GLOUCESTER COUNTY DEPARTMENT OF HEALTH
204 E. Holly Avenue
Sewell, New Jersey 08080
(856) 218-4170

Disinfection Treatment

(N.J.A.C. 7:10-12.32 and 12.33)

Facility Name	PWSID#	Location Address	Municipality	Block	Lot

Treatment Process:_____ Treatment objective: _____

Make and Model of System: _____ Max Design Flow: _____

Control of Operation: _____

Daily Average Water Demand of System: _____

General Information

	Yes	No	N/A
1. Is the proposed treatment facilities capable of producing water that meets the applicable State primary and/or secondary drinking water regulations?	☐	☐	☐
2. Is the proposed treatment system of sufficient capacity to produce the daily volumes of water required pursuant to N.J.A.C. 7:10-12.7?	☐	☐	☐
3. Does the Point of Entry Treatment (POET) device meet ANSI/NSF Standard 61?	☐	☐	☐
4. Will each device be equipped with sampling tap before and after treatment?	☐	☐	☐
5. Is manufacturer specifications and owner's manual for operation and maintenance attached for POET device?	☐	☐	☐

Chlorination

Type of Chlorination: ☐ Hypochlorite ☐ Tablet Chlorinator System
☐ Onsite Hypochlorite Generation System ☐ Other

	Yes	No	N/A
1. Is chlorination the last form of treatment?	☐	☐	☐
2. Is the chlorination device designed to produce the following minimum chlorine residuals based on the pH level: (N.J.A.C. 7:10-11.16(e)3)	☐	☐	☐

pH level	Available Chlorine Residual (ppm)	
	Free	Combined
Up to 7.0	0.2	1.0
7.0 to 8.0	0.3	1.5
Over 8.0	0.4	2.0

3. For chlorination facilities which treat ground water sources, is a minimum chlorine contact time of 5 minutes provided (after post chlorination) to produce the above required free chlorine residual or 30 minutes to produce the above required combined chlorine residual? (attach calculations) ☐ ☐ ☐

4. For chlorination facilities which treat surface water or ground water under the direct influence of surface water, is a minimum chlorine contact time of 30 minutes provided to produce the above required free chlorine residual? (N.J.A.C. 7:10-11.16(e)1ii) ☐ ☐ ☐

5. Will the chlorination device be protected from freezing? ☐ ☐ ☐

Ultra-Violet Light

1. Is UV the last form of treatment? ☐ ☐ ☐

2. Are UV tubes jacketed so that a temperature of 105^{o} Fahrenheit is maintained? ☐ ☐ ☐

3. Is the jacket on the UV tubes quarts or high silica glass with similar optical characteristics? ☐ ☐ ☐

4. Is the unit designed to permit frequent mechanical cleaning of the water contact surface of the UV light tube jacket without disassembly of the unit? ☐ ☐ ☐

5. Is a UV radiation level of 2,537 Angstrom to be applied at all points throughout the disinfection chamber at a minimum rate of 16,000 microwatt seconds per square centimeter? ☐ ☐ ☐

6. Is the maximum water depth in the disinfection chamber 3 inches or less? *Measured from the UV light tube surface to the outer wall of the chamber* ☐ ☐ ☐

7. Is there an automatic flow control valve, accurate within the expected pressure range, to restrict flow to the maximum design flow of the UV disinfection unit? ☐ ☐ ☐

8. Is there an accurately calibrated UV light intensity meter, filtered to confine its sensitivity to the range of disinfection spectrum, installed in the wall of the disinfection chamber at the point of greatest water depth from the light transmitting source? ☐ ☐ ☐

9. Is there a flow diversion valve or automatic shut off valve controlled by the UV light intensity meter so as to permit water flow into the water system only when the minimum radiation level is applied? ☐ ☐ ☐

10. Is the UV disinfection unit installed in such a manner that it cannot be bypassed? ☐ ☐ ☐

Note: any type of water treatment not described in 7:10-12:31-33 shall meet the requirements of N.J.A.C. 7:10-11.15, as applicable.

***Submit appropriate plans, specifications, reports, etc. to substantiate your answers. ***

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

_____ _____

Signature of Applicant/Owner Date