DISINFECTION BASICS

CONTINUING EDUCATION
PROFESSIONAL DEVELOPMENT COURSE



Technical Learning College

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Important Information about this Course

This CEU course has been prepared to educate students and operators in general safety awareness of dealing with the often-complex and various water disinfectants, including dangerous chemicals, Chlorine and other toxic materials. This CEU course will also cover respirator protection devices, methods, and applications.

This manual will cover general laws, regulations, required procedures and accepted policies relating to the use of disinfectants, DDBPs, Ozone, Ultraviolet Radiation, Respirator Protection Devices, Methods, and Applications. It should be noted, however, that the regulation of respirator protection devices and hazardous materials is an ongoing process and subject to change over time. For this reason, a list of resources is provided to assist in obtaining the most up-to-date information on various subjects.

This manual is a not a guidance document for applicators or operators who are involved with pesticides. It is not designed to meet the requirements of the United States Environmental Protection Agency, Office of Health and Safety Administration (OSHA) or your local State environmental protection agency or health department. This course manual will provide general respirator protection and safety awareness and should not be used as a basis for respirator protection method/device guidance. This document is not a detailed safety manual or a source or remedy for respirator protection or control.

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CEU Course Description

Disinfection Basics CEU Training Course

This course will cover the fundamentals of water disinfection beginning with the different and alternative water disinfectants and ending with the biological analysis of the water, insuring that the water meets federal compliance. Task Analysis and Training Needs Assessments have been conducted to determine or set Needs-To-Know for this course. The goal of this CEU Course is to provide awareness training to help workers recognize the occupational hazards and health effects of different disinfectants, halogens, chlorine exposure and the exposure controls; and to familiarize the participants with the properties and safe handling of chlorine - solid, liquid, gas, and the operation of gas chlorinators and other related equipment. This course covers properties of chlorine, purpose of chlorine, chlorine terminology, dosage calculations, chlorinator equipment, chlorine cylinders, and operation of gas chlorinators, start up and shut down, chlorinator maintenance, troubleshooting common problems, chlorine safety, and chlorine testing procedures.

Water Distribution, Well Drillers, Pump Installers, Water Treatment Operators, Wastewater Operators. The target audience for this course is the person interested in working in a water treatment/wastewater treatment or distribution facility and/or wishing to maintain CEUs for certification license or to learn how to do the job safely and effectively, and/or to meet education needs for promotion. This CEU course will cover the fundamentals of water disinfection beginning with the source of water and ending with the disinfection and distribution making sure that it meets federal compliance.

Final Examination for Credit
Opportunity to pass the final comprehensive examination is limited to three attempts per course enrollment.

Prerequisites None

Course Procedures for Registration and Support
All of Technical Learning College (TLC) correspondence courses have complete registration and support services offered. Delivery of services will include, e-mail, web site, telephone, fax and mail support. Technical Learning College (TLC) will attempt immediate and prompt service.

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Feedback Mechanism (examination procedures)
Each student will receive a feedback form as part of their study packet. You will be able to find this form in the rear of the course or lesson.

Security and Integrity
All students are required to do their own work. All lesson sheets and final exams are not returned to the student to discourage sharing of answers. Any fraud or deceit and the student will forfeit all fees and the appropriate agency will be notified.

Grading Criteria
Technical Learning College (TLC) will offer the student either pass/fail or a standard letter grading assignment. If Technical Learning College (TLC) is not notified, you will only receive a pass/fail notice. (Certificate)

Recordkeeping and Reporting Practices
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Technical Learning College (TLC) will make reasonable accommodations for persons with documented disabilities. Students should notify Technical Learning College (TLC) and their instructors of any special needs. Course content may vary from this outline to meet the needs of this particular group.

Mission Statement
Our only product is educational service. Our goal is to provide you with the best education service possible. Technical Learning College (TLC) will attempt to make your learning experience an enjoyable educational *opportunity.*

Educational Mission
The educational mission of Technical Learning College (TLC) is:

To provide Technical Learning College (TLC) students with comprehensive and ongoing training in the theory and skills needed for the environmental education field,

To provide Technical Learning College (TLC) students opportunities to apply and understand the theory and skills needed for operator certification,

To provide opportunities for Technical Learning College (TLC) students to learn and practice environmental educational skills with members of the community for the purpose of sharing diverse perspectives and experience,

To provide a forum in which students can exchange experiences and ideas related to environmental education,

To provide a forum for the collection and dissemination of current information related to environmental education, and to maintain an environment that nurtures academic and personal growth.

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Abbreviations

AOX: Absorbable organic halogen.

AWWA: American Water Works Association.

°C: degrees Celsius (a/k/a centigrade).

CDC: Centers for Disease Control.

Chlorate ion ($ClO3^-$): A product of the disproportionation of chlorine dioxide, for example by sunlight.

Chlorine dioxide (ClO2): A free radical; a powerful, selective oxidant.

Chloride ion (Cl^-): The principal reduction product of chlorine.

Chlorite ion ($ClO2^-$): A product of the partial reduction of chlorine dioxide.

CxT value: The product of the net residual [concentration] of a disinfectant and [time], used as a measure of the amount of disinfection applied to a system.

DOT: (United States) Department of Transportation.

EPA: (United States) Environmental Protection Agency.

°F: degrees Fahrenheit.

FDA: (United States) Food & Drug Administration.

FIFRA: Federal Insecticide Fungicide & Rodenticide Act.

HAA: Haloacetic acid(s), by-products of chlorination of water containing organics which are suspected carcinogens.

ICR: Information Collection Rule.

L: Liter.

Legionella: The microorganism that causes Legionnaire's disease.

MCL: Maximum Contaminant Level.

MCLG: Maximum Contaminant Level Goal.

mg: Milligram.

MRDL: Maximum Residual Disinfectant Level.

MGD: Millions of Gallons per Day

NIH: National Institutes of Health.

OSHA: (United States) Occupational Safety and Health Administration.

Oxidation: The net transfer of electrons from a source to an acceptor.

Pathogen: A disease-causing organism.

ppb: Parts-per-billion.

ppm: parts-per-million; in water, equivalent to mg/L.

SDWA: Safe Drinking Water Act.

Sodium chlorate (NaClO3): The sodium salt of chloric acid; a precursor for chlorine dioxide production, especially for pulp bleaching.

Sodium chlorite (NaClO2): The sodium salt of chlorous acid, a precursor for chlorine dioxide production, especially for drinking water treatment.

Stachybotrys: A particularly virulent type of toxic mold.

TLV: Threshold Limit Value.

TOC: Total Organic Carbon.

TOX: Total organic halogen.

Trihalomethanes: (THM) by-products of chlorination of water containing organics which are suspected carcinogens.

USDA: United States Department of Agriculture.

UV: Ultraviolet light.

WTP: Water treatment plant**.**

Commonly Used Water Disinfectants

Contaminant	MRDL[1] (mg/L)[2]	MRDL[1] (mg/L)[2]	Potential Health Effects from Ingestion of Water	Sources of Contaminant in Drinking Water
Chloramines (as Cl2)	MRDLG=4[1]	MRDL=4.0[1]	Eye/nose irritation; stomach discomfort, anemia	Water additive used to control microbes
Chlorine (as Cl2)	MRDLG=4[1]	MRDL=4.0[1]	Eye/nose irritation; stomach discomfort	Water additive used to control microbes
Chlorine dioxide (as ClO_2)	MRDLG=0.8[1]	MRDL=0.8[1]	Anemia; infants & young children: nervous system effects	Water additive used to control microbes

Common Water Treatment and Distribution Chemicals

Chemical Name	Common Name	Chemical Formula
Aluminum hydroxide		Al(OH)3
Aluminum sulfate	Alum, liquid	AL2(SO4)3 . 14(H2O)
Ammonia		NH3
Ammonium		NH4
Bentonitic clay	Bentonite	
Calcium bicarbonate		Ca(HCO3)2
Calcium carbonate	Limestone	CaCO3
Calcium chloride		CaCl2
Calcium Hypochlorite	HTH	Ca(OCl)2 . 4H2O
Calcium hydroxide	Slaked Lime	Ca(OH)2
Calcium oxide	Unslaked (Quicklime)	CaO
Calcium sulfate	Gypsum	CaSO4
Carbon	Activated Carbon	C
Carbon dioxide		CO2
Carbonic acid		H2CO3
Chlorine gas		Cl2
Chlorine Dioxide		ClO2
Copper sulfate	Blue vitriol	CuSO4 . 5H2O
Dichloramine		NHCl2
Ferric chloride	Iron chloride	FeCl3
Ferric hydroxide		Fe(OH)3
Ferric sulfate	Iron sulfate	Fe2(SO4)3
Ferrous bicarbonate		Fe(HCO3)2
Ferrous hydroxide		Fe(OH)3
Ferrous sulfate	Copperas	FeSO4.7H20
Hydrofluorsilicic acid		H2SiF6
Hydrochloric acid	Muriatic acid	HCl
Hydrogen sulfide		H2S
Hypochlorus acid		HOCL
Magnesium bicarbonate		Mg(HCO3)2
Magnesium carbonate		MgCO3
Magnesium chloride		MgCl2
Magnesium hydroxide		Mg(OH)2
Magnesium dioxide		MgO2
Manganous bicarbonate		Mn(HCO3)2
Manganous sulfate		MnSO4
Monochloramine		NH2Cl
Potassium bicarbonate		KHCO3
Potassium permanganate		KMnO3

Chemical Name	Common Name	Chemical Formula
Sodium carbonate	Soda ash	Na2CO3
Sodium chloride	Salt	NaCl
Sodium chlorite		NaClO2
Sodium fluoride		NaF
Sodium fluorsilicate		Na2SiF6
Sodium hydroxide	Lye	NaOH
Sodium hypochlorite		NaOCl
Sodium Metaphosphate	Hexametaphosphate	NaPO3
Sodium phosphate	Disodium phosphate	Na3PO4
Sodium sulfate		Na2SO4
Sulfuric acid		H2SO4



When should employees read the label for a hazardous chemical? (Before starting the job every time that chemical is used—its hazards or protections could change or an employee could forget or confuse it with other chemicals.)

Element Information

Number	Element	Valence
1	Hydrogen	(-1), +1
2	Helium	0
3	Lithium	+1
4	Beryllium	+2
5	Boron	-3, +3
6	Carbon	(+2), +4
7	Nitrogen	-3, -2, -1, (+1), +2, +3, +4, +5
8	Oxygen	-2
9	Fluorine	-1, (+1)
10	Neon	0
11	Sodium	+1
12	Magnesium	+2
13	Aluminum	+3
14	Silicon	-4, (+2), +4
15	Phosphorus	-3, +1, +3, +5
16	Sulfur	-2, +2, +4, +6
17	Chlorine	-1, +1, (+2), +3, (+4), +5, +7
18	Argon	0
19	Potassium	+1
20	Calcium	+2
21	Scandium	+3
22	Titanium	+2, +3, +4
23	Vanadium	+2, +3, +4, +5
24	Chromium	+2, +3, +6
25	Manganese	+2, (+3), +4, (+6), +7
26	Iron	+2, +3, (+4), (+6)
27	Cobalt	+2, +3, (+4)
28	Nickel	(+1), +2, (+3), (+4)
29	Copper	+1, +2, (+3)
30	Zinc	+2
31	Gallium	(+2). +3
32	Germanium	-4, +2, +4
33	Arsenic	-3, (+2), +3, +5
34	Selenium	-2, (+2), +4, +6
35	Bromine	-1, +1, (+3), (+4), +5
36	Krypton	0
37	Rubidium	+1
38	Strontium	+2
39	Yttrium	+3
40	Zirconium	(+2), (+3), +4
41	Niobium	(+2), +3, (+4), +5
42	Molybdenum	(+2), +3, (+4), (+5), +6
43	Technetium	+6
44	Rubidium	(+2), +3, +4, (+6), (+7), +8
45	Rhodium	(+2), (+3), +4, (+6)
46	Palladium	+2, +4, (+6)
47	Silver	+1, (+2), (+3)
48	Cadmium	(+1), +2
49	Indium	(+1), (+2), +3
50	Tin	+2, +4

51	Antimony	-3, +3, (+4), +5
52	Tellurium	-2, (+2), +4, +6
53	Iodine	-1, +1, (+3), (+4), +5, +7
54	Xenon	0
55	Cesium	+1
56	Barium	+2
57	Lanthanum	+3
58	Cerium	+3, +4
59	Praseodymium	+3
60	Neodymium	+3, +4
61	Promethium	+3
62	Samarium	(+2), +3
63	Europium	(+2), +3
64	Gadolinium	+3
65	Terbium	+3, +4
66	Dysprosium	+3
67	Holmium	+3
68	Erbium	+3
69	Thulium	(+2), +3
70	Ytterbium	(+2), +3
71	Lutetium	+3
72	Hafnium	+4
73	Tantalum	(+3), (+4), +5
74	Tungsten	(+2), (+3), (+4), (+5), +6
75	Rhenium	(-1), (+1), +2, (+3), +4, (+5), +6, +7
76	Osmium	(+2), +3, +4, +6, +8
77	Iridium	(+1), (+2), +3, +4, +6
78	Platinum	(+1), +2, (+3), +4, +6
79	Gold	+1, (+2), +3
80	Mercury	+1, +2
81	Thallium	+1, (+2), +3
82	Lead	+2, +4
83	Bismuth	(-3), (+2), +3, (+4), (+5)
84	Polonium	(-2), +2, +4, (+6)
85	Astatine	?
86	Radon	0
87	Francium	?
88	Radium	+2
89	Actinium	+3
90	Thorium	+4
91	Protactinium	+5
92	Uranium	(+2), +3, +4, (+5), +6

Reference: *Lange's Handbook of Chemistry, 8th Ed.*, Norbert A. Lange (Ed.), Handbook Publishers, Inc. 1952.

Common Used Products	Chemical Name
acetone	dimethyl ketone
acid of sugar	oxalic acid
alcohol, grain	ethyl alcohol
alcohol, wood	methyl alcohol
alum	aluminum potassium sulfate
alumina	aluminum oxide
antichlor	sodium thiosulfate
aqua ammonia	aqueous solution of ammonium hydroxide
aqua regia	nitrohydrochloric acid
aqua fortis	nitric acid
aromatic spirit of ammonia	ammonia in alcohol
asbestos	magnesium silicate
aspirin	acetylsalicylic acid
baking soda	sodium bicarbonate
banana oil (artificial)	isoamyl acetate
benzol	benzene
bichloride of mercury	mercuric chloride
black copper oxide	cupric oxide
black lead	graphite (carbon)
bleaching powder	chlorinated lime
blue vitriol	copper sulfate
bluestone	copper sulfate
borax	sodium borate
brimstone	sulfur
brine	aqueous sodium chloride solution
butter of antimony	antimony trichloride
butter of tin	anhydrous stannic chloride
calomel	mercury chloride
carbolic acid	phenol
carbonic acid gas	carbon dioxide
caustic potash	potassium hydroxide
caustic soda	sodium hydroxide
chalk	calcium carbonate
Chile saltpeter	sodium nitrate
chrome, alum	chromic potassium sulfate
chrome, yellow	lead (VI) chromate
copperas	ferrous sulfate
cream of tartar	potassium bitartrate
crocus powder	ferric oxide
emery powder	impure aluminum oxide
Epsom salts	magnesium sulfate
ethanol	ethyl alcohol
fluorspar	natural calcium fluoride
formalin	aqueous formaldehyde solution
French chalk	natural magnesium silicate
galena	natural lead sulfide
Glauber's salt	sodium sulfate
gypsum	natural calcium sulfate
hydrocyanic acid	hydrogen cynanide
hypo (photography)	sodium thiosulfate solution
lime	calcium oxide

Common Used Products	Chemical Name
limewater	aqueous solution of calcium hydroxide
lunar caustic	silver nitrate
magnesia	magnesium oxide
mercury oxide, black	mercurous oxide
methanol	methyl alcohol
methylated spirits	methyl alcohol
muriatic acid	hydrochloric acid
oil of vitriol	sulfuric acid
oil of wintergreen (artificial)	methyl salicylate
Paris green	copper acetoarsenite
Paris white	powdered calcium carbonate
pear oil (artificial)	isoamyl acetate
pearl ash	potassium carbonate
plaster of Paris	calcium sulfate
plumbago	graphite
potash	potassium carbonate
potassa	potassium hydroxide
Prussic acid	hydrogen cyanide
pyro	tetrasodium pyrophosphate
quicklime	calcium oxide
quicksilver	mercury
red lead	lead tetraoxide
Rochelle salt	potassium sodium tartrate
rouge, jeweler's	ferric oxide
rubbing alcohol	isopropyl alcohol
sal ammoniac	ammonium chloride
sal soda	sodium carbonate
salt, table	sodium chloride
salt of lemon	potassium binoxalate
salt of tartar	potassium carbonate
saltpeter	potassium nitrate
silica	silicon dioxide
soda ash	sodium carbonate
soda lye	sodium hydroxide
soluble glass	sodium silicate
spirit of hartshorn	ammonium hydroxide solution
sugar, table	sucrose
talc or talcum	magnesium silicate
vinegar	impure dilute acetic acid
vitamin C	ascorbic acid
washing soda	sodium carbonate
water glass	sodium silicate

Disinfection Basics Introduction

Selecting the right disinfection weapon requires understanding the factors governing the particular site and the water or wastewater to be treated. In general, the selection of an appropriate disinfection system should be evaluated against the following six criteria:

1. ***Safety*.** How does the disinfectant work and what types of precautions are needed to transport, store, use, and operate the disinfectant system and associated chemicals? If a system will require significant safety protection—such as use of breathing apparatus and protective clothing—as well as high levels of operator training, it may be advisable to explore other, less intensive systems. In addition, while the disinfectant may be relatively safe to use, consideration also has to be made for the effects of both intentional and unintentional releases to the environment.
2. ***Effectiveness*.** How effective is the disinfectant against the pathogens present in the water or wastewater? Since the intent is to reduce the levels of pathogens to acceptable standards, understanding how effective the proposed disinfectant system is in achieving those target levels, as well as the system's ability to reliably achieve the result, will be important to selecting the right system.
3. ***Cost*.** What are the costs associated with the disinfection system, both in terms of capital outlay and ongoing operations and maintenance? Operating costs can vary in terms of the time it takes to service the disinfectant system regularly, and the costs of supplies and components.
4. ***Complexity of use.*** How does the system operate and does it take specialized training to keep the system within tolerances? Since the outflow from the treatment facility may be subject to various standards and regulations, if the system is too complex it may require additional staff time to ensure that it operates within the desired parameters.
5. ***Environmental/Adverse Effects.*** What are some of the potential downsides to the operation of the system as it relates to the distribution system or watershed in which the treated effluent is discharged? While some systems may provide a net-positive environmental benefit through increased oxygenation of the receiving waters, other systems may need to have additional treatment of the disinfected effluent in order to render it benign when released.
6. ***Flow and Water Characteristics*.** Can the system handle fluctuations within the flow or with changing characteristics of the water or wastewater being processed? If a system has a narrow tolerance for the amount of water or wastewater flow, this could impact the effectiveness of the overall system. In addition, if the system cannot adjust for off-site concerns such as dry or wet weather flow rates of the receiving water body, this may also affect the system's appropriateness for your application.

With those criteria in mind, there are primarily four basic disinfection systems currently available—chlorination, ozone gas, ultraviolet radiation, and chemical treatment other than chlorine.

A variety of factors come into play in deciding which type of disinfectant system is right for your operation. The decision to install a system could be the result of local concerns and potential to mitigate health risks, as well as improved community relations. In any event, the operator of an onsite water or wastewater treatment plant needs to consider some of the safeguards that need to be in place as well.

"Typical safeguards include operator training and instrumentation monitoring that will perform a shutdown function if something goes above a certain level," says Schilling. "If they detect [for example] an ozone leak, you can do an interconnect and do a plant shutdown. UV has safeguards where you have monitors that tell you what your dosage is, and if you're over or under your dosage it will perform some kind of warning of whatever you want to do."

State and Local Regulations
State and local regulations vary considerably in their requirements to disinfect wastewater, so the decision of what type of system to use can be affected by the chemical and physical composition of the wastewater stream, the environment to which it will be discharged, and the concerns of the local health department. "It's all over the place," says Bach. "The chemical itself is a pesticide and is regulated by the US EPA. The states will specify what sort of *E. coli* or *coliform* counts you're going to have on discharge, and the regulations vary all over the map in the states. You've got a lot of things like that throughout the country and it goes down to ultimately the views of local health departments and reflects the local topography, their local population density, and also their experience of whether or not people have gotten sick."

Alternative Disinfectants *More information in the Alternative Section*

Unknown Factors Associated with Alternatives
Scientific investigation of risk associated with alternative disinfectants and alternative disinfection by-products is limited. A decision by water facilities to switch from chlorination could be risky because scientists know so little about DBPs from processes other than chlorination.

Drinking Water Disinfectants At a Glance

Disinfectants	Residual Maintenance	State of Information on By-Product Chemistry	Color Removal	Removal of Common Odors
Chlorine	Good	Adequate	Good	Good
Chloramines	Good	Limited	Unacceptable	Poor
Chlorine dioxide	Unacceptable*	Adequate	Good	Good
Ozone	Unacceptable	Limited	Excellent	Excellent
Ultraviolet radiation	Unacceptable	Nil	N/A	N/A

*In Europe, 50% of water distribution systems use chlorine dioxide as the residual disinfectant
Source: Trussell, R., Control Strategy 1; Alternative Oxidants and Disinfectants, 1991

Modern Water Treatment Disinfectants

Many water suppliers add a disinfectant to drinking water to kill germs such as giardia and e coli. Especially after heavy rainstorms, your water system may add more disinfectant to guarantee that these germs are killed.

Chlorine
Some people who use drinking water containing chlorine well in excess of EPA's standard could experience irritating effects to their eyes and nose. Some people who drink water containing chlorine well in excess of the EPA's standard could experience stomach discomfort.

Chloramine
Some people who use drinking water containing chloramines well in excess of EPA's standard could experience irritating effects to their eyes and nose. Some people who drink water containing chloramines well in excess of the EPA's standard could experience stomach discomfort or anemia.

Chlorine Dioxide
Some infants and young children who drink water containing chlorine dioxide in excess of the EPA's standard could experience nervous system effects. Similar effects may occur in fetuses of pregnant women who drink water containing chlorine dioxide in excess of the EPA's standard. Some people may experience anemia.

Disinfectant alternatives will include Ozone, and Ultraviolet light. You will see an increase of these technologies in the near future.

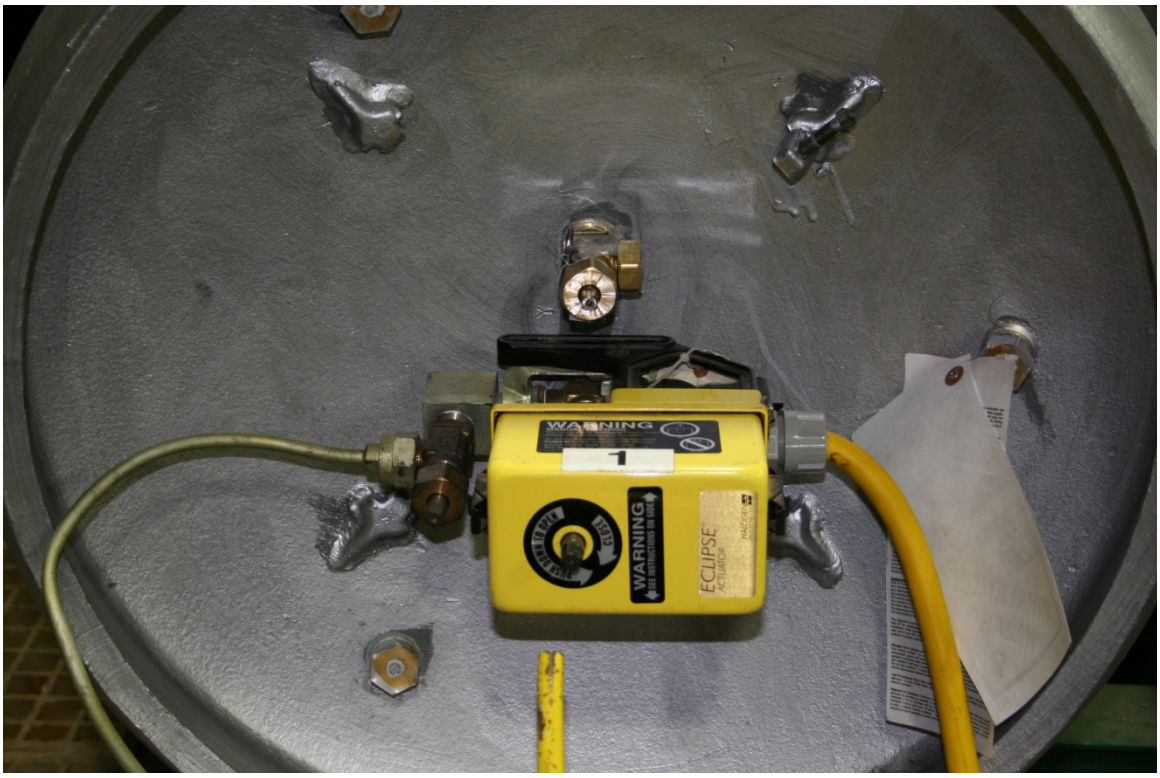
Disinfection Byproducts (DBPS)
Disinfection byproducts form when disinfectants added to drinking water to kill germs react with naturally-occurring organic matter in water.

