

**OPTIMAL CORROSION CONTROL TREATMENT / WATER QUALITY PARAMETER**

System's Name: _____	Type: <input type="checkbox"/> CWS <input type="checkbox"/> NTNCWS
Address: _____ _____	Size: <input type="checkbox"/> >100,000 <input type="checkbox"/> 10,001 to 100,000 <input type="checkbox"/> 3,301 to 10,000 <input type="checkbox"/> 501 to 3,300 <input type="checkbox"/> 101 to 500 <input type="checkbox"/> ≤100
Telephone number: _____	
System ID #: _____	
Contact Person: _____	

*The Results of Source Water And Tap Water Samples Must Be Attached to This Document*

# of tap water samples required \_\_\_\_\_ # of tap water samples submitted \_\_\_\_\_  
 # of source water samples required \_\_\_\_\_ # of source water samples submitted \_\_\_\_\_

<b>RESULTS OF OPTIMAL CORROSION CONTROL TREATMENT STUDIES</b>					
<b>Test 1 — Alkalinity &amp; pH Adjustment</b>			<b>Test 2 — Calcium Hardness Treatment</b>		
<b><u>Before</u></b>	<b><u>Parameters</u></b>	<b><u>After</u></b>	<b><u>Before</u></b>	<b><u>Parameters</u></b>	<b><u>After</u></b>
_____	Pb	_____	_____	Pb	_____
_____	Cu	_____	_____	Cu	_____
_____	pH	_____	_____	pH	_____
_____	alkalinity	_____	_____	alkalinity	_____
_____	calcium	_____	_____	calcium	_____
_____	conductivity	_____	_____	conductivity	_____
_____	orthophosphate	_____	_____	orthophosphate	_____
_____	silicate	_____	_____	silicate	_____
_____	water temperature	_____	_____	water temperature	_____
<b>Test 3 — Addition of Corrosion Inhibitor</b>			<b>Test 4 —</b>		
<b><u>Before</u></b>	<b><u>Parameters</u></b>	<b><u>After</u></b>	<b><u>Before</u></b>	<b><u>Parameters</u></b>	<b><u>After</u></b>
_____	Pb	_____	_____	Pb	_____
_____	Cu	_____	_____	Cu	_____
_____	pH	_____	_____	pH	_____
_____	alkalinity	_____	_____	alkalinity	_____
_____	calcium	_____	_____	calcium	_____
_____	conductivity	_____	_____	conductivity	_____
_____	orthophosphate	_____	_____	orthophosphate	_____
_____	silicate	_____	_____	silicate	_____
_____	water temperature	_____	_____	water temperature	_____

If the State requires you to conduct additional treatment analyses, copy this form and attach the results as specified above.

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***OPTIMAL CORROSION CONTROL TREATMENT RECOMMENDATION***

1. Treatment recommendation and rationale: \_\_\_\_\_
2. Test methodologies used to evaluate each treatment (e.g., pipe rig loop tests, metal coupon tests, etc.):  
\_\_\_\_\_
3. Identify any chemical or physical constraint that limits or prohibits the use of a particular corrosion control treatment (attach all data indicating that a particular treatment has adversely affected other water treatment processes or is ineffective for reducing corrosion):  
\_\_\_\_\_

**CERTIFICATION THAT OPTIMAL CORROSION CONTROL TREATMENT HAS BEEN INSTALLED**

The \_\_\_\_\_ water system certifies that optimal corrosion control treatment has been installed and is being properly operated as agreed to between the above named water system and the State of \_\_\_\_\_ . Optimal corrosion control treatment was required to be installed by \_\_\_\_\_ (date).  
Optimal corrosion control treatment was installed on \_\_\_\_\_ (date).

**MODIFICATION OF CURRENT CORROSION CONTROL TREATMENT AND/OR WATER QUALITY PARAMETERS**

Reason for modification: \_\_\_\_\_

Attach all supporting studies, data, treatment specifications, etc., that substantiate this request for modification.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE