



**STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION**

**CHECKLIST FOR APPROVAL OF CWS'S/NTNC'S
RECOMMENDED OPTIMAL CORROSION CONTROL TREATMENT**

Instructions

This checklist is provided to facilitate the optimal corrosion control treatment (OCCT) review and approval process as required in the Regulations of Connecticut State Agencies (RCSA) Sections 19-13-B102(j)(7)(D)(i), which states that a Community Water System (CWS) or Non-Transient Non-Community (NTNC) water system exceeding the lead or copper action level must submit to the Department for review and approval a recommended OCCT. The water system must complete all items listed on this checklist and submit all applicable documentation in order for the Department to initiate a review. **An incomplete checklist and/or submittal will be rejected.**

Section A. Public Water System

Public Water System (PWS) Name: _____

PWS ID: _____

PWS Address: _____

PWS Classification (select one): CWS NTNC

Section B: Recommended OCCT Evaluation Checklist

	Yes	No
1. Did the PWS include the evaluation of the source water lead and copper results from the entry point(s) representative of each active source required after the exceedance?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the PWS require source water lead and/or copper treatment to reduce lead and/or copper prior to delivering water into the distribution system?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the PWS monitor* for water quality parameters (WQPs) at the entry point after the exceedance? *Preferably, samples should be collected at least two weeks apart for water quality variability.	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the PWS monitor* for WQPs at sites in the distribution system that are representative of water throughout the system after the exceedance? *Preferably, samples should be collected at least two weeks apart for water quality variability.	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the PWS include the target residual(s) for the recommended OCCT?	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>
6. Did the PWS include the minimum and maximum values for the residual(s) to achieve OCCT?	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>
7. Is the residual for orthophosphate* measured as phosphate (PO ₄)? i. What is the proposed effective pH range to facilitate the phosphate treatment? _____ *Results must be reported in orthophosphate as phosphate (PO ₄).	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>
8. Did the PWS complete and include the EPA OCCT evaluation Excel-based template exhibits D and E?*	<input type="checkbox"/>	<input type="checkbox"/>
*Reference the 2016 EPA OCCT Evaluation Technical Recommendations Guidance for corrosion control treatment methods and recommendations for evaluating and selecting treatment alternatives.		



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	Yes	No
9. Is a written justification for the recommended OCCT and the evaluation report included in the submittal?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are the following applications included in the submittal: i. General application? ii. Chemical Feed Application? iii. Any other applicable treatment applications?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> NA <input type="checkbox"/>
11. Are the specifications, including the percent of chemical for the proposed chemical(s), included in the submittal?	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>
12. Are the plans and specifications for the proposed corrosion control included in the submittal?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are the applicable AWWA Standards and/or ANSI/NSF certifications included in the submittal?	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>
14. Does the test kit or analyzer used by the certified operator meet the approved testing methodology listed on the Regulation Clarification for Operating Tests*? i. Is the specification or certification of the approved testing methodology for the test kit or analyzer included in the submittal?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> NA <input type="checkbox"/>
*The Regulation Clarification for Operating Tests is located in the Drinking Water Section website: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/drinking_water/pdf/Opertest-Rev-July-2018.pdf		
15. Is the water treatment plant (WTP) classification form included in the submittal?	<input type="checkbox"/>	<input type="checkbox"/> NA <input type="checkbox"/>
16. Do you have a plan to routinely move the treated water into the entire distribution system including dead-ends to optimize corrosion control?	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Certification

My statements made herein are true, to the best of my knowledge and belief. I understand that any false statement or statements made herein are punishable in accordance with Conn. Gen. Stat. § 53a-157b.

Name of Applicant: _____ Title: _____

Signature: _____ Date Signed: _____

Affiliation to PWS: _____

Address: _____

Telephone Number: _____ Email address: _____

Name of System Owner: _____ Title: _____

Signature: _____ Date Signed: _____

Address: _____

Telephone Number: _____ Email address: _____