Total Trihalomethanes
Some people who drink water containing trihalomethanes in excess of the EPA's standard over many years may experience problems with their liver, kidneys, or central nervous systems, and may have an increased risk of getting cancer.

Haloacetic Acids
Some people who drink water containing haloacetic acids in excess of the EPA's standard over many years may have an increased risk of getting cancer.

Bromate
Some people who drink water containing bromate in excess of the EPA's standard over many years may have an increased risk of getting cancer.

Chlorite
Some infants and young children who drink water containing chlorite in excess of the EPA's standard could experience nervous system effects. Similar effects may occur in fetuses of pregnant women who drink water containing chlorite in excess of the EPA's standard. Some people may experience anemia.



1 ton Chlorine containers. Automatic Shutoff device connected to the liquid side only. The top valve is used for the gas. Remember that containers lay on their sides and cylinders stand upright.



Waterborne Pathogens Chapter 1

***The reason we disinfect*.**

Bacteria, viruses and protozoan that cause disease are known as pathogens. Most pathogens are generally associated with diseases that cause intestinal illness and affect people in a relatively short amount of time, generally a few days to two weeks. They can cause illness through exposure to small quantities of contaminated water or food or from direct contact with infected people or animals.



Cryptosporidium

Incredibly in 2012, there are around 1.1 billion people globally do not have access to improved water supply sources whereas 2.4 billion people do not have access to any type of improved sanitation facility. About 2 million people die every year due to diarrheal diseases; most of them are children less than 5 years of age. The most affected are the populations in developing countries, living in extreme conditions of poverty, normally peri-urban dwellers or rural inhabitants.

In many cases, source water from a lake, river, reservoir or ground water aquifer needs to be disinfected to inactivate (or kill) microbial pathogens. Microbial pathogens include a few types of bacteria, viruses, protozoa, and other organisms. Some pathogens are often found in water, frequently as a result of:

- Fecal matter from sewage discharges
- Leaking septic tanks
- Runoff from animal feedlots into bodies of water

To protect drinking water from these pathogens, water suppliers often add a disinfectant to drinking water such as chlorine. However, disinfectant practices can be problematic because:

- Certain microbial pathogens, such as *Cryptosporidium*, are highly resistant to traditional disinfection practices.
- Disinfectants themselves can react with naturally-occurring materials in the water to form byproducts, such as trihalomethanes and haloacetic acids, which may pose health risks.

A major challenge for water suppliers is how to balance the risks from microbial pathogens and disinfection byproducts. It is important to provide protection from microbial pathogens while

simultaneously minimizing health risks to the population from disinfection byproducts. There are several existing and future rules that are designed to achieve these goals.

Among the main problems which are responsible for this situation are: lack of priority given to the sector, lack of financial resources, lack of sustainability of water supply and sanitation services, poor hygiene behaviors, and inadequate sanitation in public places including hospitals, health centers and schools. Providing access to sufficient quantities of safe water, the provision of facilities for a sanitary disposal of excreta, and introducing sound hygiene behaviors are of capital importance to reduce the burden of disease caused by these risk factors. Water, sanitation and hygiene have important impacts on both health and disease.

Water-related diseases include:

- those due to micro-organisms and chemicals in water people drink;
- diseases like schistosomiasis which have part of their lifecycle in water;
- diseases like malaria with water-related vectors;
- drowning and some injuries;
- and others such as legionellosis carried by aerosols containing certain micro-organisms.

Diseases	Responsible pathogen	Route of exposure	Mode of transmission
Cholera	Vibrio cholerae bacteria	gastro-intestinal	often waterborne
Botulism	Clostridium botulinum bacteria	gastro-intestinal	food/water borne; can grow in food
Typhoid	Salmonella typhi bacteria	gastro-intestinal	water/food borne
Hepatitis A	Hepatitis A virus	gastro-intestinal	water/food borne
Dysentery	Shigella dysenteriae bacteria or Entamoeba histolytica amoeba	gastro-intestinal	food/water
Cryptosporidiosis	Cryptosporidium parvum protozoa	gastro-intestinal	waterborne; resists chlorine
Polio	polioviruses	gastro-intestinal	exposure to untreated sewage; may also be waterborne
Giardia	Giardia lamblia protozoa	gastro-intestinal	waterborne

Microorganisms are Present Everywhere in Our Environment

Invisible to the naked eye, vast numbers of these microbes can be found in soil, air, food and water. Although humans are essentially free of microorganisms before birth, constant circumstances of exposure
(e.g., breathing, eating, and drinking) quickly allow the establishment of harmless microbial flora in our bodies.

Microbial pathogens (microorganisms capable of causing disease), however, can and often do harm those who become infected. Moreover, diseases that healthy individuals “weather” well may prove fatal to individuals with compromised immune systems. In some cases, an infection can persist to create a “carrier state” where a disease causing agent is harbored by the body (and spread) without any apparent symptoms.

Waterborne diseases are typically considered to be those diseases resulting from ingestion of contaminated water. Additional pathways of infection being studied by EPA include inhalation of water vapors as well as body contact during bathing (opportunistic pathogens) in the hospital environment.

Since voluntary water ingestion (drinking water) and bathing are universal practices and accidental ingestion during recreational activities (e.g., swimming, water skiing, wading) is common, inadequate protection of water integrity could lead to widespread outbreaks (the Centers for Disease Control defines an outbreak to be two or more cases of illness that can be traced to a common source). Because symptoms can be mild and short-lived, it is estimated that only a fraction of waterborne outbreaks is recognized, reported and investigated. Of these, the pathogenic agent is identified only half of the time. Additionally, experts believe that some food-related disease outbreaks may originate with an initial infection (e.g., of a restaurant worker) caused by contaminated drinking water.

Bacteria, viruses and protozoa are the microorganism groups containing pathogens of primary concern in the study of waterborne diseases. To eliminate these pathogens from our water, especially from our drinking water, seems theoretically straightforward. Simply mix in a disinfectant, allow adequate contact time to assure inactivation (rendering the microbes unable to produce disease), and pump the water into the distribution lines.

In reality, many conditions render the above scenario unworkable. The physical characteristics of the water, primarily represented by dissolved and suspended solids content, can affect the disinfection process. The chemical content, both naturally occurring and anthropogenic (i.e., generated by humans), can also interfere with the chemical reactions desired during treatment and disinfection. Finally, pathogens associated (i.e., imbedded in or clumped) with higher organisms (e.g., algae, rotifers, worms) may be protected from the action of disinfectants. To overcome these obstacles to disinfection, successful treatment of drinking and waste water generally includes a series of steps. In the case of drinking water disinfection, once the impurities have been removed, enough disinfectant is added to inactivate pathogens.

How Diseases are Transmitted.

Pathogens that may cause waterborne outbreaks through drinking water have one thing in common: they are spread by the fecal-oral, or feces-to-mouth, route.

Pathogens may get into water and spread when infected humans or animals pass the bacteria, viruses, and protozoa in their stool. For another person to become infected, he or she must take that pathogen in through the mouth. Waterborne pathogens are different from other types of pathogens such as the viruses that cause influenza (the flu) or the bacteria that cause tuberculosis. Influenza virus and tuberculosis bacteria are spread by secretions that are coughed or sneezed into the air by an infected person.

Human or animal wastes in watersheds, failing septic systems, failing sewage treatment plants or cross-connections of water lines with sewage lines provide the potential for contaminating water with pathogens. The water may not appear to be contaminated because feces have been broken up, dispersed, and diluted into microscopic particles. These particles, containing pathogens, may remain in the water and be passed to humans or animals unless adequately treated. Only proper treatment will ensure eliminating the spread of disease. In addition to water, other methods exist for spreading pathogens by the fecal-oral route. The foodborne route is one of the more common methods.

A frequent source is a food handler who does not wash his hands after a bowel movement and then handles food with "***unclean***" hands. The individual who eats feces-contaminated food may become infected and ill. It is interesting to note the majority of foodborne diseases occur in the home, not restaurants. Day care centers are another common source for spreading pathogens by the fecal-oral route.

Here, infected children in diapers may get feces on their fingers, then put their fingers in a friend's mouth or handle toys that other children put into their mouths. The general public and some of the medical community usually refer to diarrhea symptoms as "**stomach flu**."

Technically, influenza is an upper respiratory illness and rarely has diarrhea associated with it; therefore, stomach flu is a misleading description for foodborne or waterborne illnesses, yet is accepted by the general public. So the next time you get the stomach flu, you may want to think twice about what you've digested within the past few days.

Chain of Transmission

Water is contaminated with feces. This contamination may be of human or animal origin. The feces must contain pathogens (disease-causing bacteria, viruses or protozoa); if the human or animal source is not infected with a pathogen, no disease will result.

The pathogens must survive in the water. This depends on the temperature of the water and the length of time the pathogens are in the water. Some pathogens will survive for only a short time in water, others, such as Giardia or Cryptosporidium, may survive for months.

The pathogens in the water must enter the water system's intake, in numbers sufficient to infect people. The water is either not treated or inadequately treated for the pathogens present. A susceptible person must drink the water that contains the pathogen; illness (disease) will occur. This chain lists the events that must occur for the transmission of disease via drinking water. By breaking the chain at any point, the transmission of disease will be prevented.

Bacterial Diseases

Campylobacteriosis is the most common diarrhea illness caused by bacteria. Other symptoms include abdominal pain, malaise, fever, nausea and vomiting. Symptoms begin three to five days after exposure. The illness is frequently over within two to five days and usually lasts no more than 10 days. Campylobacteriosis outbreaks have most often been associated with food, especially chicken and unpasteurized milk, as well as unchlorinated water.

These organisms are also an important cause of ***"travelers' diarrhea."*** Medical treatment generally is not prescribed for campylobacteriosis because recovery is usually rapid. Cholera, Legionellosis, Salmonellosis, Shigellosis, and Yersiniosis, are other bacterial diseases that can be transmitted through water. All bacteria in water are readily killed or inactivated with chlorine or other disinfectants.

What Progress Has Been Made?

Early in this century, the waterborne diseases of chief concern in the U.S. were typhoid fever and amebiasis. Of the 1,087 deaths associated with waterborne outbreaks between 1920 and 1991, 943 were attributed to typhoid fever while 102 were caused by amebiasis. Overall, 83% of the deaths occurred prior to 1936 and less than 1% occurred after 1970. Additionally, the number of outbreaks in community water systems since 1945 is about half as great as the number documented during the first half of this century.

The reduction in fatalities and number of outbreaks indicates that progress has been made in the prevention of certain waterborne diseases. Much of the progress has been the result of increased implementation of important treatment practices (e.g., filtration, disinfection, sewage treatment).

Although progress has been significant, the nation's water continues to be a source of disease. It must be rigorously monitored for indicators of fecal contamination.

A residual level of disinfectant must be maintained throughout the distribution system to guard against potential problems (e.g., microorganisms entering through breaks in distribution lines or regrowth). Proper distribution system operation and maintenance practices are essential deterrents of pathogen entry, recovery and survival. These practices (according to Geldreich *et al., 1992*) include:
• Systematic flushing of the entire distribution system "to get more movement of the chlorine residual into all parts of the pipe network...to remove static water from slow-flow sections, deadends and stratified water in storage tanks on a periodic basis;"
• Effecting repairs and replacement of distribution line components (e.g., broken mains and service meters) in a sanitary manner (i.e., soil-free replacement parts, disinfection and flushing of repaired lines, valves and fittings);
• Preventing pathogens from being drawn into the distribution system by maintaining continuous positive pressure and preserving barriers between public water supplies and sewage or storm water drainage;
• Varying the sample sites during routine monitoring to produce data more representative of the entire system.

While the importance of source water treatment to ensure safe drinking water seems obvious, the need to devote equal effort to pathogen reduction in wastewater is not always recognized. The release of untreated or inadequately treated wastewater into source waters drawn upon by other communities presents a significant health risk. Source waters heavily loaded with disease causing microorganisms can reduce the effectiveness of "downstream" drinking water treatment processes.

Such advances as ultraviolet light disinfection systems, initially investigated as a wastewater disinfection option several years ago, are presently becoming more widely accepted and reliable with recent design enhancements. This technology has been demonstrated to be capable of meeting existing disinfection criteria without the release of dangerous disinfection by-products.

Safe Drinking Water Act (SDWA)

In 1974, Congress passed the Safe Drinking Water Act (SDWA) setting up a regulatory program among local, state, and federal agencies to help ensure the provision of safe drinking water in the U.S. The states are expected to administer and enforce these regulations for public water systems (systems that either have 15 or more service connections or regularly serve an average of 25 or more people daily for at least 60 days each year). Public water systems must provide water treatment, ensure proper drinking water quality through monitoring, and provide public notification of contamination problems.

Relating to prevention of waterborne disease, the SDWA required EPA to:
1) set numerical standards, referred to as Maximum Contaminant Levels (MCLs — the highest allowable contaminant concentrations in drinking water) or treatment technique requirements for contaminants in public water supplies;

2) issue regulations requiring monitoring of all regulated and certain unregulated contaminants, depending on the number of people served by the system, the source of the water supply, and the contaminants likely to be found;
3) set criteria under which systems are obligated to filter water from surface water sources; it must also develop procedures for states to determine which systems have to filter;
4) develop disinfection rules for all public water supplies; and
5) require all states to develop Wellhead Protection Programs designed to protect from sources of contamination areas around wells that supply public drinking water systems.

Through the Surface Water Treatment Rule (SWTR), EPA has set treatment requirements to control microbiological contaminants in public water systems using surface water sources (and ground-water sources under the direct influence of surface water). These requirements include the following:
1) treatment must remove or inactivate at least 99.9% of *Giardia lamblia* cysts and 99.99% of viruses;
2) all systems must disinfect, and are required to filter if certain source water quality criteria and site-specific criteria are not met;
3) the regulations set criteria for determining if treatment, including turbidity (suspended particulate matter) removal and disinfection requirements, is adequate for filtered systems; and
4) all systems must be operated by qualified operators as determined by the states.

Current EPA Research –Barriers to Contamination

Although water treatment and disinfection techniques are quite effective at microbe reduction, finished drinking water is not sterile. Survival and regrowth of microorganisms in drinking water distribution systems can lead to the deterioration of water quality and even noncompliance of a supply. Regrowth has largely been associated with heterotrophic bacteria (i.e., those bacteria – including pathogens – that require preformed organic compounds as carbon and energy sources). Bacterial growth occurs on the walls of the distribution system (referred to as "biofilms") and in the water either as free living cells or cells attached to suspended solids. A multi-faceted phenomenon, bacterial regrowth is influenced primarily by temperature, residence time in mains and storage units, the efficacy of disinfection, and nutrients.

Assimilable Organic Carbon (AOC)

Assimilable organic carbon (AOC) is the portion of the total organic carbon (TOC) dissolved in water that is easily used by microorganisms as a carbon source (i.e., nutrients). Researchers are currently investigating treatment processes to control AOC. One promising process is biologically active filtration wherein bacterial communities are intentionally established in the filters to use up, or biodegrade, the AOC as it passes through. This treatment process must be employed before final disinfection so that bacteria escaping from the filter can be properly controlled. Most water utilities do not disinfect with chlorine until late in the treatment train. This limits the formation of disinfection by-products (i.e., those compounds like chloroform produced when chlorine reacts with naturally occurring organic carbon).

To accomplish disinfection earlier in treatment, some water utilities employ ozonation. While ozone is a very strong disinfectant, it also converts a portion of the TOC into AOC. Researchers are examining the advantages (e.g., disinfection of bacteria, viruses and protozoan cysts, control of color, control of taste and odor, enhancement of coagulation, and partial oxidation of the naturally occurring organic carbon that reacts with chlorine) and disadvantages of ozone (e.g., enhancement of AOC, conversion of bromide to bromate, and formation of its own disinfection byproducts like formaldehyde).

EPANET

The project entitled “EPANET” involves the development and testing of a water quality model for drinking water distribution systems. The EPANET model is a computer program that performs extended period simulation of hydraulic and water quality behavior within water distribution networks. It tracks the flow of water in each pipe, the pressure at each pipe junction, the height of water in each tank, and the concentration of a contaminant throughout the network during a multiple time period simulation. Water age and source tracing can also be simulated.

EPANET can be useful for analyzing the loss of disinfectant residual, designing water quality sampling programs, performing drinking water exposure risk assessments, and calibrating network hydraulic models. It can provide insight into how changes in water source utilization, pumping water storage levels, use of satellite treatment and targeted pipe cleaning and replacement would affect drinking water quality. In support of small community and non-community (less than 3,300 people) drinking water treatment systems, researchers are designing, modifying and testing “Hybrid Drinking Water Treatment Package Plants.”

These package plants are factory-built, skid-mounted, and ready to be operated in the field with minimal site preparation. They exhibit lower capital cost than custom designed facilities built onsite and can incorporate any drinking water treatment process. Promising technologies being considered for incorporation include membranes, advanced oxidation, bag filters, and photocatalytic oxidation. By merging, modifying, and adapting conventional treatment trains with innovative treatment technologies, a broader variety of contaminants (including pathogens) can be removed and SDWA compliance can be facilitated. Concern has recently mounted over the ability of certain pathogenic protozoan (*Cryptosporidium)* cysts to survive treatment processes and enter the distribution system.

Microorganisms Associated with Waterborne Disease

The following groups of microorganisms have been linked with the occurrence of waterborne disease. As each pathogen is isolated and identified as a threat to water quality, researchers try to discover the most effective combination of barriers and disinfection methods to minimize risk of human exposure.

Bacteria. Bacteria are the most widely distributed life forms. Pathogenic bacteria range in length from approximately 0.4 to 14 mm (a mm or “micrometer” equals one one-thousandth of a millimeter) and 0.2 to 1.2 mm in width. Key bacterial pathogens responsible for waterborne disease include Legionella, Salmonella typhi, Shigella, and Vibrio cholerae.

Viruses. Viruses are inactive when outside of a living host cell. Viruses linked to waterborne disease have protein coats that provide protection from environmental hazards and range in size from 0.02 to 0.09 mm. Unlike bacteria and protozoa, they contain only one type of nucleic acid (RNA or DNA). Key pathogens include hepatitis A and Norwalk virus.

Protozoa. Protozoa, common in bodies of water, are much larger than bacteria and viruses. To survive harsh environmental conditions, some species can secrete a protective covering and form a resting stage called a “cyst.” Encystment can protect protozoa from drinking water disinfection efforts and facilitate the spread of disease. Key protozoa being studied as agents of waterborne disease include Giardia and Cryptosporidium.

Protozoan Diseases
Two protozoans in the news today are Giardia and Cryptosporidium. Their consumption can lead to severe problems of the digestive system, which can be life-threatening to the very young, very old, or those with damaged immune systems.



E. coli Bacteria

Fecal Pollution

Some believe that exposure to fecal pollution through recreational waters or ingestion of contaminated shellfish causes greater health risks if the pollution is of human rather than animal origin. Before the relative risks of human versus animal fecal pollution can be assessed, it is necessary to develop a microbiological method for distinguishing human from animal pollution. Current methods detect fecal pollution but do not reveal the source. The objective of the project entitled "Method to Distinguish Non-Human Fecal Pollution from Human Fecal Pollution" is to develop a gene probe specific for *E. coli* that inhabit the human intestine for use as an indicator of the presence of human fecal contamination in water.

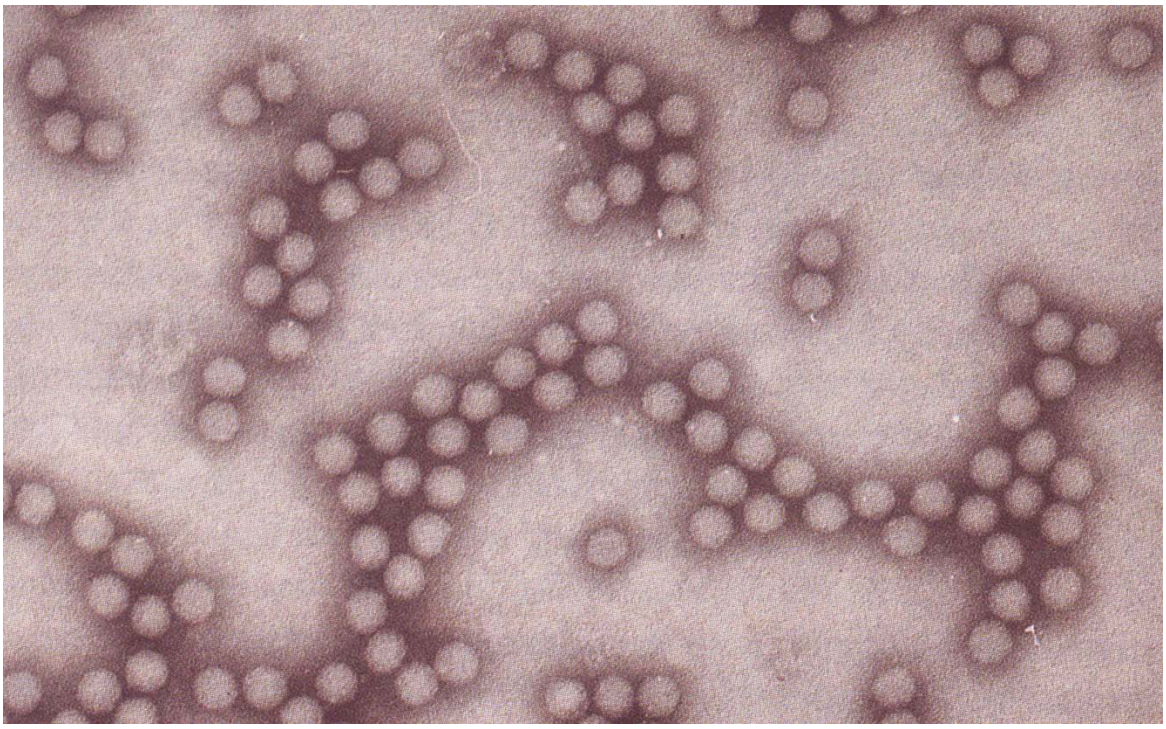
The probe will be field tested at several sites in which fecal pollution is exclusively from human sources, exclusively from animal sources and from mixed sources.

***Shigella* Species**
Shigella species are among the most common and significant pathogens associated with wastewater and sludge. Because of their low infective doses, these organisms may be hazardous even if present in low numbers in wastewaters that are recycled for potable use or sludges that are applied to agricultural land.

Shigellae are very difficult to detect in environmental samples by conventional methods because of their biochemical similarities to *E. coli*.

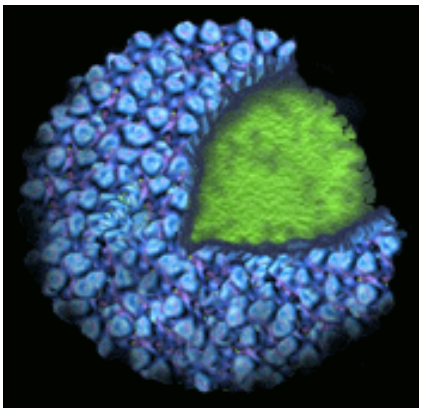
The use of current gene probe technology in the project entitled "Detectionof Enteroinvasive *Shigella* in Wastewaters and Sludges" should enable us to detect *Shigellae* in sludges and wastewaters that would appear to be free of these pathogens if analyzed by conventional methods.

