

Templates for Code of Practice for Disinfection of Water Systems

No. COP-04

Ver. 3

Date: 20 June 2017



Revision	Description	Released By	Date
2		Water Networks Manager	September 2014
3	Update to include both transmission and local networks water systems	Jean de Villiers	20/06/2017

Reviewers

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Laboratory test request Watermain

			WATER	MAIN S	SAMPLING			
To (laboratory)					From			
Date of request	e of request				Forward results to			
Sample date								
Date sample(s) to b	e taken							
Location/Address					Position of sample			
Test request								
Residual Chlori	ne (FAC)						Turbidity (ntu)	
	рН					T	otal Coliforms	
Faecal C	oliforms				Hetero	troph	nic Plate Count	
	Taste						Odour	
Additional informa	tion (if any	')						



Laboratory test request Network Reservoirs

RESERVOIR SAMPLING										
				From						
				Forward results to						
ole date										
				Reservoir Address						
Тор	D	Bottom								
Top sample	e for:			Botto	om sample	e for:				
orine (FAC)				Residual Chlori	ne (FAC)					
Turbidity (ntu)				Turbio	dity (ntu)					
рН				рН						
Total Coliforms				Total C	Coliforms					
Faecal Coliforms				Faecal C	Coliforms					
Heterotrophic Plate Count 🛛				Heterotrophic Pla	te Count					
Taste					Taste					
Odour					Odour					
ation (if anv)										
	Top sample orine (FAC) bidity (ntu) pH al Coliforms al Coliforms Plate Count Taste Odour	Top Sample for: Top sample for: Orine (FAC) Phidity (ntu) pH al Coliforms Plate Count Taste	Top Bottom Top sample for: orine (FAC) bidity (ntu) pH al Coliforms Plate Count Taste Odour	Top Bottom Top sample for: Orine (FAC) Didity (ntu) pH al Coliforms Plate Count Taste Odour	From Forward results to Dele date Reservoir Address Top sample for: Orine (FAC) Phidity (ntu) PH Gal Coliforms Faecal Coliforms Plate Count Taste Odour Odour	From Forward results to Die date Reservoir Address Top sample for: Orine (FAC) Chidity (ntu) PH All Coliforms All Coliforms Plate Count Taste Odour Odour				



New Watermain Disinfection									
GENERAL									
Facility									
Area of Operation									
INITIAL DISINFECTION									
Date watermain filled									
Chlorine type added				Amount					
RESIDUAL CHLORINE TEST	TING AT 1009	% FULL							
Te	est point				Initial	24 hours			
					mg/l	mg/l			
					mg/l	mg/l			
						mg/l			
					mg/l				
					mg/l	mg/l			
					mg/l	mg/l			
					mg/l	mg/l			
					mg/l	mg/l			
					mg/l	mg/l			
		Labo	orator	y notificatio	on				
Date				Time					
Laboratory results accepta			Yes 🗆	No □					
Test completed by				Position					
PLACE WATERMAIN IN SERVICE									
Watermain approved for placing into service									
Name	Posi			tion					
Signature		1							
Watermain service connection date									

Forward to relevant Service Delivery Authorised Person when complete



Existing Watermain Disinfection									
GENERAL									
Facility									
Area of Operation									
INITIAL DISINFECTION									
Date watermain filled									
Chlorine type added			Amount						
RESIDUAL CHLORINE TES	TING AT 100% FULL								
Т	est point			Initial	24 hours				
				mg/l	mg/l				
				mg/l	mg/l				
				mg/l	mg/l				
				mg/l	mg/l				
			mg/I						
				mg/l	mg/l				
				mg/l	mg/l				
				mg/l	mg/l				
				mg/l	mg/l				
	Lab	orator	y notificatio	on					
Date		Time							
Laboratory results accept	able (attach)	Yes [□ No [
Test completed by		Posit	Position						
RETURN WATERMAIN TO SERVICE									
Existing Watermain approved for placing into service									
Name		Posi	tion						
Signature		Date	9						
Watermain service connection date									

Forward to relevant Service Delivery Authorised Person when complete



Reservoir Disinfection											
GENERAL											
Facility											
Area of Operation											
PRE-DISINFECTION INSPE	PRE-DISINFECTION INSPECTION										
Date Inspected											
Cleaned Satisfactorily	Yes □	Yes □ No □ Action required if No (cannot progress until satisfactory):									
Inspection by				Position							
Signature											
INITIAL DISINFECTION											
Date filled (to 2m depth)											
Chlorine type added		Amou	nt			Concentration					
Measured residual chlorin	ne at 24 hours			l							
Sampled by				Position							
		Addi	tion	al chlorine requ	ired						
Chlorine type		Amount				Concentration					
TESTING AT 100% FULL											
			Res	idual Chlorine							
Тор			В	Bottom							
Tested by			P	osition							
		La	bora	atory notification	n						
Date			Time								
Laboratory results accept	able (attach)		Yes □ No □								
RETURN TO SERVICE											
Residual Chlorine at 24 hours prior											
Tested by				Position							
Re-chlorination steps (if done)											
		Reservoir	annr	oved for return	to sei	rvice					
Reservoir approved for return to service Name Position											
Signature				Date							

Forward to relevant Service Delivery Authorised Person when complete