



## DISINFECTION FORM

The following form shall be prepared by the Developer's Representative for submission to the Town of Stony Plain.

### CHLORINATION

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

Project: \_\_\_\_\_ Drawing No.: \_\_\_\_\_

Location: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Pipe Size: \_\_\_\_\_ Length of Test Section: \_\_\_\_\_

Pipe Type: \_\_\_\_\_

Location No. 1 Flush and Chlorinating Corp.: \_\_\_\_\_

Location No. 2 Flush and Chlorinating Corp.: \_\_\_\_\_

Rate of Discharge: \_\_\_\_\_ L/min.

Rate of chlorine feed: \_\_\_\_\_ kg/day

Flow through time: \_\_\_\_\_ hrs – mins. \_\_\_\_\_

Residual at finish: \_\_\_\_\_ mg/L

### FINAL FLUSHING

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

Time started: \_\_\_\_\_

Chlorine residual \_\_\_\_\_ mg/L

Time finished: \_\_\_\_\_

Chlorine residual \_\_\_\_\_ mg/L

### SAMPLES FOR RESIDUAL CHLORINE TEST

Sample No.	Sample Location	Discharge Rate (L/min.)	Time Taken	Date Taken	Chlorine Residual

Operator's Name \_\_\_\_\_

Operator's Signature \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

### SAMPLES FOR BACTERIOLOGICAL TEST

Sample No.	Sample Location	Time Taken	Date Taken	Total Chloroforms	HPC

Testing Laboratory \_\_\_\_\_

Date Testing Submitted \_\_\_\_\_

Date Testing Completed \_\_\_\_\_

Consulting Firm: \_\_\_\_\_

Developer's Representative's Signature: \_\_\_\_\_