Viral-Caused Diseases



Hepatitis A is an example of a common viral disease that may be transmitted through water. The onset is usually abrupt, with fever, malaise, loss of appetite, nausea and abdominal discomfort followed within a few days by jaundice. The disease varies in severity from a mild illness lasting one to two weeks to a severely disabling disease lasting several months (rare). The incubation period is 15-50 days and averages 28-30 days. Hepatitis A outbreaks have been related to fecally contaminated water; food contaminated by infected food handlers, including sandwiches and salads that are not cooked or are handled after cooking, and raw or undercooked mollusks harvested from contaminated waters.

Aseptic meningitis, polio, and viral gastroenteritis (**Norwalk agent**) are other viral diseases that can be transmitted through water. Most viruses in drinking water can be inactivated by chlorine or other disinfectants.



Norwalk Agent



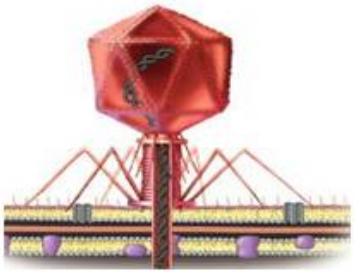
COCCI
(SPHERICAL)



SPIRILLI
(SPIRAL)

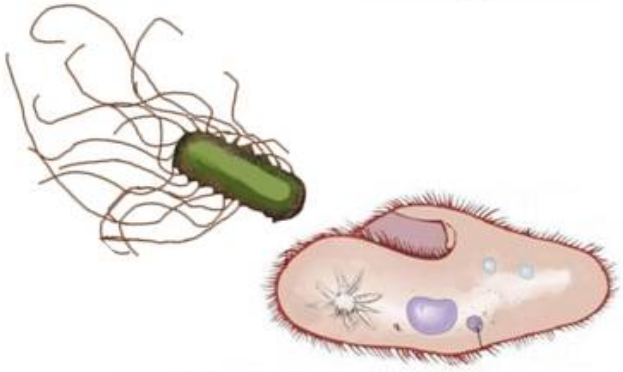


BACILLI
(ROD-SHAPED)

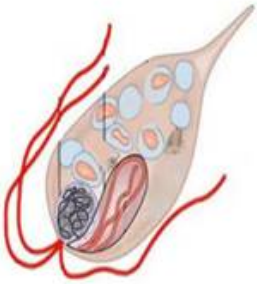




VIRUSES



BACTERIA



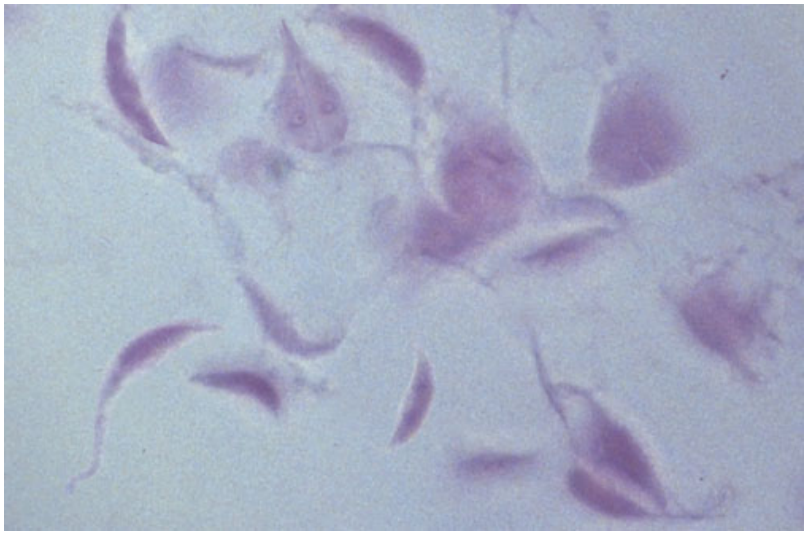
PROTOZOA

BACTERIA TYPES

Protozoan Caused Diseases

Protozoan pathogens are larger than bacteria and viruses, but still microscopic. They invade and inhabit the gastrointestinal tract. Some parasites enter the environment in a dormant form, with a protective cell wall called a "**cyst**." The cyst can survive in the environment for long periods of time and be extremely resistant to conventional disinfectants such as chlorine. Effective filtration treatment is therefore critical to removing these organisms from water sources.

Giardiasis is a commonly reported protozoan-caused disease. It has also been referred to as "**backpacker's disease**" and "**beaver fever**" because of the many cases reported among hikers and others who consume untreated surface water. Symptoms include chronic diarrhea, abdominal cramps, bloating, frequent loose and pale greasy stools, fatigue and weight loss. The incubation period is 5-25 days or longer, with an average of 7-10 days.



Many infections are asymptomatic (no symptoms). Giardiasis occurs worldwide. Waterborne outbreaks in the United States occur most often in communities receiving their drinking water from streams or rivers without adequate disinfection or a filtration system. The organism, ***Giardia lamblia,*** has been responsible for more community-wide outbreaks of disease in the U.S. than any other pathogen. Drugs are available for treatment, but these are not 100% effective.

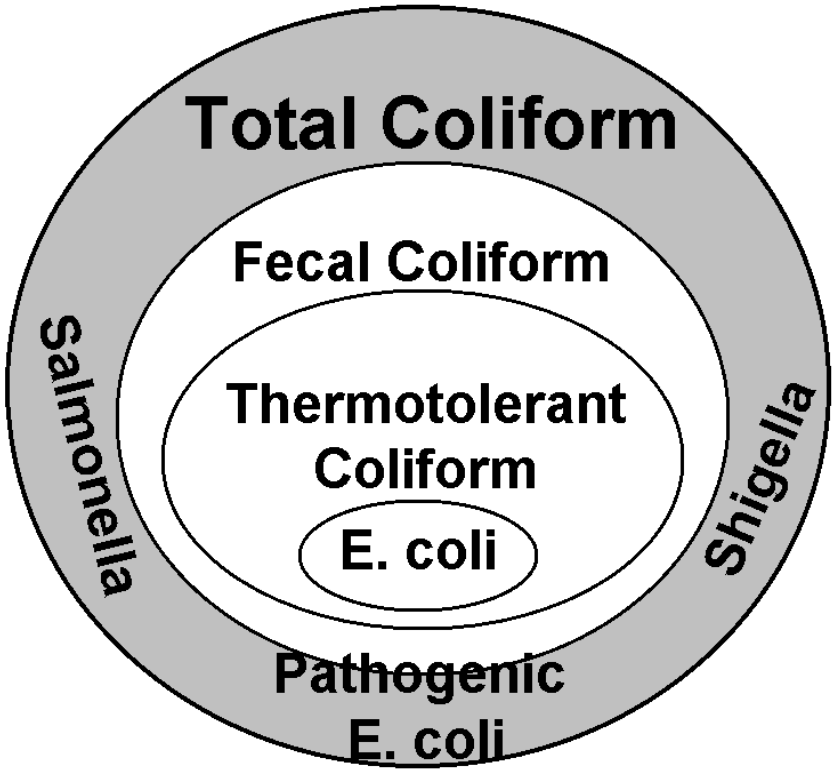
Cryptosporidiosis

Cryptosporidiosis is an example of a protozoan disease that is common worldwide, but was only recently recognized as causing human disease. The major symptom in humans is diarrhea, which may be profuse and watery. The diarrhea is associated with cramping abdominal pain. General malaise, fever, anorexia, nausea, and vomiting occur less often. Symptoms usually come and go, and end in fewer than 30 days in most cases. The incubation period is 1-12 days, with an average of about seven days. *Cryptosporidium* organisms have been identified in human fecal specimens from more than 50 countries on six continents. The mode of transmission is fecal-oral, either by person-to-person or animal-to-person. There is no specific treatment for *Cryptosporidium* infections.



All these diseases, with the exception of hepatitis A, have one symptom in common: diarrhea. They also have the same mode of transmission, fecal-oral, whether through person-to-person or animal-to-person contact, and the same routes of transmission, being either foodborne or waterborne. Although most pathogens cause mild, self-limiting disease, on occasion, they can cause serious, even life threatening illness. Particularly vulnerable are persons with weak immune systems, such as those with HIV infections or cancer.

By understanding the nature of waterborne diseases, the importance of properly constructed, operated and maintained public water systems becomes obvious. While water treatment cannot achieve sterile water (no microorganisms), the goal of treatment must clearly be to produce drinking water that is as pathogen-free as possible at all times. For those who operate water systems with inadequate source protection or treatment facilities, the potential risk of a waterborne disease outbreak is real. For those operating systems that currently provide adequate source protection and treatment, operating and maintaining the system at a high level on a continuing basis is critical to prevent disease.



Waterborne Diseases

Name ***Causative organism*** *Source of organism* (Disease)

Viral gastroenteritis ***Rotavirus:*** *lives mostly in young Human feces*, (Diarrhea or vomiting children)

Norwalk-like viruses *Human feces*; also, shellfish; lives in polluted waters (Diarrhea and vomiting)

Salmonellosis ***Salmonella*** (bacterium): *Animal or human feces* (Diarrhea or vomiting)

Escherichia *coli*-- ***E. coli O1*** **57:H7,** ***Other E. coli organisms*** (bacterium): *Human feces* (Symptoms vary with type caused; gastroenteritis)

Typhoid ***Salmonella typhi*** (bacterium): *Human feces, urine* (Inflamed intestine, enlarged spleen, high temperature— sometimes fatal)

Shigellosis ***Shigella*** (bacterium): *Human feces* (Diarrhea)

Cholera ***Vibrio choleras*** (bacterium): *Human feces; also, shellfish; lives in many coastal waters* (Vomiting, severe diarrhea, rapid dehydration, mineral loss —high mortality.)

Hepatitis A **Hepatitis A** virus: *Human feces; shellfish grown*; *lives in polluted waters* (fever Yellowed skin, enlarged liver, vomiting, weight loss, abdominal pain — low mortality, lasts up to four months)

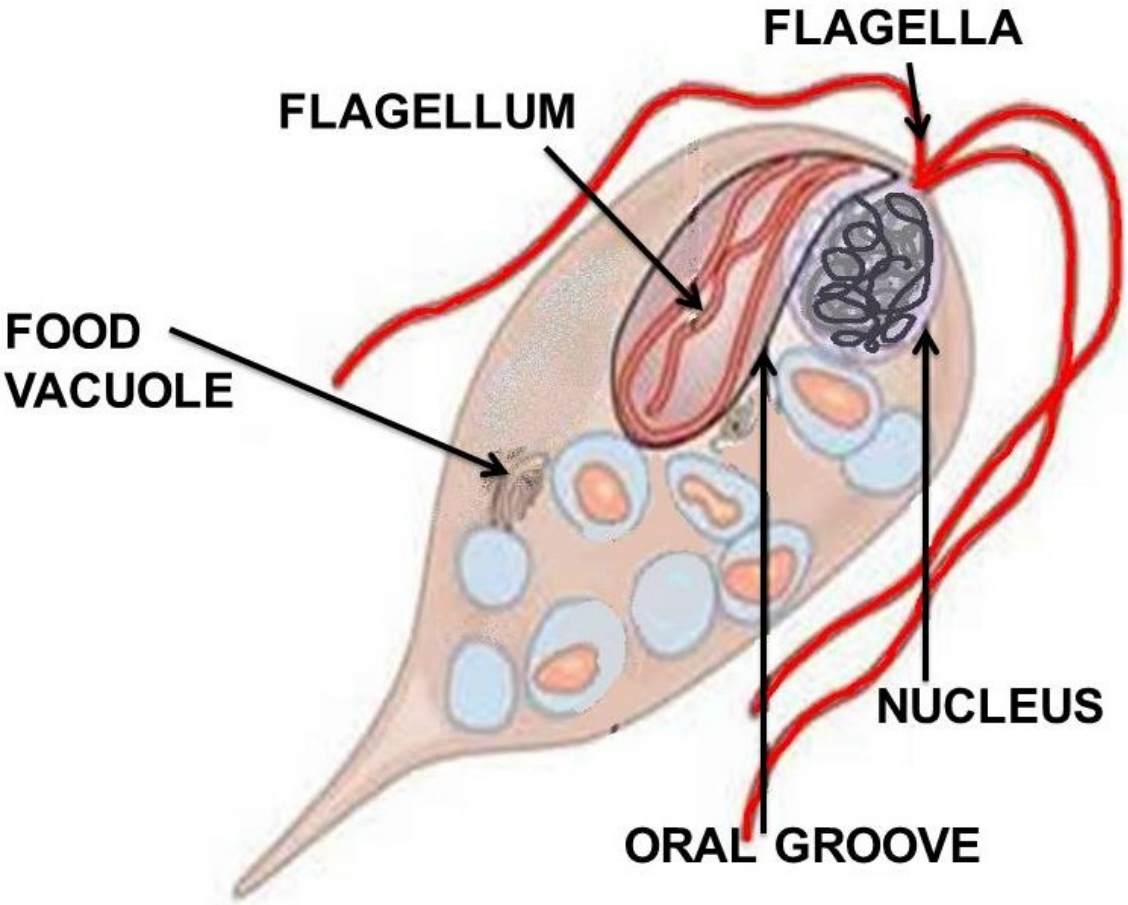
Amebiasis ***Entamoeba histolytica:*** *Human feces* (Mild diarrhea, dysentery, (protozoan) extra intestinal infection)

Giardiasis ***Giardia lamblia*** (protozoan): *Animal or human feces* (Diarrhea, cramps, nausea, and general weakness — lasts one week to months)

Cryptosporidiosis ***Cryptosporidium parvum****: Animal or human feces* (Diarrhea, stomach pain — lasts (protozoan) days to weeks)

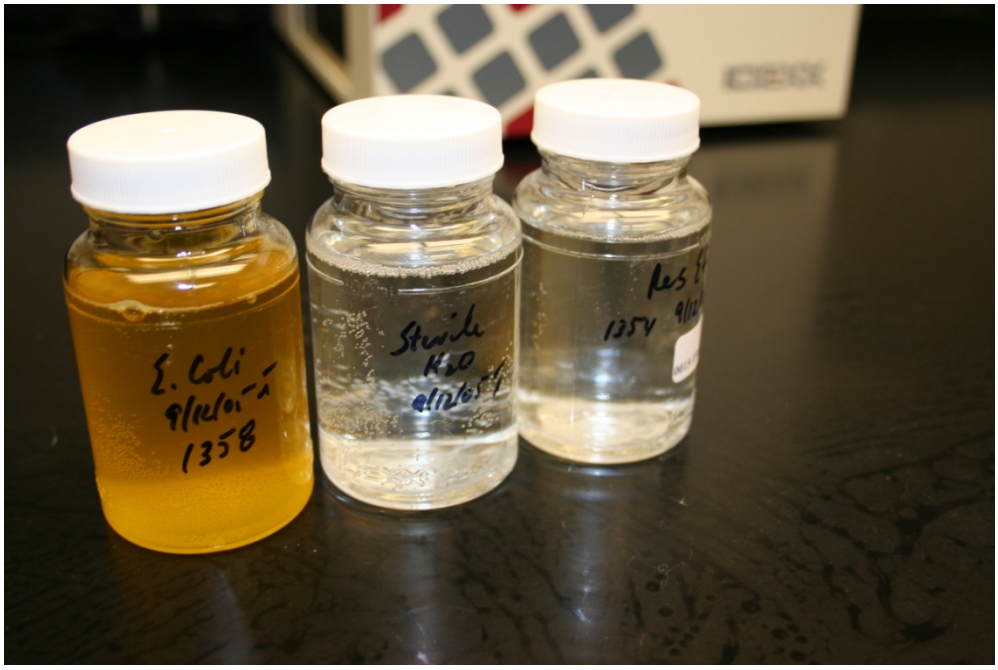


E. coli O157



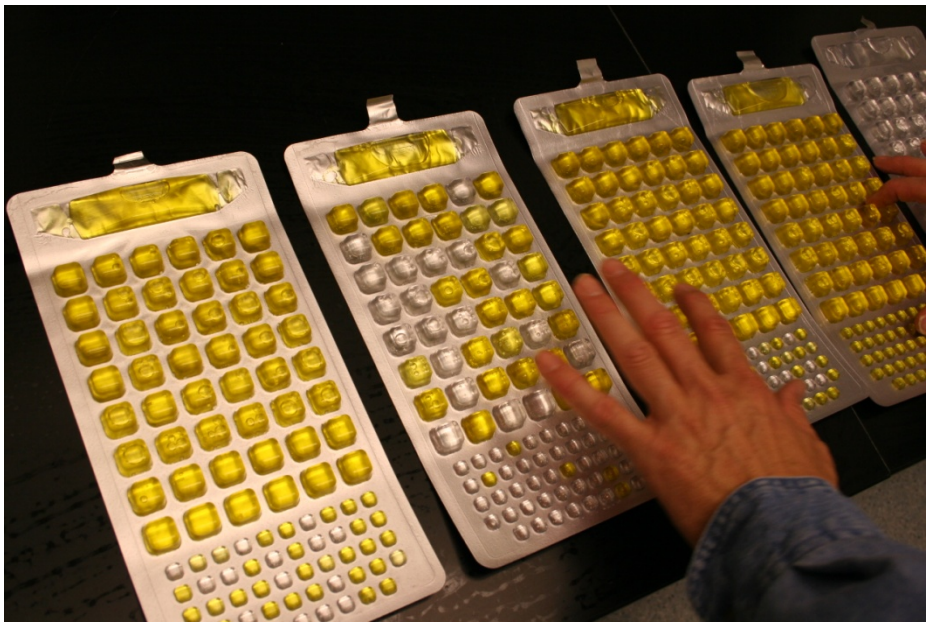
GIARDIA LAMBLIA

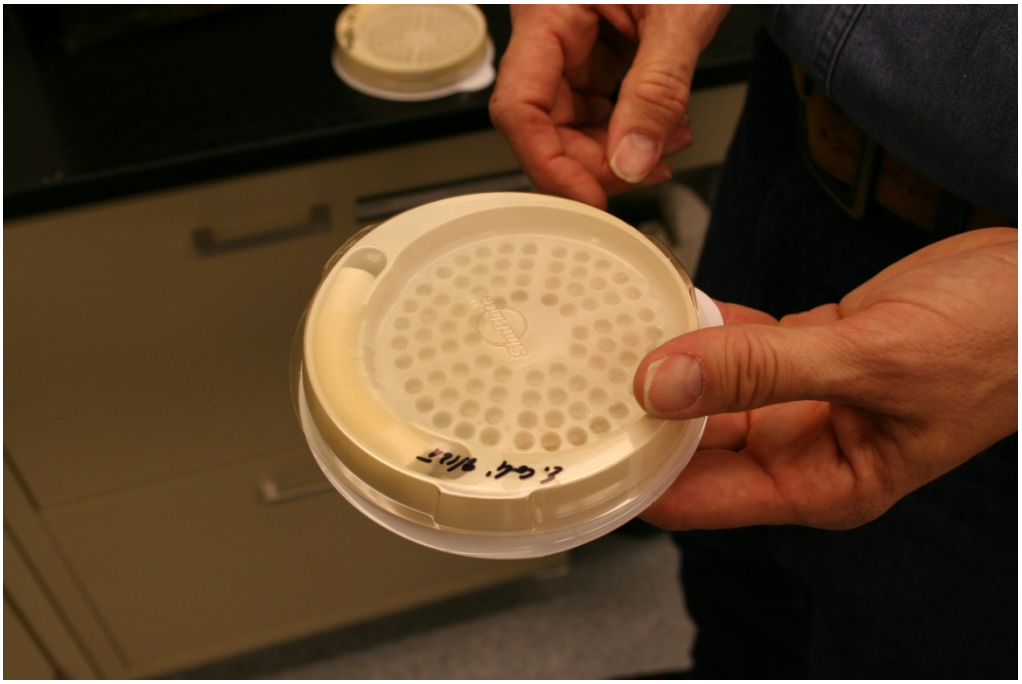
Bacteriological Monitoring Section



Colilert test simultaneously detects and confirms coliforms and E. coli in water samples in 24 hours or less. Simply add the Colilert reagent to the sample, incubate for 24 hours, and read results.

Colilert is easy to read, as positive coliform samples turn yellow, and when E. coli is present, samples fluoresce under UV light.





SimPlate for HPC Multi Dose Method.

IDEXX's HPC method is used for the quantification of heterotrophic plate counts in water. The number of fluorescing wells corresponds to a Most Probable Number (MPN) of total bacteria in the original sample. The MPN values generated by the SimPlate for HPC method correlate with the Pour Plate method using Total Plate Count Agar incubated at 35^{o} for 48 hours as described in *Standard Methods for the Examination of Water and Wastewater, 19th Edition.*



Bacteriological Monitoring

Most waterborne diseases and illnesses have been related to the microbiological quality of drinking water. The routine microbiological analysis of your water is for coliform bacteria. The coliform bacteria group is used as an indicator organism to determine the biological quality of your water. The presence of an indicator or pathogenic bacteria in your drinking water is an important health concern. Indicator bacteria signal possible fecal contamination and therefore, the potential presence of pathogens. They are used to monitor for pathogens because of the difficulties in determining the presence of specific disease-causing microorganisms.

Indicator bacteria are usually harmless, occur in high densities in their natural environment and are easily cultured in relatively simple bacteriological media. Indicators in common use today for routine monitoring of drinking water include total coliforms, fecal coliforms and *Escherichia coli (E. coli).*

The new National Primary Drinking Water Regulations require that all drinking water samples testing positive for total coliforms be further tested for the presence of either fecal coliforms or *E. coli*. There is a method currently available that allows the simultaneous detection of total coliforms and *E. coli* in a broth medium in 24 hours; however, there is no equivalent method for use with membrane filters. Development of such a method will allow those who prefer to obtain counts of these organisms in their distribution systems to use a membrane filter method and to have results within the 24-hour time frame. Through the project "Development of a Membrane Filter Medium for the Simultaneous Detection of Total Coliforms and *E. coli*," a membrane filter medium on which both total coliforms and *E. coli* can be distinguished from non-coliforms will be developed and patented.

E. coli are fecal organisms that when present in drinking water are indicative of fecal pollution. Logistical concerns in sample handling and holding require evaluation of conditions for optimizing sample stability and longevity. No current regulations exist for handling samples for analysis of *E. coli*. Through the project entitled "Optimal Sample Holding Conditions for Analysis of Fecal *E.coli* in Drinking Water," sample temperature and holding time will be determined for *E. coli* or fecal coliform analysis methods (i.e., Colilert and M-FC agar).

Relative recovery of methods and storage conditions will be assessed for optimal *E. coli* recovery. The requirement (through the SDWA amendments) to test all coliform-positive drinking water samples for either fecal coliforms or *E. coli* is new. Data from available methods for detecting chlorine damaged *E. coli* in drinking water are limited. The objective of the project entitled "Detection of Low Numbers of Chlorine-Stressed *E. coli* in Drinking Water" is to evaluate and compare the abilities of a commercial method (Colilert) and a standard coliform method (ECMUG) to recover low numbers of chlorine-stressed *E. coli* from potable water. Pure cultures of *E. coli* will be washed, nutrient-stressed in finished drinking water, and treated with chlorine. The chlorine-stressed *E. coli* will then be enumerated, diluted to levels that would be found in marginally unsafe drinking water and assayed in multiple tubes by the three methods.

These experiments will be repeated using naturally occurring *E. coli* from diluted human fecal specimens, contaminated source waters and effluents. The infectious bacterial agent identified from the stools of cholera victims is *Vibrio cholerae*. The epidemic in Latin America has prompted a renewed interest in control measures for this disease. Through the project entitled "Inactivation of *Vibrio cholerae* Biotype El Tor and Biotype Classical by Chlorination," it has

been determined that the strain responsible for the epidemic in Peru is capable of reverting to a variant which is more resistant to chlorination than the typical smooth variety of *Vibrio cholerae*.

Cells of the variant appear to be imbedded in a gelatinous mucoid material, facilitating the formation of aggregates, which renders them more resistant to disinfection. Although the variant is more resistant, studies have indicated that all strains are readily inactivated through adequate chlorination.

The *Legionella pneumophila* bacterial strains that cause community- and hospital-acquired pneumonia are usually spread via finished drinking water. Certain free living amoebae (protozoa) support the multiplication of *L. pneumophila* in drinking water systems. These amoebae may also be responsible for enhancing the virulence (capacity of a microorganism to cause disease) of the *Legionellae* and for protecting them from adverse environmental factors such as high temperature and chlorine disinfection. The project entitled "Multiplication of *Legionellae* in Amoebae and Assessment of Virulence" will determine the effect of intracellular growth of *Legionella* in amoebae on virulence and as protection against chlorine and high temperature. To accomplish this, a method will be established to study the ability of various types of amoebae to provide a protective niche for the multiplication of *Legionellae* under adverse environmental conditions.

