

# Private Drinking Water Standard for Chlorine Disinfection System

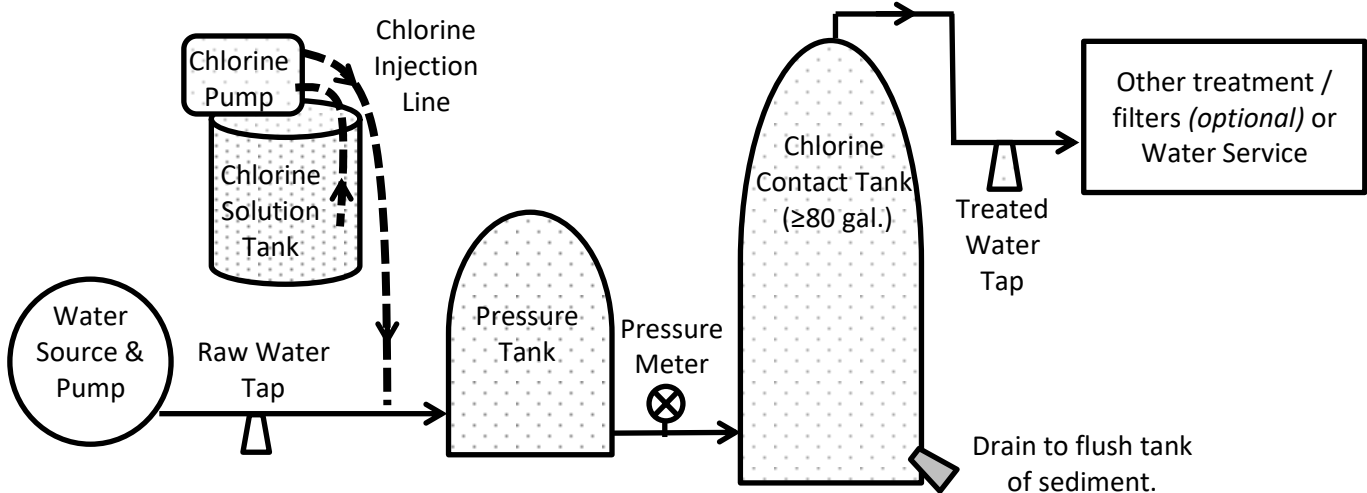
Chautauqua County Environmental Health Services (716) 753-4481

\* This system is intended for use in private homes whose water does not meet bacteriological quality standards and for water supplies requiring particle filtration.

**NOTE TO INSTALLER:** You must certify that **ALL** steps were completed by placing a check mark in each box, signing this form, and returning it to the Environmental Health Services office or inspector. A copy of this form must be included with the maintenance instructions and/or manufacturers' literature.

- Raw Water Tap** must be present prior to chlorine injection line.
- Chlorine Pump** must be UL approved for use with chlorine.
- Chlorine Solution Tank** must be specifically manufactured for water treatment use, made of plastic with a lid, have a minimum capacity of 15 gallons, and be translucent and graduated so the liquid level can be easily monitored.
- Tubing** must be specifically made for use in water treatment, i.e. Nalgene plastic or equivalent.
- Chlorine Contact Tank** must have a minimum capacity of 80 gallons. The inlet and outlet must be on opposite ends of the tank. The pressure tank cannot be used as a contact tank.
- Chlorine Test Kit** - The seller is responsible for providing a chlorine test kit approved by EPA for drinking water. Water must be tested for free chlorine using an approved test kit at least weekly. Test kits may be purchased from local water treatment professionals, direct from the company, or online. Below are examples:
  - HACH Free Chlorine Color Disc Test Kit, Model CN-66F, product # 223102. Ph.# (800) 227-4224 <https://www.hach.com>
  - LaMotte DPD Free, Total & Combined Chlorine Test Kit, code 3308-01. Ph.# (800) 344-3100 <http://www.lamotte.com>
- If a carbon filter is present a Treated Water Tap** must be installed before a carbon filter so the chlorine concentration can be easily monitored.
- Maintenance Instructions and/or Manufacturers' Literature** must be available on site for the buyer.

## Chlorination Schematic



Address of Installation \_\_\_\_\_

Property Owner \_\_\_\_\_

Installed By: \_\_\_\_\_  
Company \_\_\_\_\_

Name of Installer \_\_\_\_\_

Telephone # \_\_\_\_\_

Date \_\_\_\_\_