



# CT Determination for Filtered Systems

More than 1 Disinfectant/Sampling Point

## I. PWS INFORMATION:

PWSID#:  PWS Name:  PWS Town:

Treatment Plant Name:  Reporting Period → Month:  Year:

## II. DAILY REPORTING:

Disinfectant Sequence (CTcalc/CT99.9) (From SWTR Form I)							Inactivation Ratio SUM <sup>1</sup> (CT calc /CT 99.9)	Inactivation Ratio <sup>2</sup> < 1.0
Day	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>		
1								<input type="checkbox"/> Yes
2								<input type="checkbox"/> Yes
3								<input type="checkbox"/> Yes
4								<input type="checkbox"/> Yes
5								<input type="checkbox"/> Yes
6								<input type="checkbox"/> Yes
7								<input type="checkbox"/> Yes
8								<input type="checkbox"/> Yes
9								<input type="checkbox"/> Yes
10								<input type="checkbox"/> Yes
11								<input type="checkbox"/> Yes
12								<input type="checkbox"/> Yes
13								<input type="checkbox"/> Yes
14								<input type="checkbox"/> Yes
15								<input type="checkbox"/> Yes
16								<input type="checkbox"/> Yes
17								<input type="checkbox"/> Yes
18								<input type="checkbox"/> Yes
19								<input type="checkbox"/> Yes
20								<input type="checkbox"/> Yes
21								<input type="checkbox"/> Yes
22								<input type="checkbox"/> Yes
23								<input type="checkbox"/> Yes
24								<input type="checkbox"/> Yes
25								<input type="checkbox"/> Yes
26								<input type="checkbox"/> Yes
27								<input type="checkbox"/> Yes
28								<input type="checkbox"/> Yes
29								<input type="checkbox"/> Yes
30								<input type="checkbox"/> Yes
31								<input type="checkbox"/> Yes

- To determine SUM (CT calc/CT99.9), add (CT calc/CT99.9) values from the first disinfectant sequence to the last from SWTR – Form I.
- The inactivation ratio (CTcalc/CT99.9) is determined before or at the first customer during peak hourly flow and if the SUM (CTcalc/CT99.9) < 1.0, the 99.9% *Giardia lamblia* inactivation requirement has not been achieved. A "Yes" response above indicates a SWTR Treatment Technique violation.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.