Combinations of *Legionella* isolates and specific amoebae that result in high yields of *Legionella* after intracellular growth will be used to study the effects of intracellular growth on virulence. Preliminary studies on the ability of amoebae to supply iron to *Legionellae* growing intracellularly showed no obvious associations between growth and iron concentration. EPA is required by the SDWA to establish appropriate controls and regulations for potable water.

EPA's Office of Research and Development's (ORD) project entitled "Develop Methods for Identifying Potential Bacterial Pathogens in Drinking Water" will develop a data base on potential health hazards (i.e., pathogenicity) associated with bacteria commonly found in water distribution systems. To accomplish this, three rodent species will be compromised using nitrous oxides or immunosuppressive agents, and the animals subsequently will be challenged via the gastrointestinal route.

Although virulence is usually measured *in vivo* (animal research), the need for extensive animal testing can be significantly reduced by the development of a battery of *in vitro* (cell culture) tests for traits known to be virulence-related. This battery can be used to predict the potential an organism has for causing disease in exposed populations. Through the project entitled "Develop *In Vitro* Methods for Identifying Potential Bacterial Pathogens in Drinking Water," model systems will be developed that can be used to determine the potential pathogenicity of bacteria found in potable water distribution systems. Additionally, gene probe and other assays to identify known opportunistic pathogens will be developed and evaluated.

Bacteria common to drinking water distribution systems colonize point-of-entry, granular activated carbon (GAC) filters where they are able to grow to very high densities.

Subsequent to reaching the high densities the bacteria begin sloughing off the GAC filters. The number of bacteria in the filter effluent (i.e., water flowing out of the filter) is significantly higher than in the influent water. This amplification of bacteria in drinking water is of concern to EPA because GAC filters are being considered as a substitute for central potable (i.e., fit for drinking drinking) water treatment in small communities where the treatment system has been overwhelmed by organic substances that may be harmful to human health.

EPA's Office of Ground Water and Drinking Water (OGWDW), however, does not want to recommend the use of these filters if the possibility exists that their use poses an acute disease risk due to bacteria that grow on the filters. The health significance of the bacteria known to adsorb and grow on GAC filters used in the home will be evaluated. The OGWDW will use this information to develop appropriate controls and regulations for this type of drinking water treatment as required by the SDWA.

The objective of ORD's project entitled "Health Effects Associated with Point-of-Entry GAC Filters" is to determine if a significant health hazard is associated with the use of granular activated carbon, point-of entry, whole house filters. To accomplish this, a suitable study site will be selected based on the following criteria:
1) the water in the delivery system must meet EPA and local drinking water standards; and
2) the water distribution system should contain a bacterial population whose density is as high as possible and still acceptable under local regulations.

Bacteria Sampling

Water samples for bacteria tests must always be collected in a sterile container. Take the sample from an inside faucet with the aerator removed. Sterilize by spraying a 5% household bleach or alcohol solution or flaming the end of the tap with propane torch.

Run the water for five minutes to clear the water lines and bring in fresh water. Do not touch or contaminate the inside of the bottle or cap. Carefully open the sample container and hold the outside of the cap. Fill the container and replace the top. Refrigerate the sample and transport it to the testing laboratory within six hours (in an ice chest). Many labs will not accept bacteria samples on Friday so check the lab's schedule. Mailing bacteria samples is not recommended because laboratory analysis results are not as reliable.

Iron bacteria forms an obvious slime on the inside of pipes and fixtures. A water test is not needed for identification. Check for a reddish-brown slime inside a toilet tank or where water stands for several days.



Standard Sample Coliform Bacteria Bac-T.

Bac-T Sample Bottle, often referred to as a Standard Sample, 100 mls, Notice the white powder inside the bottle. That is Sodium Thiosulfate, a de-chlorination agent. Be careful not to wash-out this chemical while sampling. Notice the custody seal on the bottle.

Coliform Bacteria are common in the environment and are generally not harmful. However, the presence of these bacteria in drinking water is usually a result of a problem with the treatment system or the pipes which distribute water, and indicates that the water may be contaminated with germs that can cause disease.

Laboratory Procedures

The laboratory may perform the total coliform analysis in one of four methods approved by the U.S. EPA and your local environmental or health division:

Methods

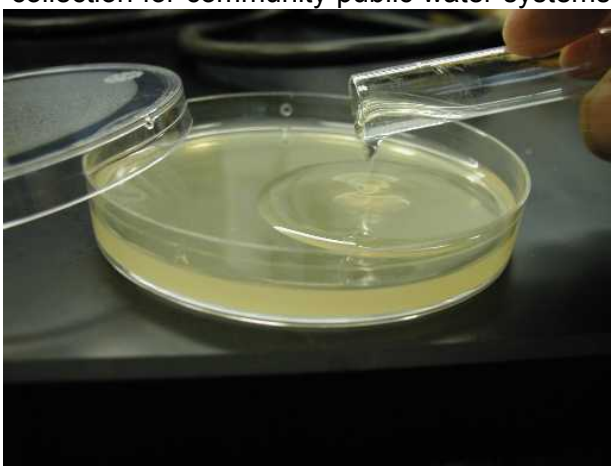
The MMO-MUG test, a product marketed as Colilert is the most common. The sample results will be reported by the laboratories as simply coliforms present or absent. If coliforms are present, the laboratory will analyze the sample further to determine if these are fecal coliforms or E. coli and report their presence or absence.

Types of Water Samples

It is important to properly identify the type of sample you are collecting. Please indicate in the space provided on the laboratory form the type of sample.
The three (3) types of samples are:
1. **Routine:** Samples collected on a routine basis to monitor for contamination. Collection should be in accordance with an approved sampling plan.
2. **Repeat:** Samples collected following a '***coliform present'*** routine sample. The number of repeat samples to be collected is based on the number of routine samples you normally collect.
3. **Special:** Samples collected for other reasons.
Examples would be a sample collected after repairs to the system and before it is placed back into operation or a sample collected at a wellhead prior to a disinfection injection point.

Routine Coliform Sampling

The number of routine samples and frequency of collection for community public water systems is shown in Table 3-1.



Noncommunity and nontransient noncommunity public water systems will sample at the same frequency as a like sized community public water system if:

1. It has more than 1,000 daily population and has ground water as a source, or 2. It serves 25 or more daily population and utilizes surface water as a source or ground water under the direct influence of surface water as its source.

Noncommunity and nontransient, noncommunity water systems with less than 1,000 daily population and groundwater as a source will sample on a quarterly basis.



This lab equipment is used for testing parameters in water such as Metals, Pesticides and Hydrocarbons. Often geotechnical water testing that is performed to support characterization regarding the fate and transport of contaminants in soils and sediments. Information such as the grain size distribution provides insight into the absorption, accumulation and movement of contaminants as it may relate to various particle sizes.

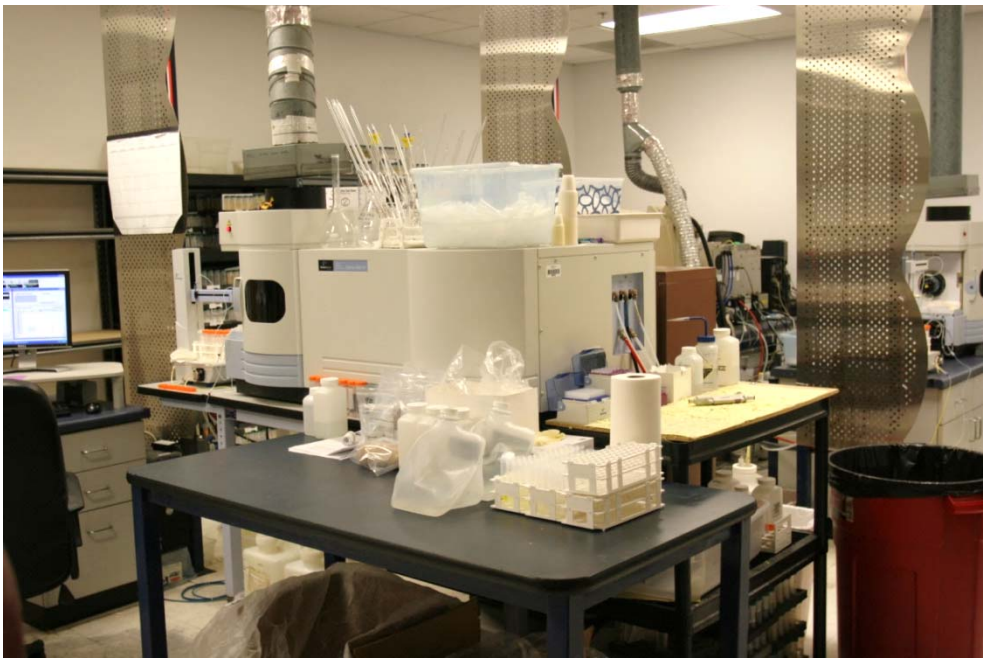




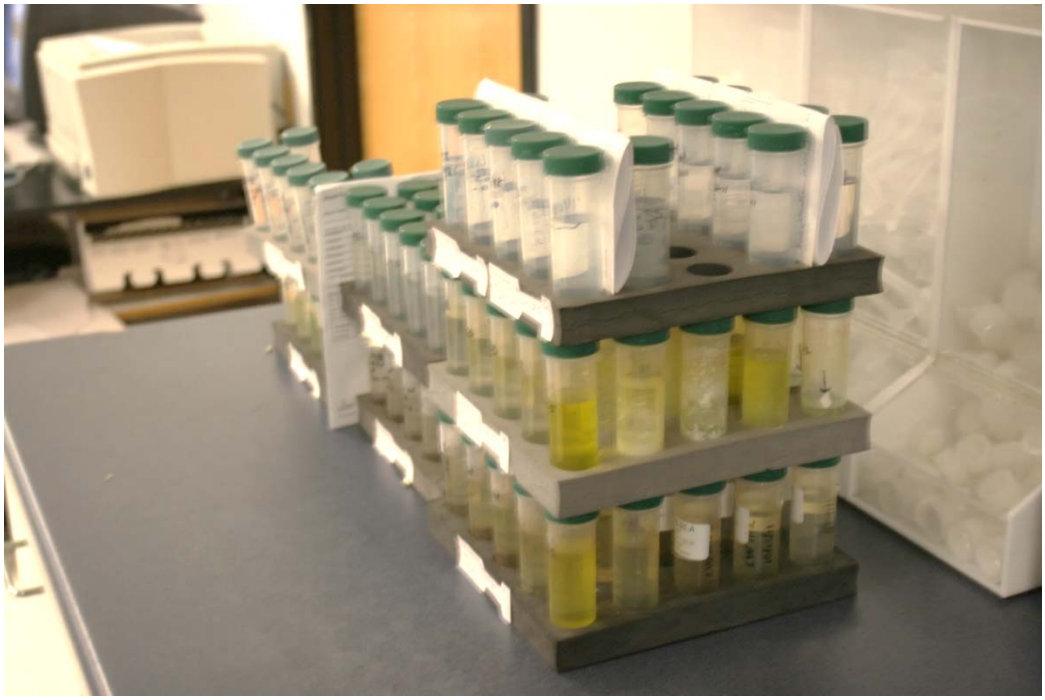
Top Photo: Extraction is a process used to concentrate trace levels of materials, in this case metals. Some metals are able to be complexed with an organic chelating agent. The organic chelating agent, Ammonium pyrrolidine dithiocarbamate (APDC), chemically binds the metals in the water. APDC is easily dissolved in the nonpolar organic solvent, methyl isobutyl ketone (MIBK). Because MIBK is nonpolar, it will not dissolve in water and will separate from the water like oil and water.

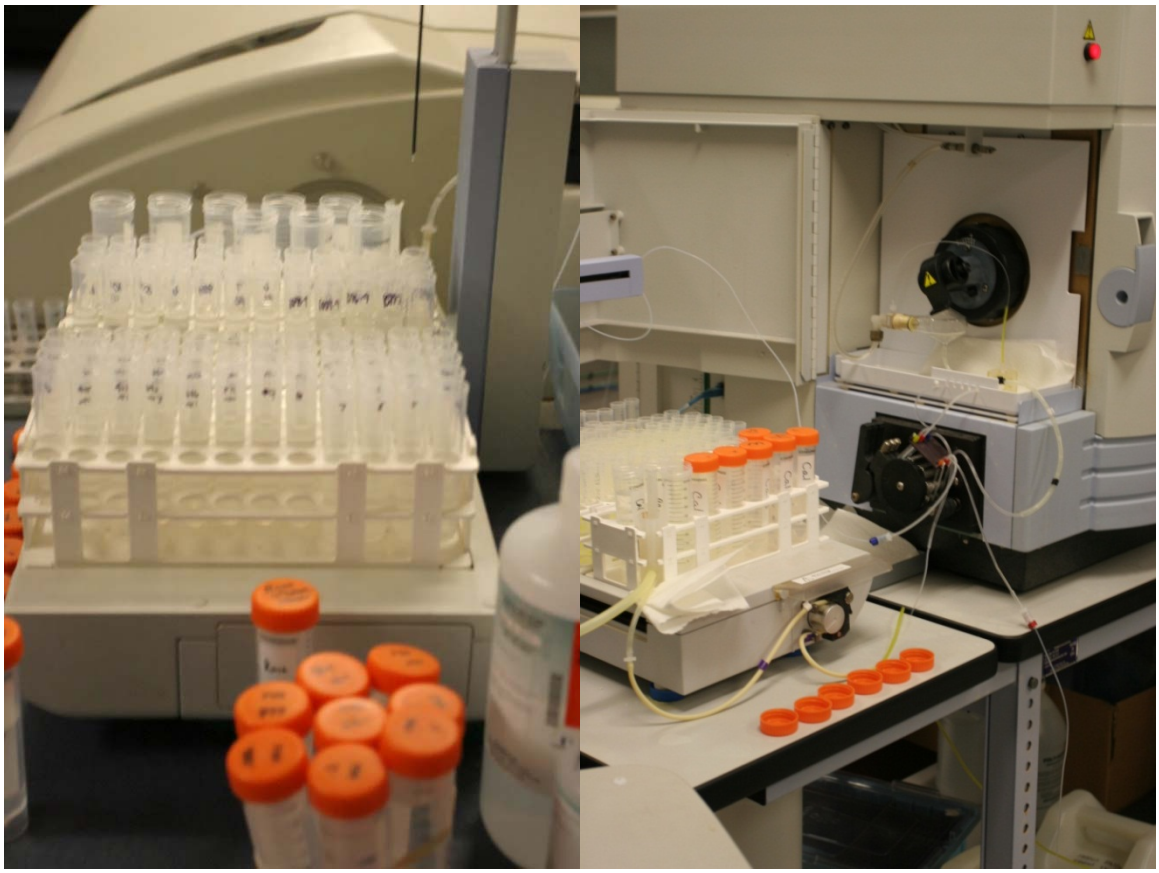
Bottom Photo: Atomic absorption requires the presence of ground state metal atoms (Me^{o}). The initial process which takes place in an atomic absorption spectrophotometer is to create a population of ground state atoms. This is accomplished in a variety of ways, usually classified as flame and non-flame. The simplest and most common method uses a flame to produce these atoms.





Vapor atomic fluorescence spectroscopy (CVAFS) analytical techniques were designed by the EPA for the analysis of Mercury at low and sub parts per trillion (ppt) concentrations. Low detection limits were developed to support risk assessment, Mercury bioaccumulation in fish is a heightened concern. Thirty-nine states have issued fish consumption advisories due to mercury contamination. Mercury is a toxic pollutant across most regulatory programs (air, water, hazardous waste & pollution prevention). It is persistent and harmful to human health and the environment at relatively low levels.





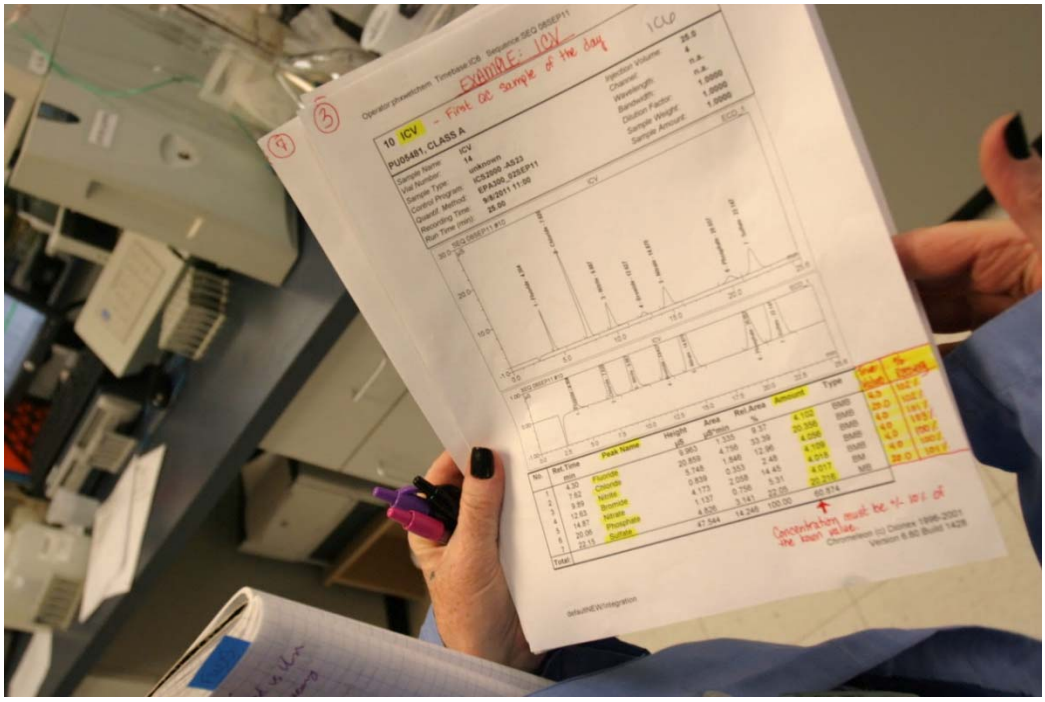
This lab's Quality Assurance Quality Control (QAQC) methods includes spikes, performance samples, replicates, detection limits and blanks.





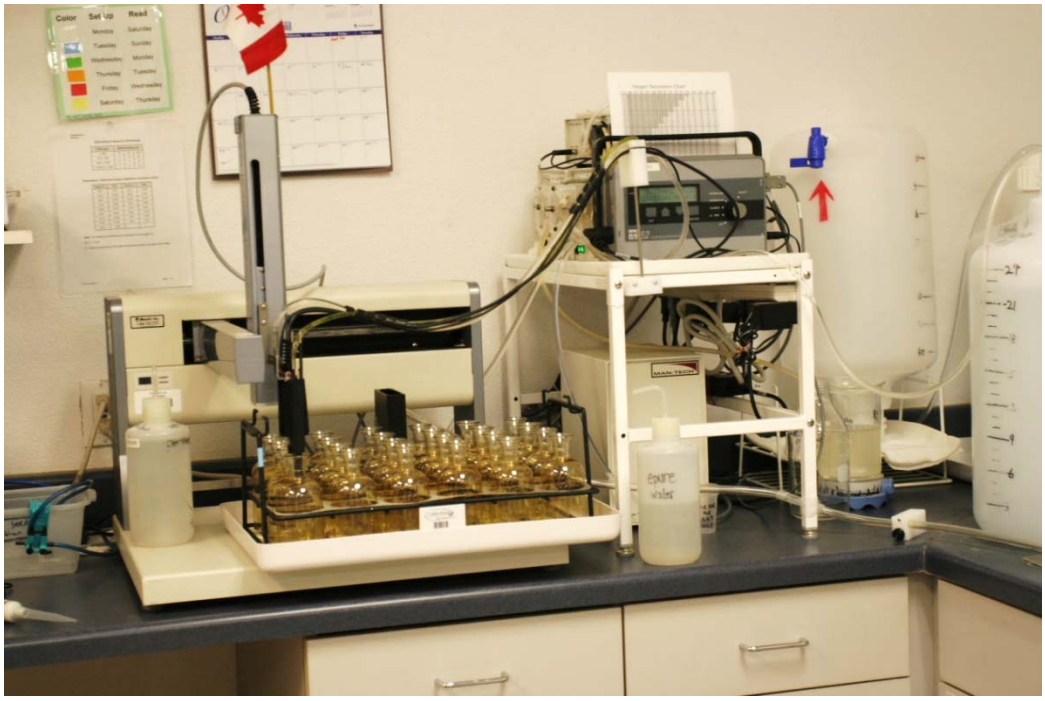
Prepared samples stored for metal analysis.

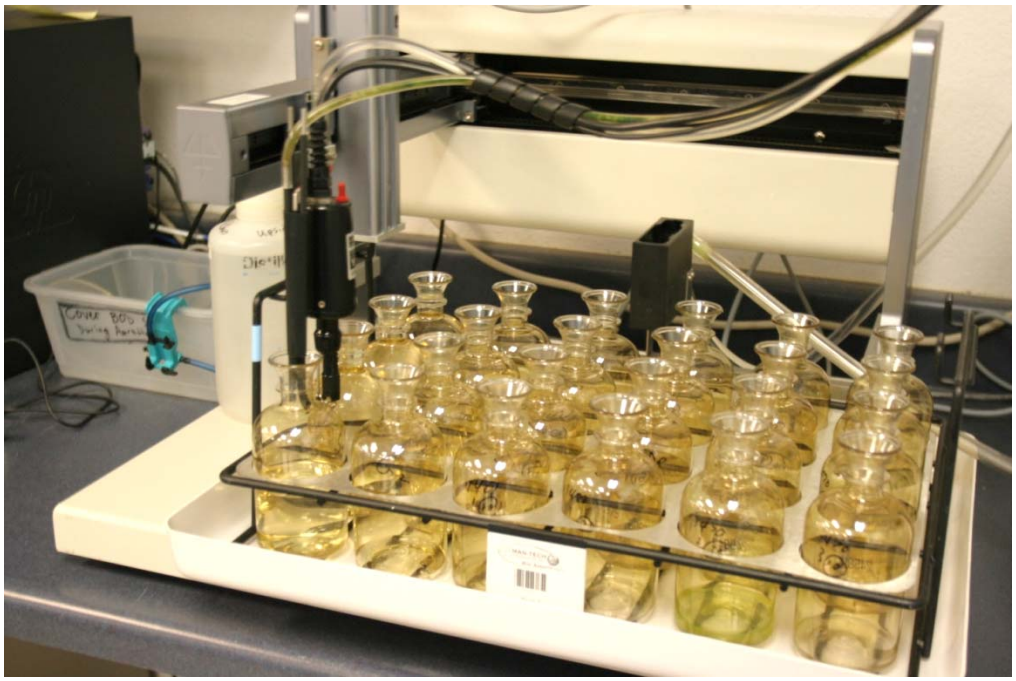




Top Photo: This form shows a typical ion chromatography run will have a standard curve consisting of 4 or 5 points for each ion of interest. A combined ion stock standard is used. The correlation coefficient of the standard curve for each ion should be >.998. The coefficient is calculated by plotting the peak area against the standard concentration using a linear fit.

