

**Templates for
Code of Practice for
Disinfection of Water Systems**

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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

WATERMAIN SAMPLING			
To (laboratory)		From	
Date of request		Forward results to	
Sample date			
Date sample(s) to be taken			
<u>Location/Address</u>		Position of sample	
Test request			
Residual Chlorine (FAC)	<input type="checkbox"/>	Turbidity (ntu)	<input type="checkbox"/>
pH	<input type="checkbox"/>	Total Coliforms	<input type="checkbox"/>
Faecal Coliforms	<input type="checkbox"/>	Heterotrophic Plate Count	<input type="checkbox"/>
Taste	<input type="checkbox"/>	Odour	<input type="checkbox"/>
Additional information (if any)			

Laboratory test request

Network Reservoirs

RESERVOIR SAMPLING			
To (laboratory)		From	
Date of request		Forward results to	
Location and sample date			
Reservoir		Reservoir Address	
Sample date			
Sample position	Top <input type="checkbox"/> Bottom <input type="checkbox"/>		
Test request			
Top sample for:		Bottom sample for:	
Residual Chlorine (FAC) <input type="checkbox"/>	Turbidity (ntu) <input type="checkbox"/>	pH <input type="checkbox"/>	Total Coliforms <input type="checkbox"/>
Faecal Coliforms <input type="checkbox"/>	Heterotrophic Plate Count <input type="checkbox"/>	Taste <input type="checkbox"/>	Odour <input type="checkbox"/>
		Residual Chlorine (FAC) <input type="checkbox"/>	Turbidity (ntu) <input type="checkbox"/>
		pH <input type="checkbox"/>	Total Coliforms <input type="checkbox"/>
		Faecal Coliforms <input type="checkbox"/>	Heterotrophic Plate Count <input type="checkbox"/>
		Taste <input type="checkbox"/>	Odour <input type="checkbox"/>
Additional information (if any)			

New Watermain Disinfection			
GENERAL			
Facility			
Area of Operation			
INITIAL DISINFECTION			
Date watermain filled			
Chlorine type added		Amount	
RESIDUAL CHLORINE TESTING AT 100% FULL			
Test point	Initial	24 hours	
	mg/l	mg/l	
Laboratory notification			
Date		Time	
Laboratory results acceptable (attach)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Test completed by		Position	
PLACE WATERMAIN IN SERVICE			
Watermain approved for placing into service			
Name		Position	
Signature		Date	
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 TESTING AT 100% FULL			
Test point	Initial	24 hours	
	mg/l	mg/l	
Laboratory notification			
Date		Time	
Laboratory results acceptable (attach)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Test completed by		Position	
RETURN WATERMAIN TO SERVICE			
Existing Watermain approved for placing into service			
Name		Position	
Signature		Date	
Watermain service connection date			

Forward to relevant Service Delivery Authorised Person when complete

Reservoir Disinfection				
GENERAL				
Facility				
Area of Operation				
PRE-DISINFECTION INSPECTION				
Date Inspected				
Cleaned Satisfactorily	Yes <input type="checkbox"/> No <input type="checkbox"/> Action required if No (cannot progress until satisfactory):			
Inspection by		Position		
Signature				
INITIAL DISINFECTION				
Date filled (to 2m depth)				
Chlorine type added		Amount		Concentration
Measured residual chlorine at 24 hours				
Sampled by		Position		
Additional chlorine required				
Chlorine type		Amount		Concentration
TESTING AT 100% FULL				
Residual Chlorine				
Top		Bottom		
Tested by		Position		
Laboratory notification				
Date		Time		
Laboratory results acceptable (attach)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
RETURN TO SERVICE				
Residual Chlorine at 24 hours prior				
Tested by		Position		
Re-chlorination steps (if done)				
Reservoir approved for return to service				
Name		Position		
Signature		Date		

Forward to relevant Service Delivery Authorised Person when complete