



QUALITY ASSURANCE FORM

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 Sheet: 1 of 1

Approved by: Supervisor

CONTINUOUS FEED WATERMAIN DISINFECTION PLAN

Site Location (street, city): _____ Project #: _____ (if more than 1 this Project): _____ Disinfection # _____

Peel Project Manager: _____ Consultant (if applicable): _____

Installing Contractor: _____ Practices will be undertaken to prevent contamination, including end capping, clean work site, chlorine spray of tools and materials, etc.

Company performing disinfection*: _____ *completes this form Anticipated work date: _____

Operator In Charge	Name (Print)	Signature	Initials	OWWCO Operator #

Watermain Details:

Material: _____	Diameter: _____ mm	Length: _____ m	Volume: _____ L	
Material: _____	Diameter: _____ mm	Length: _____ m	Volume: _____ L	
Material: _____	Diameter: _____ mm	Length: _____ m	Volume: _____ L	Total Volume: _____ L
Material: _____	Diameter: _____ mm	Length: _____ m	Volume: _____ L	_____ L

Location of source water: _____ Expected flow rate: _____ L/s

Backflow preventor^a and flow meter: _____ mm^a RPZ; certified on site Expected total volume of water used: _____ L

Proposed chlorine concentration: _____ mg/L Disinfectant used^b: _____

^b Calcium hypochlorite use must include measures to avoid granules entering the watermain

De-chlorinating agent^c: _____ ^c Discharge will be monitored regularly for chlorine and results submitted to Region of Peel

Discharge point: Storm sewer Sanitary Sewer¹ Watercourse² Over land²

Discharge location: _____

1) permit received from Region of Peel Environmental Control
 2) dechlorination and sediment and erosion control measures implemented as per Licence

Disinfection Site Map (include sampling points, source, discharge point, and street names) (draw arrow toward North)

N

LEGEND

- Hydrant
- Valve
- RPZ
- Injection point
- Sample point/#
- End cap w/ blow-off
- Diameter
- Sampling Station
- Flushing Point

NOTES:
 Disinfection Company staff performing disinfection work will hold **minimum Class I Water Operator Certification**, which will be available on the job site, and shall be familiar with the requirements of the *Safe Drinking Water Act* and Peel's legal instruments. All chlorine measurements will be performed **using calibrated digital testing equipment**. Bacteriological sampling and chlorine residual testing may be performed by a certified Water Operator or Water Quality Analyst. Disinfection Company will complete and submit a Region of Peel **Watermain Disinfection Form (QP FORM 0764)**. Non-routine or complex disinfection work will require a written plan. Contractor must **obtain a hydrant permit** in advance per *Water Bylaw 6-201 7*, by contacting 905-791-780 ext. 3101. Backflow certificate should be kept on site for audits. A *Certified Operator* or a *Water Quality Analyst* with a **backflow prevention tester's licence** (Ontario Water Works Association (OWWA) Certified Cross Connection Control Specialist Certificate or a Ministry-approved equivalent) is authorized to test, install, relocate, repair or replace backflow preventers used in the installation and commissioning of new watermains. When moving between jobs, backflow preventer must be guarded against damage during transit and be fully flushed before re-installation at the next location to ensure it's free of any debris (high-flow water rinse, including ports). **Backflow Test Reports are to be filled out as per Peel requirements and e-mailed to zzg-backflowprevention@peelregion.ca once complete.** Chlorine injection point shall be added within 3m (10ft) of the backflow preventer on the watermain to be commissioned. **Pre-chlorination flushing** shall achieve a velocity of 0.91 m/s (3 ft/s); if this flow rate is not achievable, flush a minimum of 3 pipe volumes at maximum achievable velocity. **Turbidity** after pre-chlorination flushing shall be less than 1 NTU. **Bacteriological samples** will be collected by Region of Peel certified water Operator(s) or *Water Quality Analyst* using verification sampling **Option A** method, unless otherwise approved by the ORO. Staged sampling requires a written plan. If using **Option B** sampling method, check here:

[Please visit the Region of Peel's Website to review our Disinfection Work Requirements Contractor Checklist](#)

[Please visit the Region of Peel's Website to review our Backflow Prevention Test Report Requirements](#)



Disinfection Company Representative (Print & Sign): _____ Date: _____