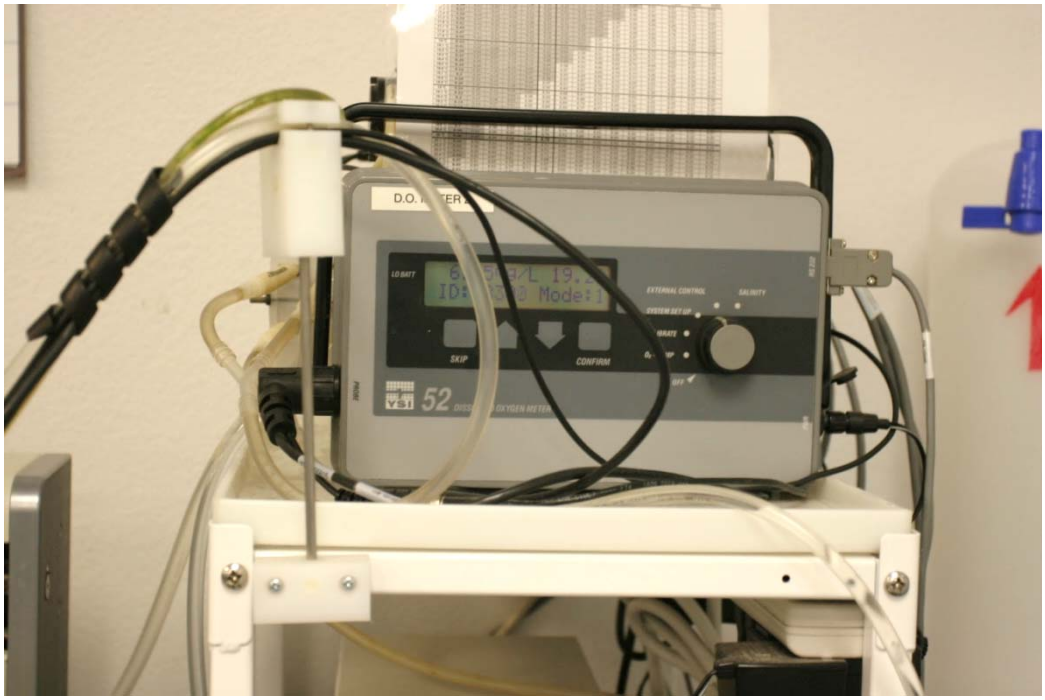
Bottom Photo: Some labs have the luxury of automatic filling dilution water for BOD bottles. If the BOD bottle is filled too rapidly, excessive agitation and bubbling may result in supersaturated water. This device also has the capability of measuring the oxygen level.

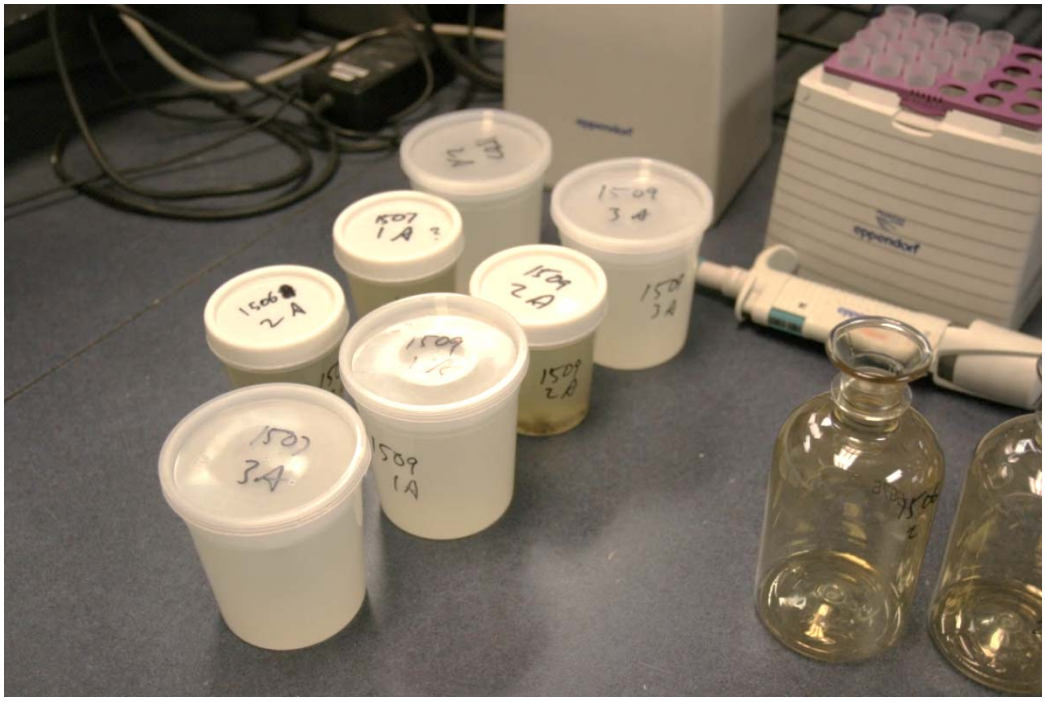




Top Photo: Running a BOD analysis on a sample consists of placing a portion of a sample (along with prepared dilution water) into an air-tight bottle (300 ml volume) and incubating the bottle at 20 +/- 1 deg C for (usually) 5 days.

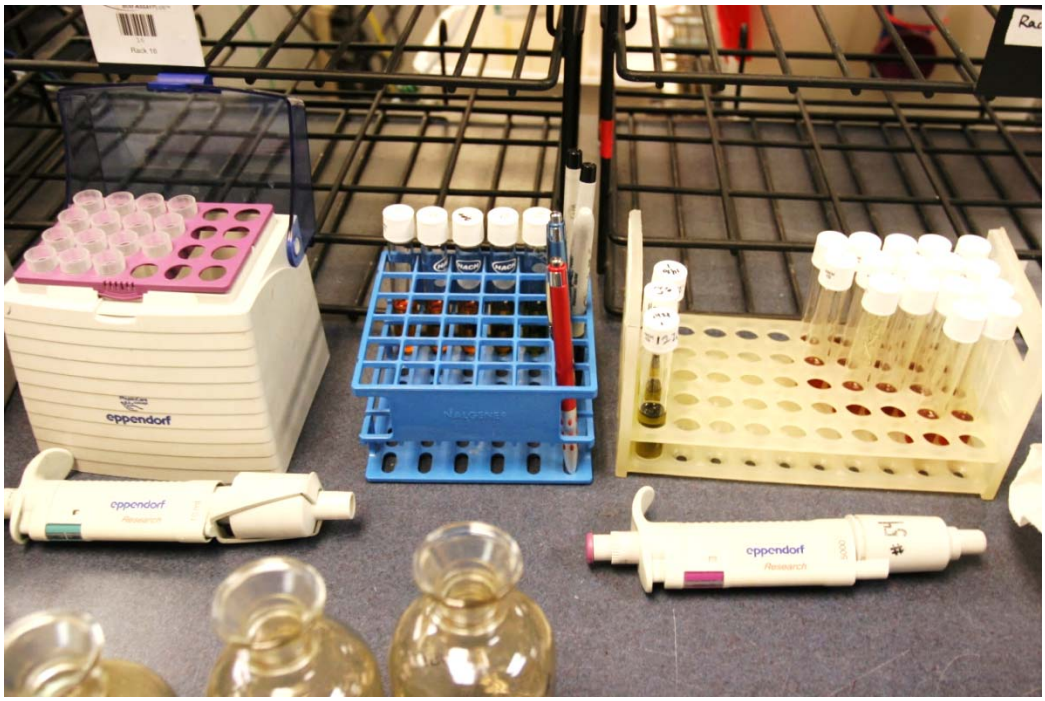
Bottom Photo: Dissolved oxygen is often measured to determine the oxygen level in receiving streams, in the aeration basin, and in the BOD test. The DO meter and electrode work in similar fashion to other electronic meters but unlike the others, this meter must be continually "on" to remain polarized.





Top Photo: Collecting the seed in a 500 ml bottle and let settle at least 1 hour and up to 36 hours. This will allow settleable solids to settle and help assure the seed is homogeneous.

Bottom Photo: In order to validate the BOD test conditions, reagents, and procedure, it is necessary to measure a solution with a known amount of organics. A solution that has a known value is called a standard.





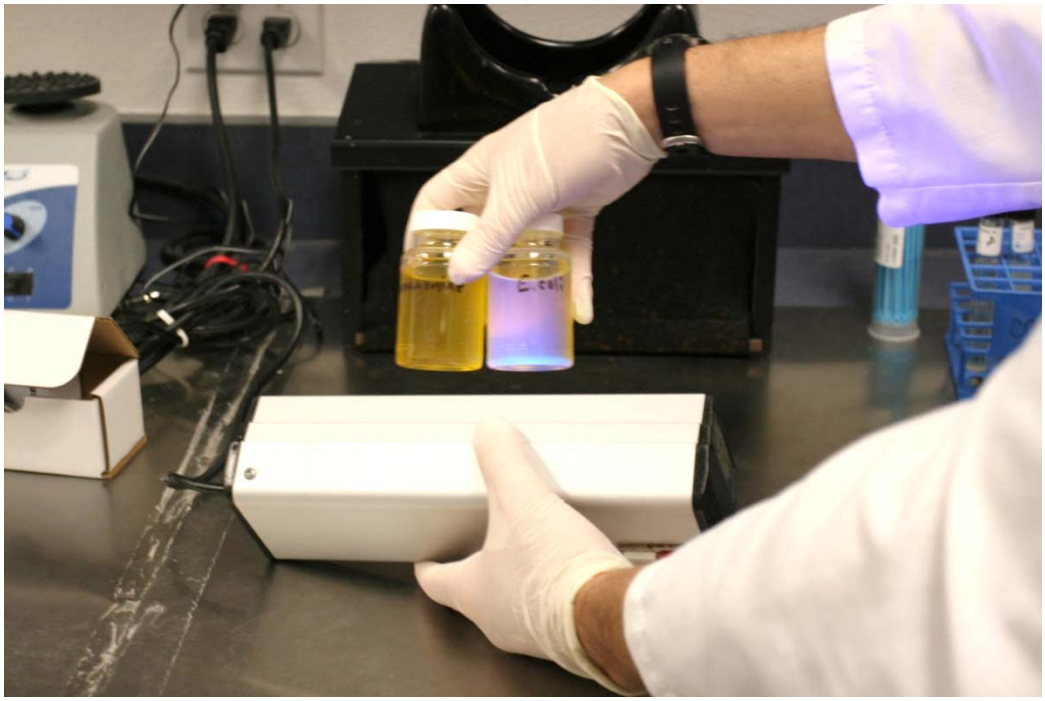
Top Photo: This area is used for Fecal coliform which the most common dilution is prepared by transferring 11 ml of sample to 99 ml of sterile phosphate dilution water using a sterile serological pipet.

Bottom Photo: Some labs perform a variation of coliform testing this technician is making sure his area follows QAQC standards.





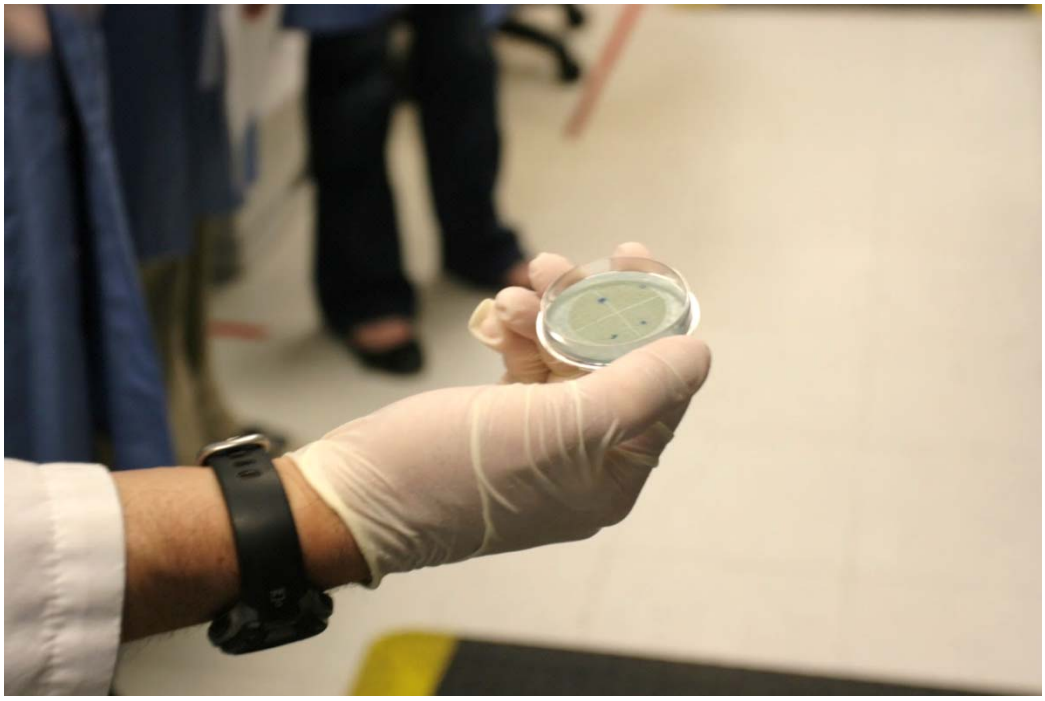
IDEXX bottles are clear plastic disposable containers that are supplied by the manufacturer with the colilert testing kits. Many labs that use the colilert method also issue the IDEXX bottles. Positive identification of total coliform is indicated by fluorescent under the UV light. E-coli are indicated by fluorescent blue colonies.





Top Photo: This technician is using Colilert which is a commercially available enzyme-substrate liquid-broth medium (IDEXX Laboratories, Inc.) that allows the simultaneous detection of total coliforms and *Escherichia coli* (*E. coli*). It is available in the most-probable number (MPN) or the presence/absence (PA) format. The MPN method is facilitated by use of a specially designed disposable incubation tray called the Quanti-Tray®.

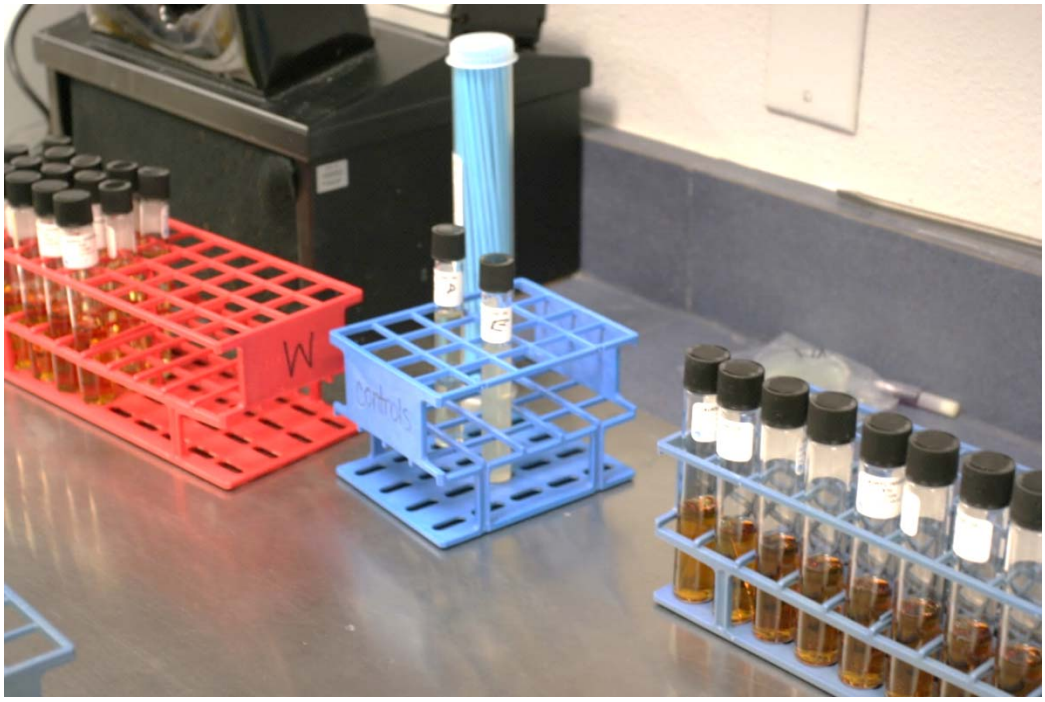
Bottom Photo: Another method is using a petri dish with a filter membrane. The broth and membrane used vary depending on the sample type for water or wastewater.

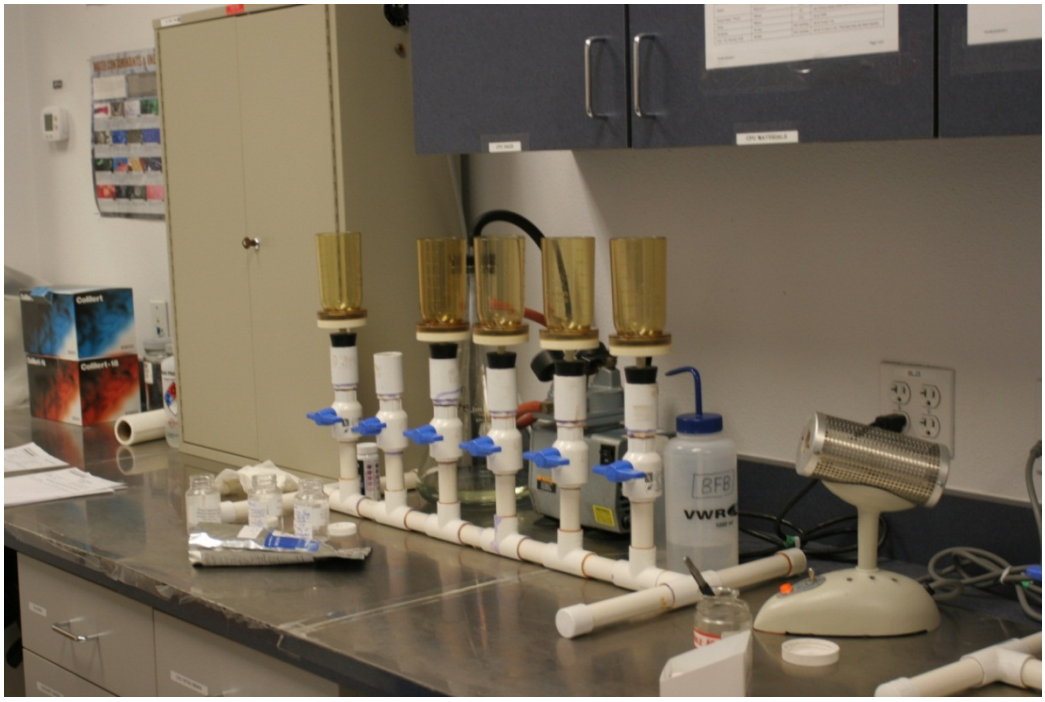




The MPN method (also called Multiple Tube Fermentation Technique) for fecal coliform detection is often used when the sample has excessive turbidity. Excessive turbidity in the sample will plug the membrane filter, causing poor bacteria recovery and slow filtration times.

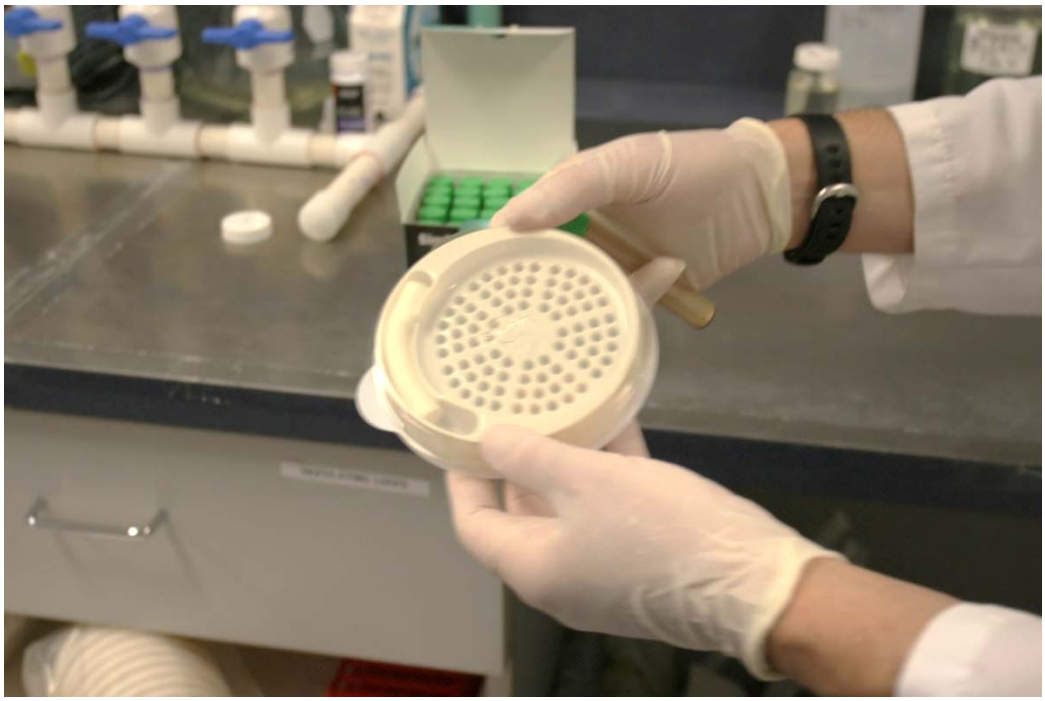
The MPN method involves adding the wastewater sample to a series of 5 sets of tubes, each of which contains either lactose broth or lauryl tryptose broth and an inverted tube. The tubes are then incubated at 35 + 0.5oC for 24 to 48 hours.





Top Photo: Analytical funnels are 100 ml filtration units that allow the membrane to be removed.

Bottom Photo: The heterotrophic plate count (HPC) is a procedure for estimating the number of live heterotrophic bacteria (requiring organic compounds of carbon and nitrogen for nourishment) in water. The technician will count the colored holes for the results.



No. of Samples per System Population

Persons served	*- Samples per month*
up to 1,000	1
1,001-2,500	2
2,501-3,300	3
3,301 to 4,100	4
4,101 to 4,900	5
4,901 to 5,800	6
5,801 to 6,700	7
6,701 to 7,600	8
7,601 to 8,500	9
8,501 to 12,900	10
12,901 to 17,200	15
17,201 to 21,500	20
21,501 to 25,000	25
25,001 to 33,000	30
33,001 to 41,000	40
41,001 to 50,000	50
50,001 to 59,000	60
59,001 to 70,000	70
70,001 to 83,000	80
83,001 to 96,000	90
96,001 to 130,000	100
130,001 to 220,000	120
220,001 to 320,000	150
320,001 to 450,000	180
450,001 to 600,000	210
600,001 to 780,000	240



Repeat Sampling

Repeat sampling replaces the old check sampling with a more comprehensive procedure to try to identify problem areas in the system. Whenever a routine sample is total coliform or fecal coliform present a set of repeat samples must be collected within 24 hours after being notified by the laboratory. The follow-up for repeat sampling is:

1. If only one routine sample per month or quarter is required, four (4) repeat samples must be collected.
2. For systems collecting two (2) or more routine samples per month, three (3) repeat samples must be collected.
3. Repeat samples must be collected from:

a. The original sampling location of the coliform present sample.
b. Within five (5) service connections upstream from the original sampling location.
c. Within five (5) service connections downstream from the original sampling location.
d. Elsewhere in the distribution system or at the wellhead, if necessary.

4. If the system has only one service connection, the repeat samples must be collected from the same sampling location over a four-day period or on the same day.
5. All repeat samples are included in the MCL compliance calculation.
6. If a system which normally collects fewer than five (5) routine samples per month has a coliform present sample, it must collect five (5) routine samples the following month or quarter regardless of whether an MCL violation occurred or if repeat sampling was coliform absent.

Positive or Coliform Present Results

What do you do when your sample is positive or coliform present?

When you are notified of a positive test result you need to contact either the Drinking Water Program or your local county health department within 24 hours, or by the next business day after the results are reported to you. The Drinking Water Program contracts with many of the local health departments to provide assistance to water systems.

After you have contacted an agency for assistance, you will be instructed as to the proper repeat sampling procedures and possible corrective measures for solving the problem. It is very important to initiate the repeat sampling immediately as the corrective measures will be based on those results.

Some examples of typical corrective measures to coliform problems are:

1. Shock chlorination of a ground water well. The recommended dose of 5% household bleach is 2 cups per 100 gallons of water in the well. This should be done anytime the bell is opened for repair (pump replacement, etc.). If you plan to shock the entire system, calculate the total gallonage of storage and distribution.
2. Conduct routine distribution line flushing. Install blowoffs on all dead end lines.
3. Conduct a cross connection program to identify all connections with non-potable water sources. Eliminate all of these connections or provide approved back flow prevention devices.
4. Upgrade the wellhead area to meet current construction standards as set by your state environmental or health agency.
5. If you continuously chlorinate, review your operation and be sure to maintain a detectable residual (**0.2 mg/l free chlorine**) at all times in the distribution system.
6. Perform routine cleaning of the storage system.

This list provides some basic operation and maintenance procedures that could help eliminate potential bacteriological problems, check with your state drinking water section or health department for further instructions.

