



Watermain Disinfection Plan – Disinfection Criteria

Project Name & ID: _____ Phase #: _____ City Block #: _____

Type of Project: New Subdivision Replacement Watermain By-Pass/Temporary By-Pass

We acknowledge that every precaution shall be taken during the inspection and any remedial work, to keep the watermain clean and free of contaminants which may affect the disinfection. If an area of watermain is found to contain dirt or debris that is thought to be foreign to the pipe it should be removed, and the area cleaned. We acknowledge that a City of Vaughan operator will be present to witness every step of this procedure.

Signature: _____ Date: _____

Pipe Information: PVC HDPE Copper D.I. C.I. Other: _____

Total Number of Hydrants: _____ Total Number of Stubs/Dead Ends: _____

Butterfly Valves: Yes* No *If the line is equipped with butterfly valves and is unable to be swabbed, the line must be flushed with three times the pipe volume

Pipe Sizes & Total Length:

100 mm, Total Length: _____ m 150 mm, Total Length: _____ m 200 mm, Total Length: _____ m

250 mm, Total Length: _____ m 300 mm, Total Length: _____ m 350 mm, Total Length _____ m

400 mm, Total Length: _____ m Other Size: _____ mm Total Length: _____ m

Total Volume: _____ m³ Anticipated Disinfection Concentration: 80-120 mg/L

Disinfection Product Name: _____ Meet NSF/ANSI/CAN 60 Requirements

Expiry Date: _____ Required Dosage for Disinfection: _____

Backflow Prevention

Backflow Preventer (BFP): 50 mm (2") 100 mm (4") 150 mm (6") 200 mm (8")

(ONLY Reduced Pressure Backflow)

Scouring Velocity: 3 ft/s

Location of BFP/By-Pass: _____

Disinfection Method: **Continuous Feed** Contact Time: 24 hrs. (Preferable) to 72 hrs.

Discharge Location: Storm Sanitary Overland Other _____

Any Watercourse Nearby: No Yes, Specify: _____ (Pond, River, Creek, etc.)

Initial Water Meter Reading: _____ Final Water Meter Reading: _____

Discharge Concentration Monitored and Logged: 0.00 mg/L Dechlorination Product Name: _____

Expiry Date: _____

Name of the Contractor/Company: _____ Date: _____

Representative Name: _____ Signature: _____