually check the Potassium Permanganate injection point and pump weekly to ensure it is not leaking.

#### Questions

- If you have questions about operation of the water treatment unit, call the treatment unit installer, (Name and phone # of treatment installer)
- If you have questions about sampling requirements, monthly operation report requirements, or general questions about the water supply, or if the treated water levels are above the legally required limit (MCL) of 0.010 mg/L, call the (\_\_\_\_\_ County Health Department at phone #)



*Operation and Maintenance Manual Boilerplate. You may modify this document to fit the treatment system being permitted and combine with equipment owner's manuals and any relevant documents to make the O&M manual for the treatment system or you may draft your own O&M manual. Blanks spaces, parenthesis, and underlined text signal areas to insert information specific to the treatment system and water supply. Please delete this paragraph from the final document.*

**OPERATION AND MAINTENANCE MANUAL  
POINT OF ENTRY ARSENIC TREATMENT –  
GREENSAND MEDIA WITH CHLORINE INJECTION**  
Date

Water Supply Name:  
Water Supply Serial Number (WSSN):  
Local Health Department Contact:  
Local Health Department Contact Phone Number:

**SYSTEM OVERVIEW**

A point of entry greensand iron removal water treatment system was installed at this water supply to remove arsenic from the drinking water to a level below the maximum contaminant level (MCL) of 0.010 mg/L (10 parts per billion) in (month and year). This treatment system removes both iron and arsenic from the water supply. This point of entry treatment system uses (number) cubic feet of (brand) greensand media in (number of vessels) (diameter of vessels in inches) inch diameter tanks and is designed to meet a peak demand of (number) gpm.

A ( ) % NSF-60 certified Sodium Hypochlorite (chlorine) solution is injected into the raw water before the treatment vessels to oxidize the arsenic before the treatment vessels. Chlorine is injected at a rate needed to produce a free chlorine residual of approximately 0.5 – 1.0 mg/L. Chlorine is used in this treatment system as an oxidant and not as a disinfectant.

The system must be operated by a D-5 or higher level certified operator. The certified operator (or other designated staff) must monitor and maintain the system, sample free chlorine levels weekly, and sample arsenic levels quarterly. The certified operator must sign and submit a monthly operation report (MOR) to the local health department every month of operation.

**OPERATING REQUIREMENTS**

Monthly Operation Report (MOR) Submittal

- Record the water meter reading at the beginning and end of the month, measure and record free chlorine residual level at least once a week in treated water, visually inspect the treatment system at least once a week, sample arsenic level at least once a quarter (every 3 months), and record other relevant information on the MOR, sign the MOR, and submit the MOR to the - \_\_\_\_\_ County Health Department within 30 days from the end of the month for which the MOR was prepared.

Weekly System Checks

- Perform a visual check of the treatment system at least weekly and whenever a problem is reported. Mark a “Y” in the “Visual Inspection” column of the MOR on days a visual inspection is performed and sign in the “Analyzed/Inspected By” column for that day.

- Measure free chlorine residual in the treated water with a DPD reagent free chlorine field test kit at least weekly and record in the “Free Chlorine Residual” column of the MOR for that day. If the free chlorine level is near the desired range of 0.5 – 1.0 mg/L, no adjustment of the chlorine feed pump is needed. If the free chlorine level is above or below the desired range, adjust the dial adjustment ring on the variable speed chlorine injection pump down or up slightly, allow several tank volumes of water to flow through the system, measure the free chlorine level again, and adjust again if needed. Two free chlorine residual field test kits that are approved for use are Hach’s Free and Total Chlorine Test Strips, 0-10 mg/L, which is product # 2745050 at hach.com or Hach’s Chlorine (Free) Test Kit, Model CN-66F, Color Disc, 0.1-3.5 mg/L which is product # 223102 at Hach.com. Other test kits can also be approved for use. The free chlorine residual is legally required to stay below 4.0 mg/L.
- Perform any needed maintenance.
- Call the treatment system installer for service if a problem cannot be easily corrected.

#### Quarterly Arsenic Sampling

- Sample the arsenic levels in treated water at the “Treated Water” sample tap located (describe location such as “shortly after where the treated water piping from the 3 treatment vessels converge”) once a quarter at a certified laboratory. Please allow water to run from the Treated Water sample tap for about 30 seconds before taking the sample to be sure to get a representative sample. Allowing the water to run for 30 seconds will wash away any iron sediment high in arsenic that may have built up. This sediment may cause a sample to give a false high arsenic result. On the lab slip, label the sampling point “Treated Water.” After getting the arsenic sample result from the lab, write the result in the “Arsenic Treated” column of the MOR for the day that it was obtained.
- The Maximum Contaminant Level (MCL) for arsenic is 0.010 mg/L which is 10 parts per billion. If the monthly arsenic sample is greater than 0.010 mg/L, contact the treatment installer and local health department to determine what actions to take. After actions are taken to correct the problem, analyze another sample from the Treated Water sample tap at a certified lab and record the result in the “Arsenic Treated” column of the MOR for the day that it was obtained.
- Sampling instructions may change in the future. Follow sampling instructions from the local health department.

#### Maintenance of Chlorine Injection Equipment

- Maintain a supply of (\_\_\_) % NSF-60 certified sodium hypochlorite for injection. Fill the chlorine storage tank as needed.
- Replace the peristaltic pump tube in the chemical injection pump on a regular basis (usually once or twice a year). This pump tube will wear out and develop a leak eventually due to wear from the rollers. Follow the direction supplied by the manufacturer. Insert the same size pump tube that is being removed. Various sized pump tubes are available for this pump and will each pump at a different rate.
- The chlorine pump used at your water supply is a (Make and Model) with a \_\_\_\_\_ pump tube. During normal operation, the dial adjustment ring is set to approximately \_\_\_\_\_ to give the desired free chlorine residual of 0.5 – 1.0 mg/L but may need to be adjusted up or down to produce that level of free chlorine residual in treated water. Spare pump tubes must be maintained on-site and a spare pump, tubing, and injection point should also be maintained on-site.
- Visually check the chlorine injection point and pump weekly to ensure it is not leaking.
- Note, every time a water supply that injects chlorine takes a total coliform sample in the distribution system, they must also sample and record the free chlorine residual at the same time and the same location in the distribution system and must also take a raw water total coliform sample at the same time routine coliform samples are collected. This requirement does not change the frequency or location of existing total coliform distribution system sampling requirements. Please

remember to label the sampling point as “Raw Water” on the lab slip for raw water samples and label the distribution system sampling point identifying the location the sample was taken (i.e. “Breakroom Sink”).

#### Questions

- If you have questions about operation of the water treatment unit, call the treatment unit installer, (Name and phone # of treatment installer)
- If you have questions about sampling requirements, monthly operation report requirements, or general questions about the water supply, or if the treated water levels are above the legally required limit (MCL) of 0.010 mg/L, call the (                    County Health Department at phone #).