Maximum Contaminant Levels (MCLs

State and federal laws establish standards for drinking water quality. Under normal circumstances when these standards are being met, the water is safe to drink with no threat to human health. These standards are known as maximum contaminant levels (**MCL**). When a particular contaminant exceeds its MCL a potential health threat may occur.

The MCLs are based on extensive research on toxicological properties of the contaminants, risk assessments and factors, short term (**acute**) exposure, and long term (**chronic**) exposure. You conduct the monitoring to make sure your water is in compliance with the MCL. There are two types of MCL violations for coliform bacteria. The first is for total coliform; the second is an acute risk to health violation characterized by the confirmed presence of fecal coliform or E.coli.



Quebec Colony Counter→

Heterotrophic Plate Count

Heterotrophic Plate Count (**HPC**) --- formerly known as the standard plate count, is a procedure for estimating the number of live heterotrophic bacteria and measuring changes during water treatment and distribution in water or in swimming pools. Colonies may arise from pairs, chains, clusters, or single cells, all of which are included in the term "***colony-forming units***" (**CFU**).

Methods

There are three methods for standard plate count:

1. **Pour Plate Method**

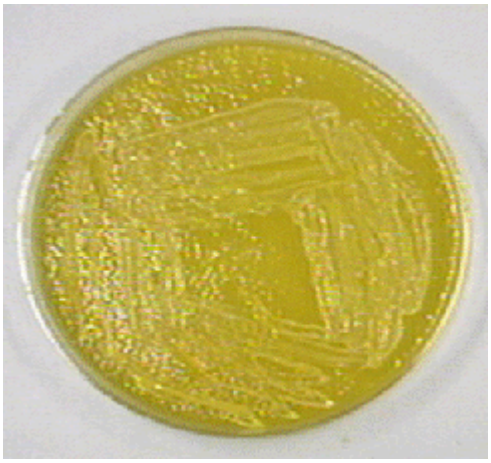
The colonies produced are relatively small and compact, showing less tendency to encroach on each other than those produced by surface growth. On the other hand, submerged colonies often are slower growing and are difficult to transfer.

2. **Spread Plate Method**

All colonies are on the agar surface where they can be distinguished readily from particles and bubbles. Colonies can be transferred quickly, and colony morphology easily can be discerned and compared to published descriptions.

3. **Membrane Filter Method**

This method permits testing large volumes of low-turbidity water and is the method of choice for low-count waters.



Material Needed

i) Apparatus
- Glass rod
- Erlenmeyer flask
- Graduated Cylinder
- Pipet
- Petri dish
- Incubator

ii) Reagent and sample
- Reagent-grade water
- Nutrient agar
- Sample

Procedure*

1.Boil mixture of nutrient agar and nutrient broth for 15 minutes, then cool for about 20 minutes.
2.Pour approximately 15 ml of medium in each Petri dish, let medium solidify.
3.Pipet 0.1 ml of each dilution onto surface of pre-dried plate, starting with the highest dilution.
4.Distribute inoculum over surface of the medium using a sterile, bent glass rod.
5.Incubate plates at 35^{o}C for 48h.
6.Count all colonies on selected plates promptly after incubation, consider only plates having 30 to 300 colonies in determining the plate count..

*Duplicate samples

Computing and Reporting
Compute bacterial count per milliliter by the following equation:
CFU/ml = colonies counted / actual volume of sample in dish.
a) If there is no plate with 30 to 300 colonies, and one or more plates have more than 300 colonies, use the plate(s) having a count nearest 300 colonies.
b) If plates from all dilutions of any sample have no colony, report the count as less than 1/actual volume of sample in dish estimated **CFU/ml**.
c) Avoid creating fictitious precision and accuracy when computing **CFU** by recording only the first two left-hand digits.

Heterotrophic Plate Count
(Spread Plate Method)
Heterotrophic organisms utilize organic compounds as their carbon source (food or substrate). In contrast, autotrophic organisms use inorganic carbon sources. The Heterotrophic Plate Count provides a technique to quantify the bacteriological activity of a sample. The R2A agar provides a medium that will support a large variety of heterotrophic bacteria. After an incubation period, a bacteriological colony count provides an estimate of the concentration of heterotrophs in the sample of interest.

Laboratory Equipment Needed
100 x 15 Petri Dishes
Turntable
Glass Rods: Bend fire polished glass rod 45 degrees about 40 mm from one end. Sterilize before using.
Pipet: Glass, 1.1 mL. Sterilize before using.
Quebec Colony Counter
Hand Tally Counter

Reagents
1) R2A Agar: Dissolve and dilute 0.5 g of yeast extract, 0.5 g of proteose peptone No. 3, 0.5 g of casamino acids, 0.5 g of glucose, 0.5 g of soluble starch, 0.3 g of dipotassium hydrogen phosphate, 0.05 g of magnesium sulfate heptahydrate, 0.3 g of sodium pyruvate, and 15.0 g of agar to 1 L. Adjust pH to 7.2 with dipotassium hydrogen phosphate **before adding agar.** Heat to dissolve agar and sterilize at 121 degrees C for 15 minutes.

2) Ethanol: As needed for flame sterilization.

Preparation of Spread Plates
Immediately after agar sterilization, pour 15 mL of R2A agar into sterile 100 x 15 Petri dishes; let agar solidify. Pre-dry plates inverted so that there is a 2 to 3 g water loss overnight with the lids on. Use pre-dried plates immediately or store up to two weeks in sealed plastic bags at 4 degrees C.

Sample Preparation
Mark each plate with sample type, dilution, date, and any other information before sample application. Prepare at least duplicate plates for each volume of sample or dilution examined. Thoroughly mix all samples by rapidly making about 25 complete up-and-down movements.

Sample Application
Uncover pre-dried agar plate. Minimize time plate remains uncovered. Pipet 0.1 or 0.5 mL sample onto surface of pre-dried agar plate.

Record Volume of Sample Used
Using a sterile, bent glass rod, distribute the sample over surface of the medium by rotating the dish by hand on a turntable. Let the sample be absorbed completely into the medium before incubating. Put cover back on Petri dish and invert for duration of incubation time. Incubate at 28°C for 7 days. Remove Petri dishes from incubator for counting.

Counting and Recording
After incubation period, promptly count all colonies on the plates. To count, uncover plate and place on Quebec colony counter. Use hand tally counter to maintain count. Count all colonies on the plate, regardless of size. Compute bacterial count per milliliter by the following equation:

$$\text{CFU} \Big/ \text{mL} = \frac{\text{colonies counted}}{\text{actual volume of sample in dish, mL}}$$

To report counts on a plate with no colonies, report the count as less than one (<1) divided by the sample volume put on that plate (remember to account for any dilution of that sample).

If plates of all dilutions for a sample have no colonies, report the count as less than one (<1) divided by the largest sample volume used. Example: if 0.1 mL of a 100:1 and 10000:1 dilution of a sample both turned up with no colonies formed, the reported result would be <1 divided by the largest sample volume 0.001 mL (0.1 mL divided by 100). The final reported result for the sample is <1000 CFU per mL.

Assignment
1. Report the number of colony forming units (**CFU**) found on each plate.

2. Calculate the **CFU** per mL for each plate.

3. The aim of diluting samples is to produce a plate having 30 to 300 colonies, which plates meet these criteria. If no sample produces a plate with a count in this range, use the plate(s) with a count closest to 300. Based on these criteria, use your calculated results to report the **CFU** per mL for each sample. In the conclusion of your lab report, comment on your final results for each sample type as well as the quality of your application of this analysis technique. Feel free to justify your comments using statistical analysis. Also, comment on the general accuracy of this analytical technique and the factors that affect its accuracy and or applicability.

Data Table for Samples

Sample ID	Volume of Sample, mL	Colonies Counted per plate

Total Coliforms

This MCL is based on the presence of total coliforms, and compliance is on a monthly or quarterly basis, depending on your water system type and state rule. For systems which collect *fewer* than 40 samples per month, no more than one sample per month may be positive. In other words, the second positive result (repeat or routine) in a month or quarter results in an MCL violation.

For systems which collect 40 or more samples per month, no more than five (5) percent may be Positive, check with your state drinking water section or health department for further instructions.

Acute Risk to Health (Fecal Coliforms and E. Coli)
An acute risk to human health violation occurs if either one of the following happen:
1. A routine analysis shows total coliform present and is followed by a repeat analysis which indicates fecal coliform or E. coli present.
2. A routine analysis shows total and fecal coliform or E. coli present and is followed by a repeat analysis which indicates total coliform present. An acute health risk violation requires the water system to provide public notice via radio and television stations in the area. This type of contamination can pose an immediate threat to human health and notice must be given as soon as possible, but no later than 72 hours after notification from your laboratory of the test results.

Certain language may be mandatory for both these violations and is included in your state drinking water rule.

Public Notice
A public notice is required to be issued by a water system whenever it fails to comply with an applicable MCL or treatment technique, or fails to comply with the requirements of any scheduled variance or permit. This will inform users when there is a problem with the system and give them information.



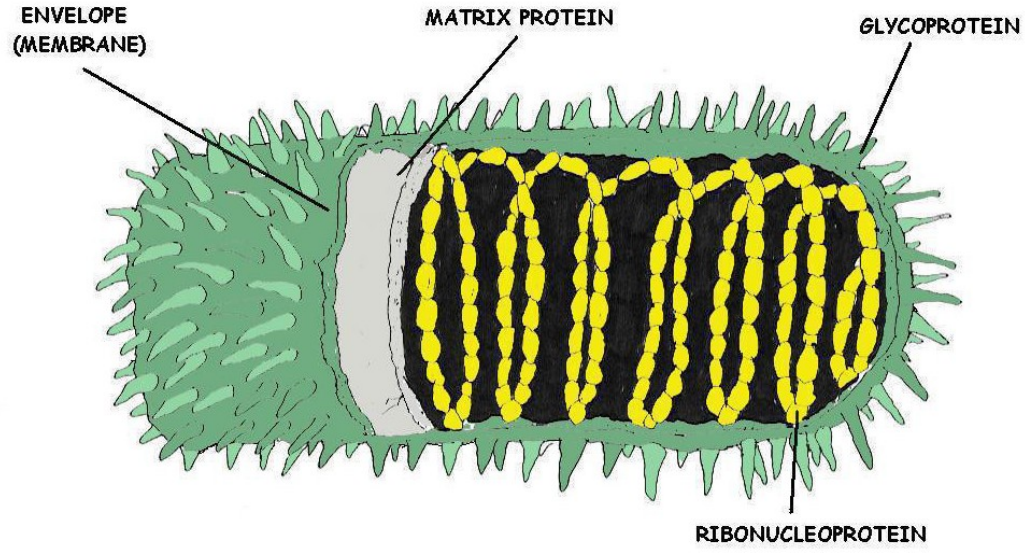
A public notice is also required whenever a water system fails to comply with its monitoring and/or reporting requirements or testing procedure. Each public notice must contain certain information, be issued properly and in a timely manner, and contain certain mandatory language.

The timing and place of posting of the public notice depends on whether an acute risk is present to users. Check with your state drinking water section or health department for further instructions.

The following are acute violations
1. Violation of the MCL for nitrate.
2. Any violation of the MCL for total coliforms, when fecal coliforms or E. coli are present in the distribution system.
3. Any outbreak of waterborne disease, as defined by the rules.



This section will give a close-up and short explanation of the major microorganisms found in water and in wastewater.



VIRUS

Conclusion

Emerging waterborne pathogens constitute a major health hazard in both developed and developing nations. A new dimension to the global epidemiology of cholera-an ancient scourge-was provided by the emergence of Vibrio cholerae O139. Also, water-borne enterohaemorrhagic Escherichia coli (E. coli O157:H7), although regarded as a problem of the industrialized west, has recently caused outbreaks in Africa. Outbreaks of chlorine-resistant Cryptosporidium have motivated water authorities to reassess the adequacy of current water-quality regulations. Of late, a host of other organisms, such as hepatitis viruses (including hepatitis E virus), Campylobacter jejuni, microsporidia, cyclospora, Yersinia enterocolitica, calciviruses and environmental bacteria like Mycobacterium spp, aeromonads, Legionella pneumophila and multidrug-resistant Pseudomonas aeruginosa have been associated with water-borne illnesses.

The protection and enhancement of our nation's water quality remains a chief concern of the U.S. Environmental Protection Agency. The Office of Research and Development is committed, through the extensive waterborne disease research efforts earlier described, to ensure that the most effective and efficient methods are developed to identify, detect, and inactivate/remove pathogens that may be present in our drinking water supplies.

Life cycles, mechanisms of infection, protective or dormant states, emergence of disinfection resistant variants, optimal pathogen removal techniques, regrowth in distribution lines…all are areas that must be investigated and understood to afford the water quality safeguards that are so often taken for granted. The successes and failures of these research efforts, relayed to the public and appropriate federal, state, and local agencies, have helped to ensure safe drinking water.

Salmonella Typhi

Salmonella typhi, the basics. It's a bacteria. It causes diarrheal illness, also known as typhoid fever. And humans are the reservoir for this pathogen. Salmonella typhi, prevention. Prevention strategies for this pathogen include source protection, halogenation of water, and boiling water for one minute.

Shigella Species

Shigella species, the basics. It's a bacteria. It causes diarrheal illness known as shigellosis. Humans and primates are the reservoir for this pathogen. Shigella species, in the United States two-thirds of the shigellosis in the U.S. is caused by Shigella sonnei, and the remaining one-third is caused by Shigella flexnieri. In developing countries, Shigella dysenteriae is the primary cause of illness associated with this pathogen. Shigella species prevention. Prevention strategies for this pathogen include source protection, halogenation of water, and boiling water for one minute.

Campylobacter

Campylobacter, the basics. It's a bacteria. It causes diarrheal illness. And Campylobacter is primarily associated with poultry, animals, and humans. Campylobacter prevention. Prevention strategies for this pathogen include source protection, halogenation of water, and boiling water for one minute.

Vibrio Cholerae
Vibrio cholerae, the basics. It's a bacteria. It causes diarrheal illness, also known as cholera. It is typically associated with aquatic environments, shell stocks, and human. Vibrio cholerae has also been associated with ship ballast water, and there will be a discussion later on in this presentation of an outbreak associated with ship ballast water. Vibrio cholerae prevention. Prevention strategies for this pathogen include source protection, halogenation of water, and boiling water for one minute.

Legionella
Legionella, the basics. It's a bacteria. It causes a respiratory illness known as legionellosis. There are two illnesses associated with legionellosis: the first, Legionnaire's disease, which causes a severe pneumonia, and the second, Pontiac fever, which is a nonpneumonia illness; it's typically an influenza-like illness, and it's less severe. Legionella is naturally found in water, both natural and artificial water sources. Legionella, prevention. Maintaining hot water systems at or above 50 degrees Centigrade and cold water below 20 degrees Centigrade can prevent or control the proliferation of Legionella in water systems. Hot water in tanks should be maintained between 71 and 77 degrees Centigrade. Proper recreational water system maintenance and disinfection can prevent the proliferation of Legionella in recreational water systems. It is important to prevent water stagnation. This can be accomplished by eliminating dead ends in distribution systems and in recreational water systems. Additionally, preventing biofilm development is important to control this particular pathogen in water systems.

Pseudomonas
Pseudomonas, the basics. It's a bacteria. It is caused by dermal contact with water. It can cause dermatitis, which is an inflammation of the skin, or it can cause otitis, which is an infection of the ear. Pseudomonas is typically associated with soil and water. Pseudomonas prevention. Proper maintenance and disinfection of recreational water systems is important in preventing Pseudomonas.

Viral Pathogens
We will be discussing Hepatitis A and Norovirus in this course.

Hepatitis A
Hepatitis A, the basics. It's a virus. It causes inflammation of the liver. And the reservoir for Hepatitis A virus is humans.

Hepatitis A, Prevention
Prevention strategies for this pathogen include source protection and adequate disinfection. Fecal matter can protect Hepatitis A virus from chlorine. Additionally, Hepatitis A virus is resistant to combined chlorines, so it is important to have an adequate free chlorine residual.

Norovirus
Norovirus, the basics. It's a virus. It causes diarrheal illness. And humans are the reservoir for this virus. Norovirus, prevention. Prevention strategies for this pathogen include source protection.

Parasitic Pathogens
During this course, we will be discussing Cryptosporidium, Giardia, and Schistosomatidae.

Cryptosporidium
Cryptosporidium, the basics. It's a parasite. It causes diarrheal illness known as cryptosporidiosis. It is typically associated with animals and humans, and it can be acquired through consuming fecally contaminated food, contact with fecally contaminated soil and water. Cryptosporidium,prevention. Prevention strategies for this pathogen include source protection. A CT value of 9,600 is required when dealing with fecally accidents. CT equals a concentration, in parts per million, while time equals a contact time in minutes. Cryptosporidium can also be prevented or eliminated by boiling water for one minute. Filtration with an "absolute" pore size of one micron or smaller can eliminate Cryptosporidium. And reverse osmosis is known to be effective as well.

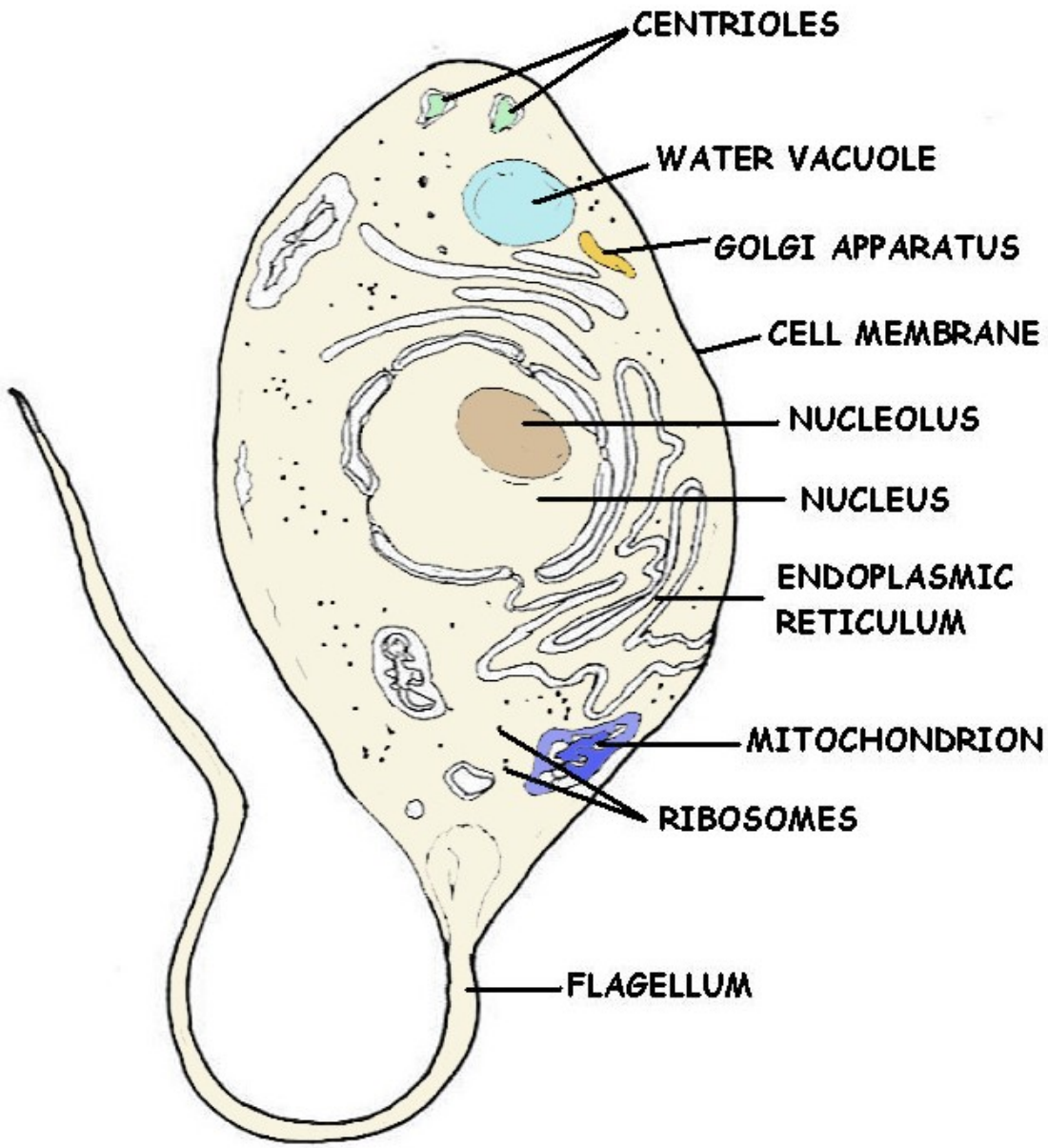
Giardia
Giardia, the basics. It is a parasite. It causes diarrheal illness known as giardiasis. It is typically associated with water. It is the most common pathogen in waterborne outbreaks. It can also be found in soil and food. And humans and animals are the reservoir for this pathogen. Giardia prevention. Prevention strategies for this pathogen include source protection; filtration, coagulation, and halogenation of drinking water.

Schistosomatidae
Schistosomatidae, the basics. It is a parasite. It is acquired through dermal contact, cercarial dermatitis. It is commonly known as swimmer's itch. The reservoir for this pathogen are aquatic snails and birds. Schistosomatidae, prevention. Prevention strategies for this pathogen include eliminating snails with a molluscicide or interrupting the life cycle of the parasite by treating birds with an antihelmetic drug.

E-Coli
Escherichia coli. There are several pathogenic strains of Escherichia coli, which are classified under enterovirulent E. coli. They are enterohemorrhagic, enteroinvasive, enterotoxigenic, enteropathogenic, and enteroaggregative. Escherichia coli O157:H7, the basics. It's a bacteria. It causes diarrheal illness, and it's classified as an enterohemorrhagic E. coli. In its most severe form, it can cause hemorrhagic colitis. The reservoir for this bacteria are cattle, deer, goats, and sheep. Humans can also be a reservoir. It is typically associated with contaminated food and water. E. coli O157:H7 prevention.

Prevention strategies for this pathogen include source protection, halogenation of water, or boiling water for one minute. Salmonella species, the basics. It's a bacteria. It causes diarrheal illness known as salmonellosis. Humans and animals are the reservoir, and it's typically associated with contaminated food and water. Salmonella species, prevention. Prevention strategies for this pathogen include source protection, halogenation of water, and also boiling water for one minute.

Protozoa



PROTOZOAN CELL

Protozoa are around 10–50 micrometer, but can grow up to 1 mm and can easily be seen under a microscope. Protozoa exist throughout aqueous environments and soil. Protozoa occupy a range of trophic levels. As predators, they prey upon unicellular or filamentous algae, bacteria, and microfungi.

Protozoa play a role both as herbivores and as consumers in the decomposer link of the food chain. Protozoa also play a vital role in controlling bacteria populations and biomass. As components of the micro- and meiofauna, protozoa are an important food source for microinvertebrates. Thus, the ecological role of protozoa in the transfer of bacterial and algal production to successive trophic levels is important. Protozoa such as the malaria parasites (Plasmodium spp.), trypanosomes and leishmania are also important as parasites and symbionts of multicellular animals.

Most protozoa exist in 5 stages of life which are in the form of trophozoites and cysts. As cysts, protozoa can survive harsh conditions, such as exposure to extreme temperatures and harmful chemicals, or long periods without access to nutrients, water, or oxygen for a period of time. Being a cyst enables parasitic species to survive outside of the host, and allows their transmission from one host to another. When protozoa are in the form of trophozoites (Greek, tropho=to nourish), they actively feed and grow. The process by which the protozoa takes its cyst form is called encystation, while the process of transforming back into trophozoite is called excystation.

Protozoa can reproduce by binary fission or multiple fission. Some protozoa reproduce sexually, some asexually, and some both (e.g. Coccidia). An individual protozoan is hermaphroditic.

Classification
Protozoa were commonly grouped in the kingdom of Protista together with the plant-like algae and fungus-like water molds and slime molds. In the 21st-century systematics, protozoans, along with ciliates, mastigophorans, and apicomplexans, are arranged as animal-like protists. However, protozoans are neither Animalia nor Metazoa (with the possible exception of the enigmatic, moldy Myxozoa).

