



# CT Determination for Groundwater Rule Systems

More than 1 Disinfectant/Sampling Point

GWR  
CT-4

### I. PWS INFORMATION:

PWSID#:  PWS Name:  PWS Town:

Treatment Plant Name:  Reporting Period → Month:  Year:

### II. DAILY REPORTING:

Disinfectant Sequence (CT calc/CT 99.99) (From GWR Form CT-3)							Inactivation Ratio SUM <sup>1</sup> (CT calc/CT99.99)	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/CT99.99), add (CT calc/CT99.99) values from the first disinfectant sequence to the last from GWR – Form CT-3.
- The inactivation ratio (CT calc/CT99.99) is determined before or at the first customer during peak hourly flow and if the SUM (CTcalc/CT99.99) < 1.0, the 4-log inactivation requirement has not been achieved. One or more "Yes" responses above indicates a potential GWR Treatment Technique violation. Call your regional office within 24 hours. If the continuous monitoring equipment fails, the PWS must conduct grab sampling every 4 hours until the equipment is returned to service; continuous monitoring must be restored within 14 days. Failure to achieve the required CT within 4 hours is a Treatment Technique violation (Tier 2).

*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: \_\_\_\_\_