LEAD AND COPPER – OPTIMAL CORROSION CONTROL TREATMENT / WQPs AND CERTIFICATION OF INSTALLATION AND PROPER OPERATION

Water System Name:	Water System Number:	County: Population:	System Type: (√ check box) ☐ Community or ☐ Non-transient non-community
Corrosion Control Treatment Recommendation Approved by Rule Manager:			Rule Manager's Approval Date:

OPTIMAL CORROSION CONTROL TREATMENT (OCCT) PURPOSE AND WATER QUALITY PARAMETERS (WQPs):							Equipment Installed
For Facility ID/Entry Point: _____ Note: Use a separate form for each Facility ID/Entry Point.	Alkalinity and pH Adjustment		Calcium Hardness Adjustment	Corrosion Inhibitor			
WQPs	**pH**	**Alkalinity**	**Calcium**	**Orthophosphate**	**Silicate**	**Other**	
Chemicals Used							
Dosage							
Entry Point - Proposed Optimal Operating Range(s)							
Distribution System - Proposed Optimal Operating Range(s)							

OPERATION AND MAINTENANCE OF SYSTEM:				
Operator's Name:	Operator ID#	Certification (Grade &Type) (ex. C Well)	Phone number:	Email:

Does this Operator have a Standard Operating Procedure for the following:

- Notification to Owner and Public Water Supply Section's Regional Office of treatment equipment malfunctions and/or misfeeding of chemicals: ☐ YES ☐ NO
- Review of data/information to ensure proper operation and maintenance of CCT and the effectiveness and optimization of CCT: ☐ YES ☐ NO

CERTIFICATION - I hereby affirm 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 North Carolina, and that the information and dates indicated herein are correct.

Final Engineering Plans and Specifications Approval Date: _____ **Installation Completion Date:** _____ **Commencement of Operation Date:** _____	**Certified by:** _____ (Print Name) **System Affiliation: (√ check box)** ☐ Owner or ☐ Responsible person	**Signature:** _____ **Phone:** _____ **Email:** _____	**Certification Date:**