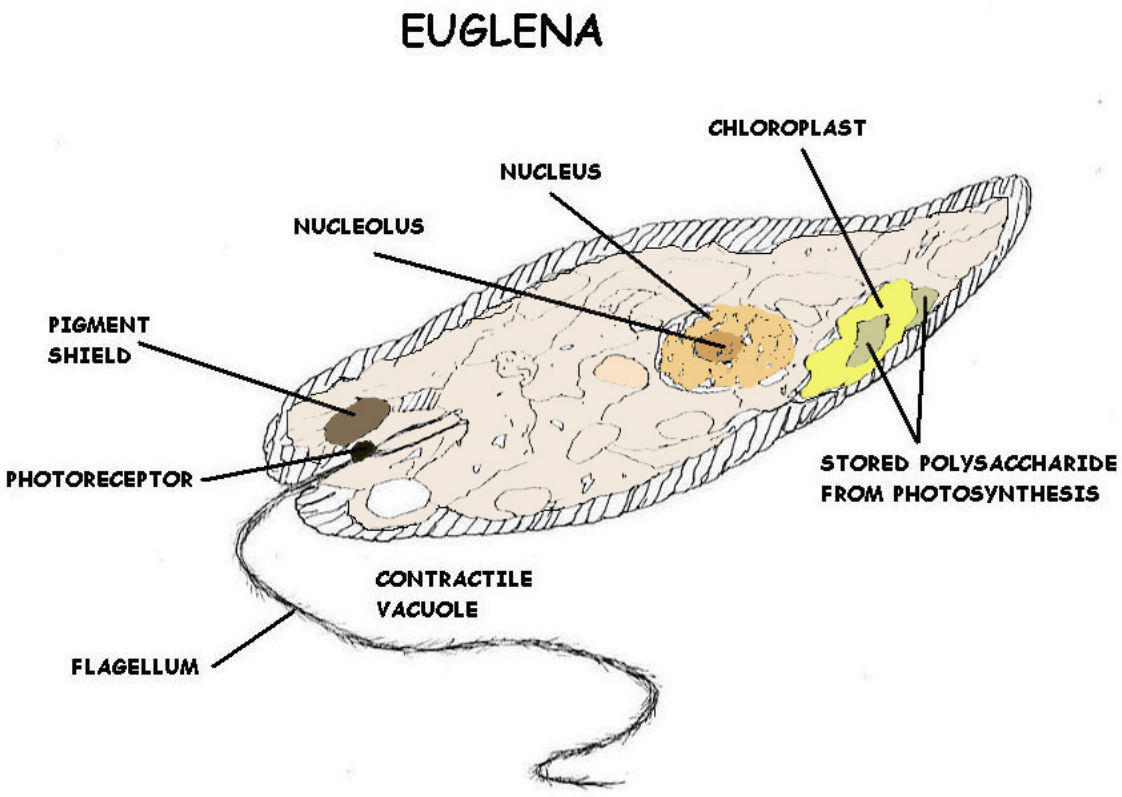
Sub-groups
Protozoa have traditionally been divided on the basis of their means of locomotion, although this is no longer believed to represent genuine relationships:
* Flagellates (e.g. Giardia lambia)
* Amoeboids (e.g. Entamoeba histolytica)
* Sporozoans (e.g. Plasmodium knowlesi)
* Apicomplexa
* Myxozoa
* Microsporidia
* Ciliates (e.g. Balantidium coli)

There are many ways that infectious diseases can spread. Pathogens usually have specific routes by which they are transmitted, and these routes may depend on the type of cells and tissue that a particular agent targets. For example, because cold viruses infect the respiratory tract, they are dispersed into the air via coughing and sneezing.

Once in the air, the viruses can infect another person who is unlucky enough to inhale air containing the virus particles.

Agents vary greatly in their stability in the environment. Some viruses may survive for only a few minutes outside of a host, while some spore-forming bacteria are extremely durable and may survive in a dormant state for a decade or more.

Protozoa Section

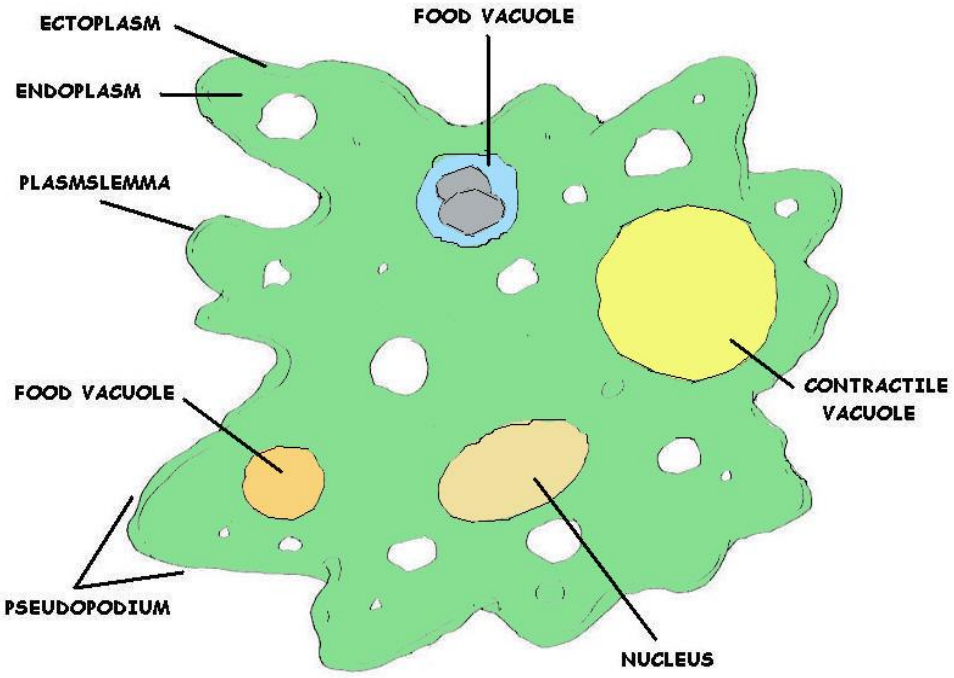


The diverse assemblage of organisms that carry out all of their life functions within the confines of a single, complex eukaryotic cell are called protozoa.

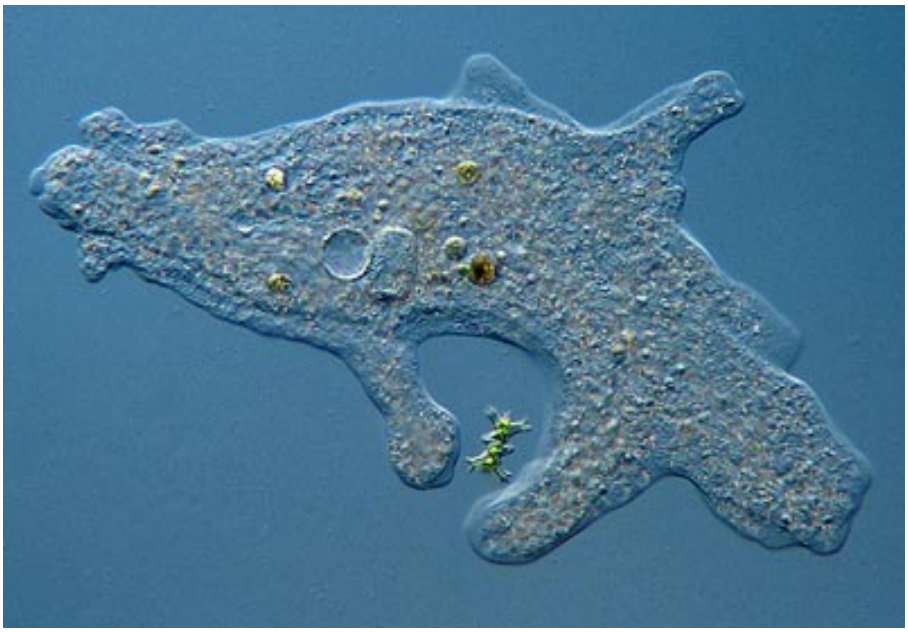
Paramecium, Euglena, and Amoeba are well-known examples of these major groups of organisms. Some protozoa are more closely related to animals, others to plants, and still others are relatively unique. Although it is not appropriate to group them together into a single taxonomic category, the research tools used to study any unicellular organism are usually the same, and the field of protozoology has been created to carry out this research. The unicellular photosynthetic protozoa are sometimes also called algae and are addressed elsewhere. This report considers the status of our knowledge of heterotrophic protozoa (protozoa that cannot produce their own food).

Free-living Protozoa
Protozoans are found in all moist habitats within the United States, but we know little about their specific geographic distribution. Because of their small size, production of resistant cysts, and ease of distribution from one place to another, many species appear to be cosmopolitan and may be collected in similar microhabitats worldwide (Cairns and Ruthven 1972). Other species may have relatively narrow limits to their distribution.

Marine ciliates inhabit interstices of sediment and beach sands, surfaces, deep sea and cold Antarctic environments, planktonic habitats, and the algal mats and detritus of estuaries and wetlands.



AMOEBA



Amoeba proteus*, pseudopods slowly engulf the small desmid *Staurastrum.

Amoebas

Amoebas (Phylum Rhizopoda) are unicellular protists that are able to change their shape constantly. Each species has its own distinct repertoire of shapes.

How does an amoeba locomote?
Amoebas locomote by way of cytoplasmic movement. (cytoplasm is the cell content around the nucleus of the cell) The amoeba forms pseudopods (false feet) with which they 'flow' over a surface. The cytoplasma not only flows, it also changes from a fluid into a solid state.

These pseudopods are also used to capture prey, they simply engulf the food. They can detect the kind of prey and use different 'engulfing tactics'.

The image from the last page shows several cell organelles. Left from the center we can see aspherical water expelling vesicle and just right of it, the single nucleus of this species can be seen. Other species may have many nuclei. The cell is full of brown food vacuoles and also contains small crystals.

Protozoa Information
Our actual knowledge of salinity, temperature, and oxygen requirements of marine protozoa is poor (although some groups, such as the foraminifera, are better studied than others), and even the broadest outlines of their biogeographic ranges are usually a mystery. In general, freshwater protozoan communities are similar to marine communities except the specialized interstitial fauna of the sand is largely missing. In freshwater habitats, the foraminifera and radiolaria common in marine environments are absent or low in numbers while testate amoebae exist in greater numbers. Relative abundance of species in the marine versus freshwater habitat is unknown.

Soil-dwelling protozoa have been documented from almost every type of soil and in every kind of environment, from the peat-rich soil of bogs to the dry sands of deserts. In general, protozoa are found in greatest abundance near the soil surface, especially in the upper 15 cm (6 in), but occasional isolates can be obtained at depths of a meter (yard) or more.

Protozoa do not constitute a major part of soil biomass, but in some highly productive regions such as forest litter, the protozoa are a significant food source for the microinvertebrates, with a biomass that may reach 20 g/m2 of soil surface area there.

Environmental Quality Indicators
Polluted waters often have a rich and characteristic protozoan fauna. The relative abundance and diversity of protozoa are used as indicators of organic and toxic pollution (Cairns et al. 1972; Foissner 1987; Niederlehner et al. 1990; Curds 1992). Bick (1972), for example, provided a guide to ciliates that are useful as indicators of environmental quality of European freshwater systems, along with their ecological distribution with respect to parameters such as amount of organic material and oxygen levels.

Foissner (1988) clarified the taxonomy of European ciliates as part of a system for classifying the state of aquatic habitats according to their faunas.

Symbiotic Protozoa
Parasites
Protozoa are infamous for their role in causing disease, and parasitic species are among the best-known protozoa. Nevertheless, our knowledge has large gaps, especially of normally free-living protozoa that may become pathogenic in immunocompromised individuals. For example, microsporidia comprise a unique group of obligate, intracellular parasitic protozoa. Microsporidia are amazingly diverse organisms with more than 700 species and 80 genera that are capable of infecting a variety of plant, animal, and even other protist hosts.

They are found worldwide and have the ability to thrive in many ecological conditions. Until the past few years, their ubiquity did not cause a threat to human health, and few systematists worked to describe and classify the species. Since 1985, however, physicians have documented an unusual rise in worldwide infections in AIDS patients caused by four different genera of microsporidia (Encephalitozoon, Nosema, Pleistophora, and Enterocytozoon). According to the Centers for Disease Control in the United States, difficulties in identifying microsporidian species are impeding diagnosis and effective treatment of AIDS patients.

Protozoan Reservoirs of Disease
The presence of bacteria in the cytoplasm of protozoa is well known, whereas that of viruses is less frequently reported. Most of these reports simply record the presence of bacteria or viruses and assume some sort of symbiotic relationship between them and the protozoa. Recently, however, certain human pathogens were shown to not only survive but also to multiply in the cytoplasm of free-living, nonpathogenic protozoa. Indeed, it is now believed that protozoa are the natural habitat for certain pathogenic bacteria. To date, the main focus of attention has been on the bacterium Legionella pneumophila, the causative organism of Legionnaires' disease; these bacteria live and reproduce in the cytoplasm of some free-living amoebae (Curds 1992). More on this subject in the following pages.

Symbionts
Some protozoa are harmless or even beneficial symbionts. A bewildering array of ciliates, for example, inhabit the rumen and reticulum of ruminates and the cecum and colon of equids. Little is known about the relationship of the ciliates to their host, but a few may aid the animal in digesting cellulose.

Data on Protozoa
While our knowledge of recent and fossil foraminifera in the U.S. coastal waterways is systematically growing, other free-living protozoa are poorly known. There are some regional guides and, while some are excellent, many are limited in scope, vague on specifics, or difficult to use. Largely because of these problems, most ecologists who include protozoa in their studies of aquatic habitats do not identify them, even if they do count and measure them for biomass estimates (Taylor and Sanders 1991).

Parasitic protozoa of humans, domestic animals, and wildlife are better known although no attempt has been made to compile this information into a single source. Large gaps in our knowledge exist, especially for haemogregarines, microsporidians, and myxosporidians (see Kreier and Baker 1987).

Museum Specimens
For many plant and animal taxa, museums represent a massive information resource. This is not true for protozoa. In the United States, only the National Natural History Museum (Smithsonian Institution) has a reference collection preserved on microscope slides, but it does not have a protozoologist curator and cannot provide species' identification or verification services. The American Type Culture Collection has some protozoa in culture, but its collection includes relatively few kinds of protozoa.

Ecological Role of Protozoa
Although protozoa are frequently overlooked, they play an important role in many communities where they occupy a range of trophic levels. As predators upon unicellular or filamentous algae, bacteria, and microfungi, protozoa play a role both as herbivores and as consumers in the decomposer link of the food chain. As components of the micro- and meiofauna, protozoa are an important food source for microinvertebrates. Thus, the ecological role of protozoa in the transfer of bacterial and algal production to successive trophic levels is important.

Factors Affecting Growth and Distribution
Most free-living protozoa reproduce by cell division (exchange of genetic material is a separate process and is not involved in reproduction in protozoa). The relative importance for population growth of biotic versus chemical-physical components of the environment is difficult to ascertain from the existing survey data. Protozoa are found living actively in nutrient-poor to organically rich waters and in fresh water varying between 0°C (32°F) and 50°C (122°F). Nonetheless, it appears that rates of population growth increase when food is not constrained and temperature is increased (Lee and Fenchel 1972; Fenchel 1974; Montagnes et al. 1988).

Comparisons of oxygen consumption in various taxonomic groups show wide variation (Laybourn and Finlay 1976), with some aerobic forms able to function at extremely low oxygen tensions and to thereby avoid competition and predation.

Many parasitic and a few free-living species are obligatory anaerobes (grow without atmospheric oxygen). Of the free-living forms, the best known are the plagiopylid ciliates that live in the anaerobic sulfide-rich sediments of marine wetlands (Fenchel et al. 1977). The importance of plagiopylids in recycling nutrients to aerobic zones of wetlands is potentially great.

Because of the small size of protozoa, their short generation time, and (for some species) ease of maintaining them in the laboratory, ecologists have used protozoan populations and communities to investigate competition and predation.

The result has been an extensive literature on a few species studied primarily under laboratory conditions. Few studies have been extended to natural habitats with the result that we know relatively little about most protozoa and their roles in natural communities. Intraspecific competition for common resources often results in cannibalism, sometimes with dramatic changes in morphology of the cannibals (Giese 1973). Field studies of interspecific competition are few and most evidence for such species interactions is indirect (Cairns and Yongue 1977).

Contractile Vacuoles

Many protozoa have contractile vacuoles, which collect and expel excess water, and extrusomes, which expel material used to deflect predators or capture prey. In multicellular organisms, hormones are often produced in vesicles. In higher plants, most of a cell's volume is taken up by a central vacuole or tonoplast, which maintains its osmotic pressure. Many eukaryotes have slender motile projections, usually called flagella when long and cilia when short. These are variously involved in movement, feeding, and sensation. These are entirely distinct from prokaryotic flagella. They are supported by a bundle of microtubules arising from a basal body, also called a kinetosome or centriole, characteristically arranged as nine doublets surrounding two singlets. Flagella also may have hairs or mastigonemes, scales, connecting membranes, and internal rods. Their interior is continuous with the cell's cytoplasm.

Centrioles

Centrioles are often present even in cells and groups that do not have flagella. They generally occur in groups of one or two, called kinetids that give rise to various microtubular roots. These form a primary component of the cytoskeletal structure, and are often assembled over the course of several cell divisions, with one flagellum retained from the parent and the other derived from it. Centrioles may also be associated in the formation of a spindle during nuclear division. Some protists have various other microtubule-supported organelles. These include the radiolaria and heliozoa, which produce axopodia used in flotation or to capture prey, and the haptophytes, which have a peculiar flagellum-like organelle called the haptonema.

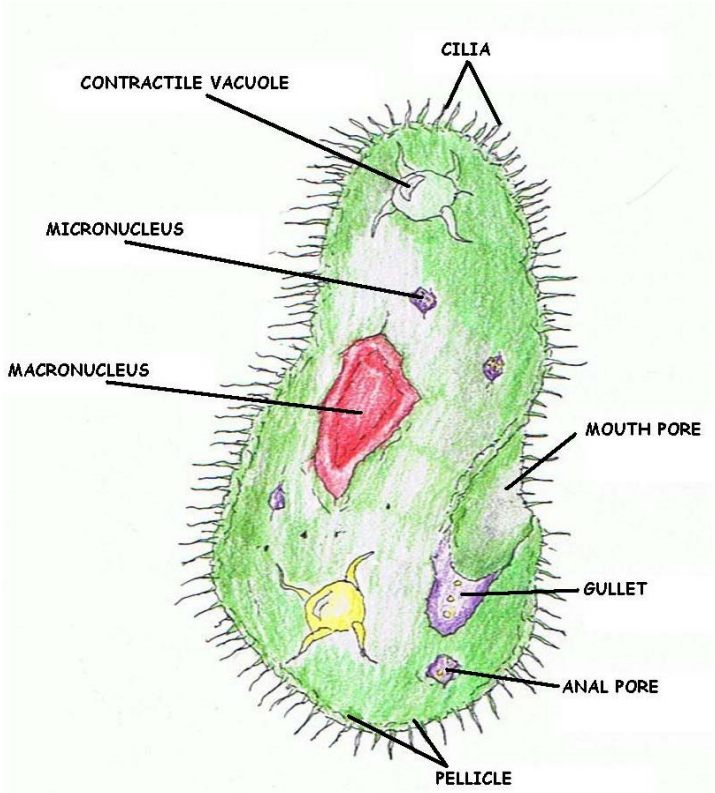
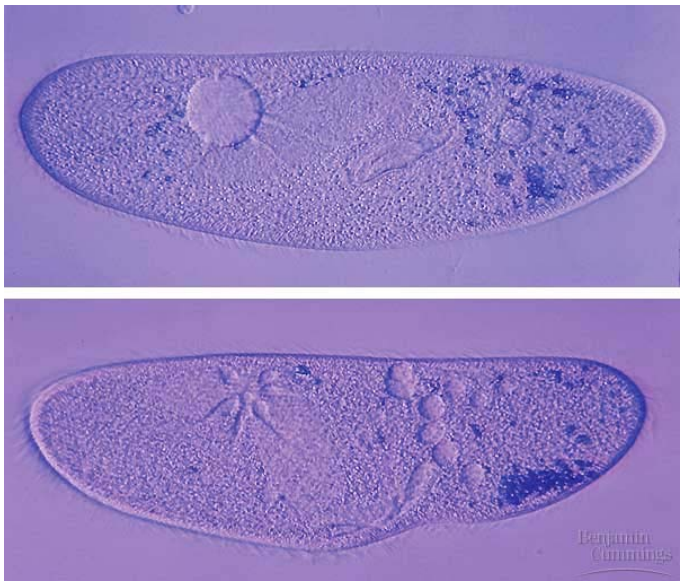


Figure 1. A diagram of *Paramecium* sp. with major organelles indicated.



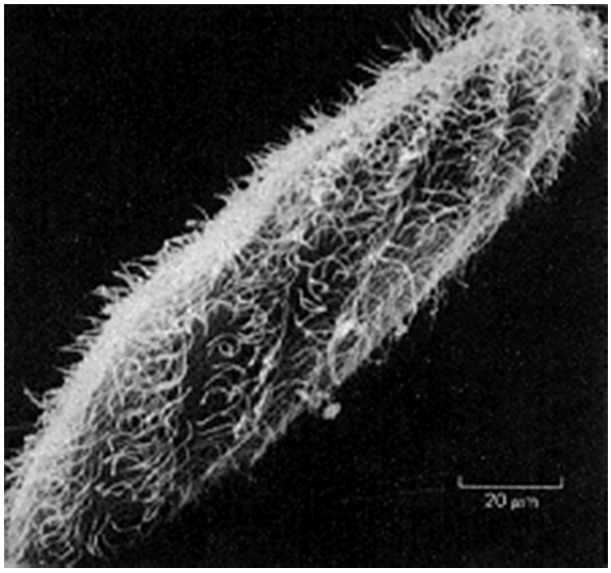
Contractile Vacuoles

Figure 2. The contractile vacuole when full (top) and after contraction (bottom).

Paramecium

Members of the genus *Paramecium* are single-celled, freshwater organisms in the kingdom Protista. They exist in an environment in which the osmotic concentration in their external environment is much lower than that in their cytoplasm. More specifically, the habitat in which they live is **hypotonic** to their cytoplasm. As a result of this, *Paramecium* is subjected to a continuous influx of water, as water diffuses inward to a region of higher osmotic concentration.

If *Paramecium* is to maintain homeostasis, water must be continually pumped out of the cell (against the osmotic gradient) at the same rate at which it moves in. This process, known as **osmoregulation**, is carried out by two organelles in *Paramecium* known as **contractile vacuoles** (Figures 1 and 2).



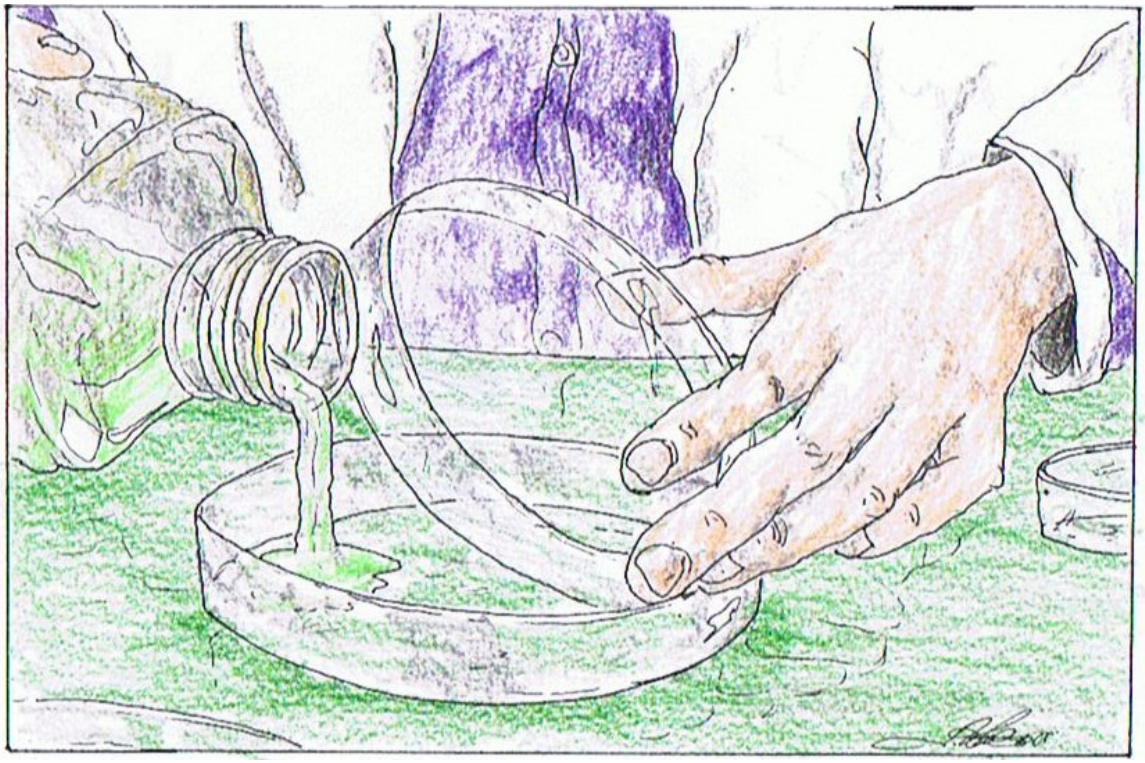
Protozoan Diseases

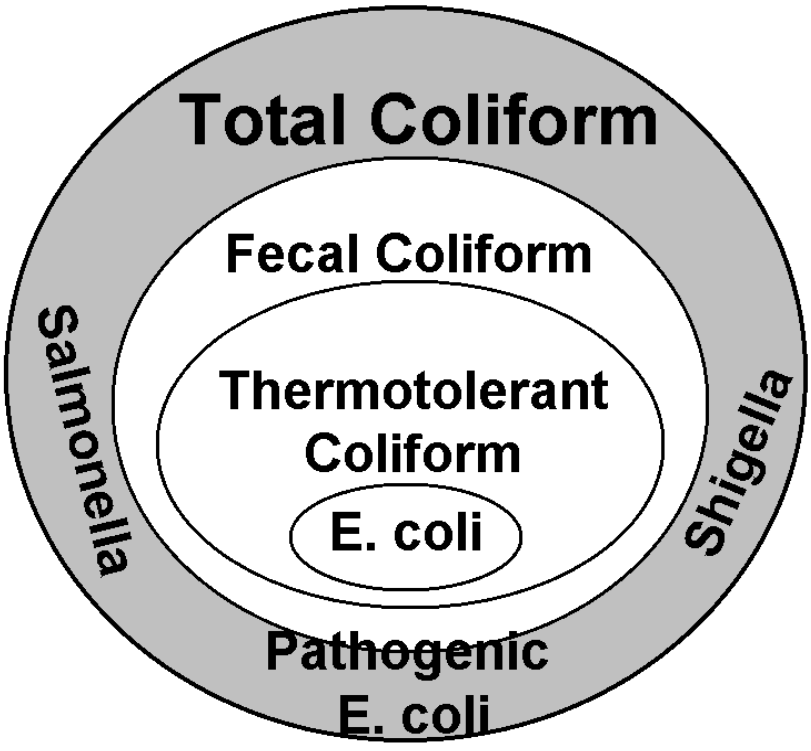
Protozoan pathogens are larger than bacteria and viruses, but still microscopic. They invade and inhabit the gastrointestinal tract. Some parasites enter the environment in a dormant form, with a protective cell wall called a "***cyst***." The cyst can survive in the environment for long periods of time and be extremely resistant to conventional disinfectants such as chlorine. Effective filtration treatment is therefore critical to removing these organisms from water sources.

Giardiasis
Giardiasis is a commonly reported protozoan-caused disease. It has also been referred to as "***backpacker's disease***" and "***beaver fever***" because of the many cases reported among hikers and others who consume untreated surface water. Symptoms include chronic diarrhea, abdominal cramps, bloating, frequent loose and pale greasy stools, fatigue and weight loss. The incubation period is 5-25 days or longer, with an average of 7-10 days. Many infections are asymptomatic (no symptoms). Giardiasis occurs worldwide. Waterborne outbreaks in the United States occur most often in communities receiving their drinking water from streams or rivers without adequate disinfection or a filtration system. The organism, ***Giardia lamblia,*** has been responsible for more community-wide outbreaks of disease in the U.S. than any other pathogen. Drugs are available for treatment but are not 100% effective.

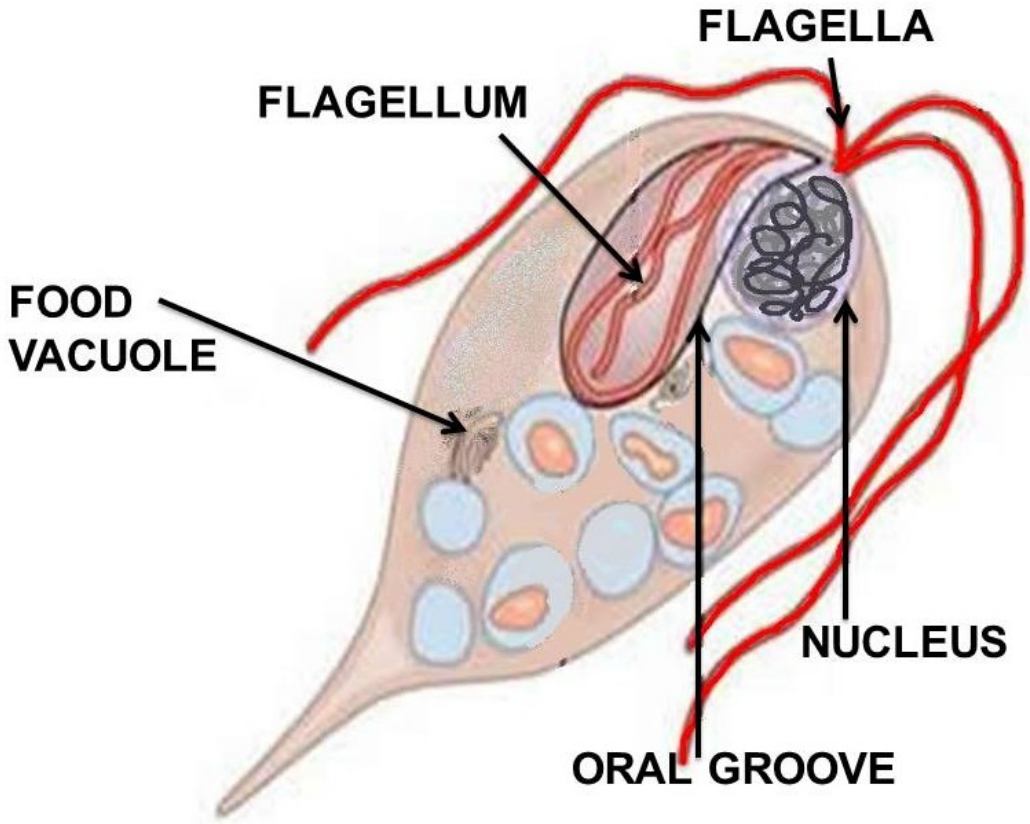
Cryptosporidiosis
Cryptosporidiosis is an example of a protozoan disease that is common worldwide, but was only recently recognized as causing human disease. The major symptom in humans is diarrhea, which may be profuse and watery. The diarrhea is associated with cramping abdominal pain. General malaise, fever, anorexia, nausea, and vomiting occur less often. Symptoms usually come and go, and end in fewer than 30 days in most cases. The incubation period is 1-12 days, with an average of about seven days. ***Cryptosporidium*** organisms have been identified in human fecal specimens from more than 50 countries on six continents. The mode of transmission is fecal-oral, either by person-to-person or animal-to-person. There is no specific treatment for ***Cryptosporidium*** infections.

All of these diseases, with the exception of hepatitis A, have one symptom in common: diarrhea. They also have the same mode of transmission, fecal-oral, whether through person-to-person or animal-to-person contact, and the same routes of transmission, being either foodborne or waterborne. Although most pathogens cause mild, self-limiting disease, on occasion, they can cause serious, even life threatening illness. Particularly vulnerable are persons with weak immune systems such as those with HIV infections or cancer. By understanding the nature of waterborne diseases, the importance of properly constructed, operated and maintained public water systems becomes obvious. While water treatment cannot achieve sterile water (no microorganisms), the goal of treatment must clearly be to produce drinking water that is as pathogen-free as possible at all times. For those who operate water systems with inadequate source protection or treatment facilities, the potential risk of a waterborne disease outbreak is real. For those operating systems that currently provide adequate source protection and treatment, operating and maintaining the system at a high level on a continuing basis is critical to prevent disease.




Total Coliform
Fecal Coliform
Thermotolerant Coliform
E. coli
Salmonella
Shigella
Pathogenic E. coli

Giardia Lamblia



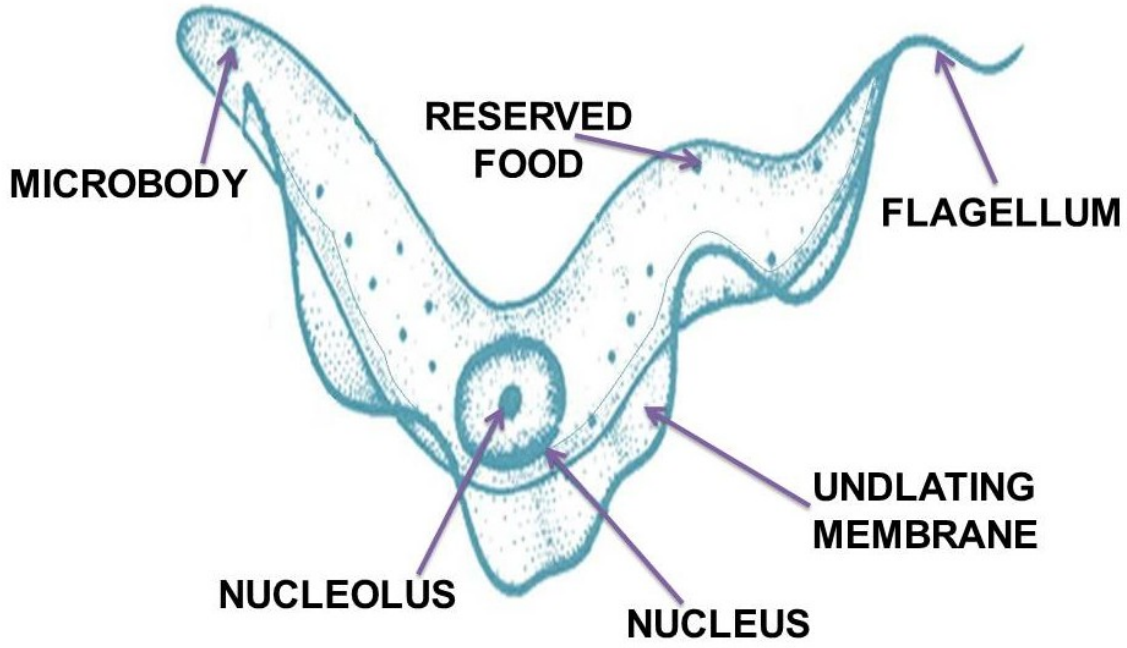
Giardia lamblia (synonymous with Lamblia intestinalis and Giardia duodenalis) is a flagellated protozoan parasite that colonizes and reproduces in the small intestine, causing giardiasis. The giardia parasite attaches to the epithelium by a ventral adhesive disc, and reproduces via binary fission. Giardiasis does not spread via the bloodstream, nor does it spread to other parts of the gastro-intestinal tract, but remains confined to the lumen of the small intestine. Giardia trophozoites absorb their nutrients from the lumen of the small intestine, and are anaerobes.

Giardia infection can occur through ingestion of dormant cysts in contaminated water, or by the fecal-oral route (through poor hygiene practices). The Giardia cyst can survive for weeks to months in cold water and therefore can be present in contaminated wells and water systems, and even clean-looking mountain streams, as well as city reservoirs, as the Giardia cysts are resistant to conventional water treatment methods, such as chlorination and ozonolysis. Zoonotic transmission is also possible, and therefore Giardia infection is a concern for people camping in the wilderness or swimming in contaminated streams or lakes, especially the artificial lakes formed by beaver dams (hence the popular name for giardiasis, "Beaver Fever"). As well as water-borne sources, fecal-oral transmission can also occur, for example in day care centers, where children may have poorer hygiene practices.

Those who work with children are also at risk of being infected, as are family members of infected individuals. Not all Giardia infections are symptomatic, so some people can unknowingly serve as carriers of the parasite.

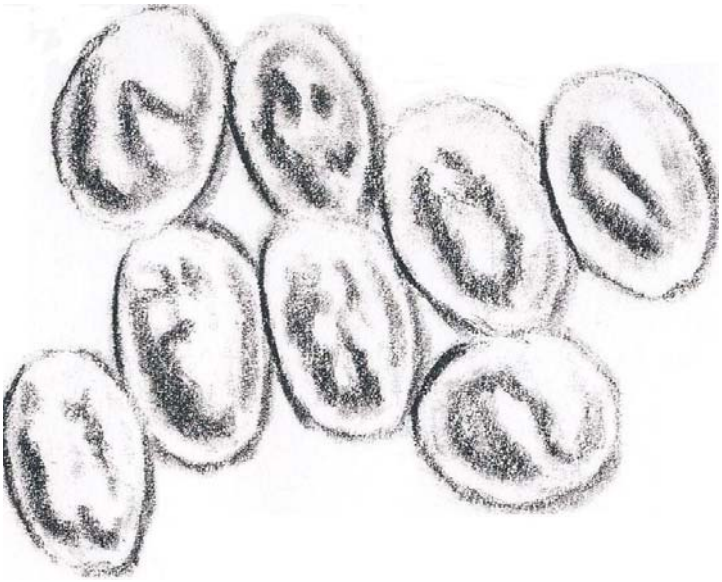
The life cycle begins with a non-infective cyst being excreted with feces of an infected individual. Once out in the environment, the cyst becomes infective. A distinguishing characteristic of the cyst is 4 nuclei and a retracted cytoplasm. Once ingested by a host, the trophozoite emerges to an active state of feeding and motility. After the feeding stage, the trophozoite undergoes asexual replication through longitudinal binary fission. The resulting trophozoites and cysts then pass through the digestive system in the feces. While the trophozoites may be found in the feces, only the cysts are capable of surviving outside of the host.

Distinguishing features of the trophozoites are large karyosomes and lack of peripheral chromatin, giving the two nuclei a halo appearance. Cysts are distinguished by a retracted cytoplasm. This protozoa lacks mitochondria, although the discovery of the presence of mitochodrial remnant organelles in one recent study "indicate that Giardia is not primitively amitochondrial and that it has retained a functional organelle derived from the original mitochondrial endosymbiont"



PROTOZOAN PARASITE

Cryptosporidium

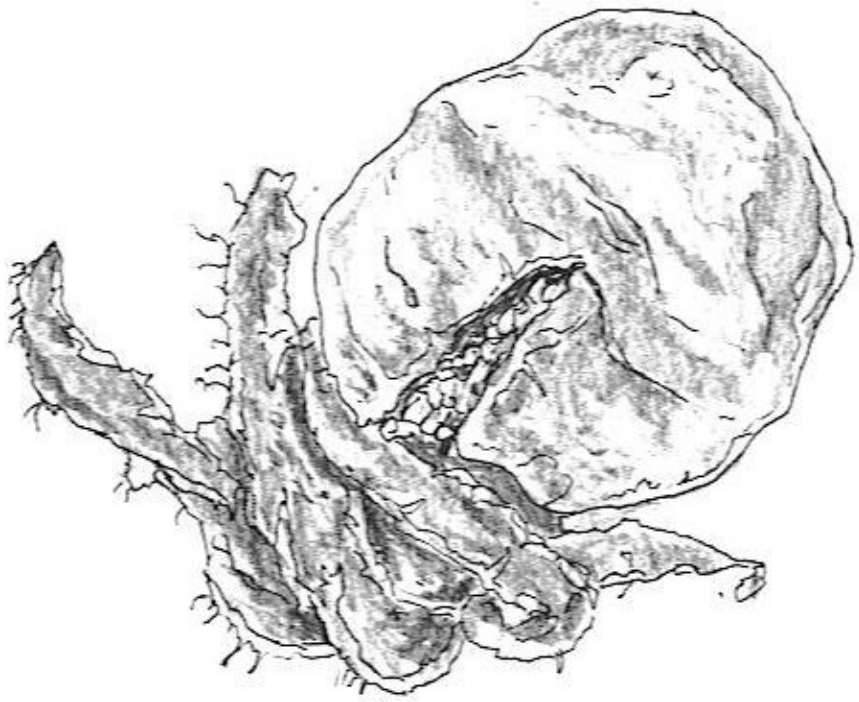


Cryptosporidium is a protozoan pathogen of the Phylum Apicomplexa and causes a diarrheal illness called cryptosporidiosis. Other apicomplexan pathogens include the malaria parasite Plasmodium, and Toxoplasma, the causative agent of toxoplasmosis. Unlike Plasmodium, which transmits via a mosquito vector, Cryptosporidium does not utilize an insect vector and is capable of completing its life cycle within a single host, resulting in cyst stages which are excreted in feces and are capable of transmission to a new host.

A number of species of Cryptosporidium infect mammals. In humans, the main causes of disease are C. parvum and C. hominis (previously C. parvum genotype 1). C. canis, C. felis, C. meleagridis, and C. muris can also cause disease in humans. In recent years, cryptosporidiosis has plagued many commercial Leopard gecko breeders. Several species of the Cryptosporidium family (C. serpentes and others) are involved, and outside of geckos it has been found in monitor lizards, iguanas, tortoises as well as several snake species.

Cryptosporidiosis is typically an acute short-term infection but can become severe and non-resolving in children and immunocompromised individuals. The parasite is transmitted by environmentally hardy cysts (oocysts) that, once ingested, excyst in the small intestine and result in an infection of intestinal epithelial tissue.

The genome of Cryptosporidium parvum was sequenced in 2004 and was found to be unusual amongst Eukaryotes in that the mitochondria seem not to contain DNA. A closely-related species, C. hominis, also has its genome sequence available. CryptoDB.org is a NIH-funded database that provides access to the Cryptosporidium genomics data sets.



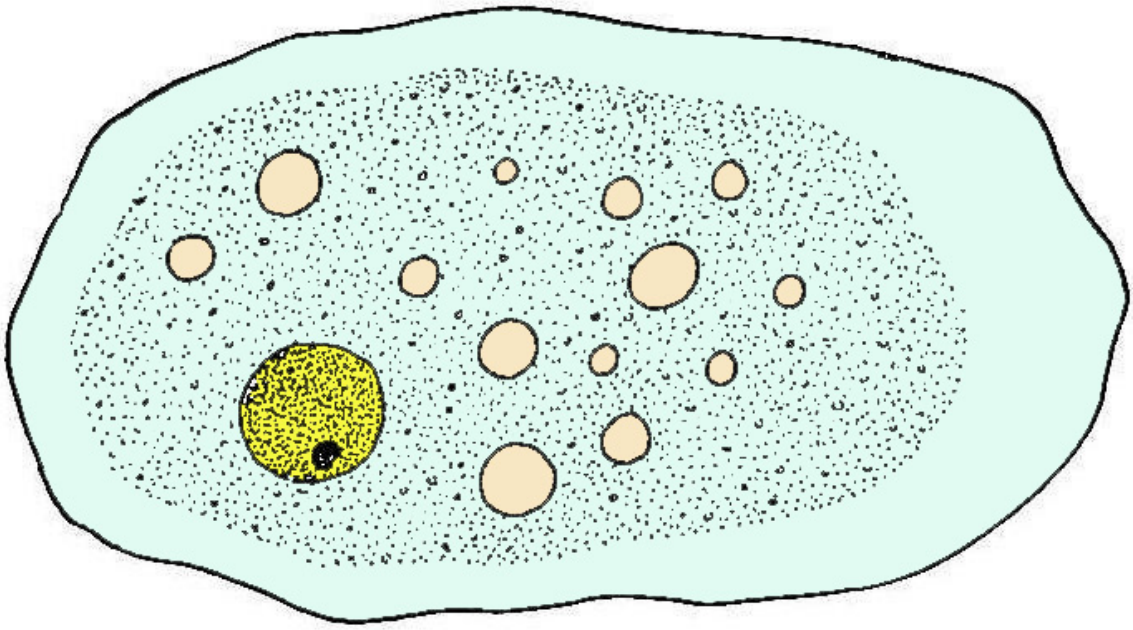
CRYPTO-PARVUM

When *C. parvum* was first identified as a human pathogen, diagnosis was made by a biopsy of intestinal tissue (Keusch, *et al*., 1995). However, this method of testing can give false negatives due the "patchy" nature of the intestinal parasitic infection (Flanigan and Soave, 1993). Staining methods were then developed to detect and identify the oocysts directly from stool samples. The modified acid-fast stain is traditionally used to most reliably and specifically detect the presence of cryptosporidial oocysts.

There have been six major outbreaks of cryptosporidiosis in the United States as a result of contamination of drinking water (Juranek, 1995). One major outbreak in Milwaukee in 1993 affected over 400,000 persons. Outbreaks such as these usually result from drinking water taken from surface water sources such as lakes and rivers (Juranek, 1995). Swimming pools and water park wave pools have also been associated with outbreaks of cryptosporidiosis. Also, untreated groundwater or well water public drinking water supplies can be sources of contamination.

The highly environmentally resistant cyst of *C. parvum* allows the pathogen to survive various drinking water filtrations and chemical treatments such as chlorination. Although municipal drinking water utilities may meet federal standards for safety and quality of drinking water, complete protection from cryptosporidial infection is not guaranteed. In fact, *all* waterborne outbreaks of cryptosporidiosis have occurred in communities where the local utilities met all state and federal drinking water standards (Juranek, 1995).

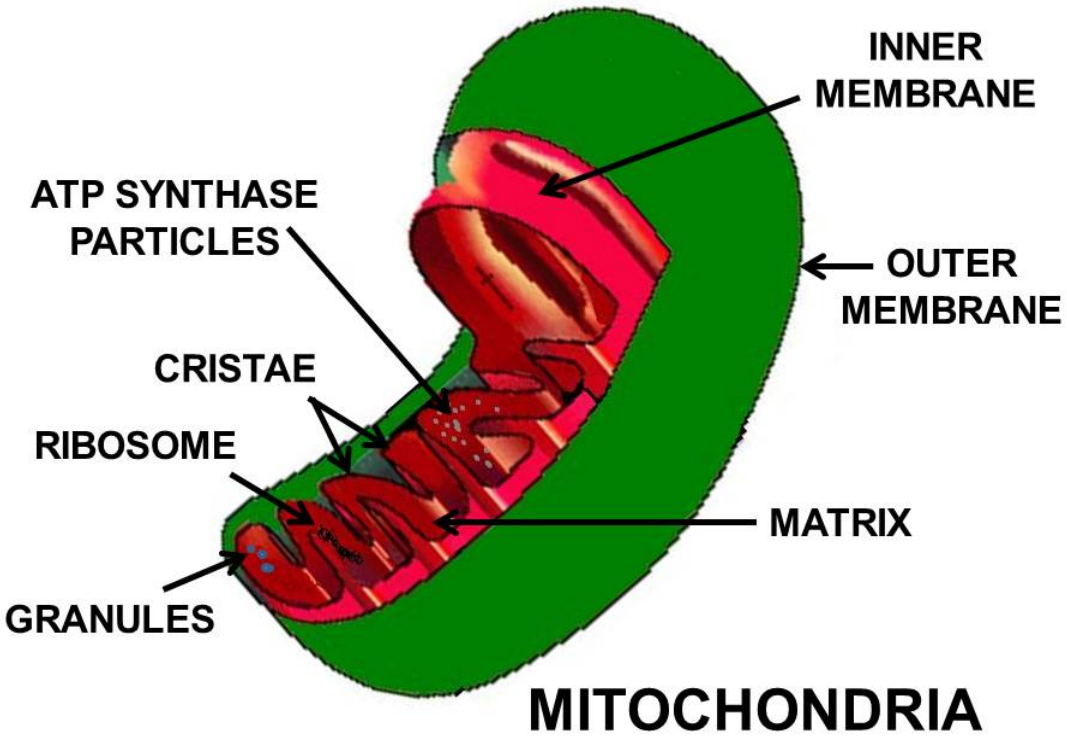
Entamoeba histolytica



Entamoeba histolytica, another water-borne pathogen, can cause diarrhea or a more serious invasive liver abscess. When in contact with human cells, these amoebae are cytotoxic. There is a rapid influx of calcium into the contacted cell, it quickly stops all membrane movement save for some surface blebbing. Internal organization is disrupted, organelles lyse, and the cell dies. The ameba may eat the dead cell or just absorb nutrients released from the cell.

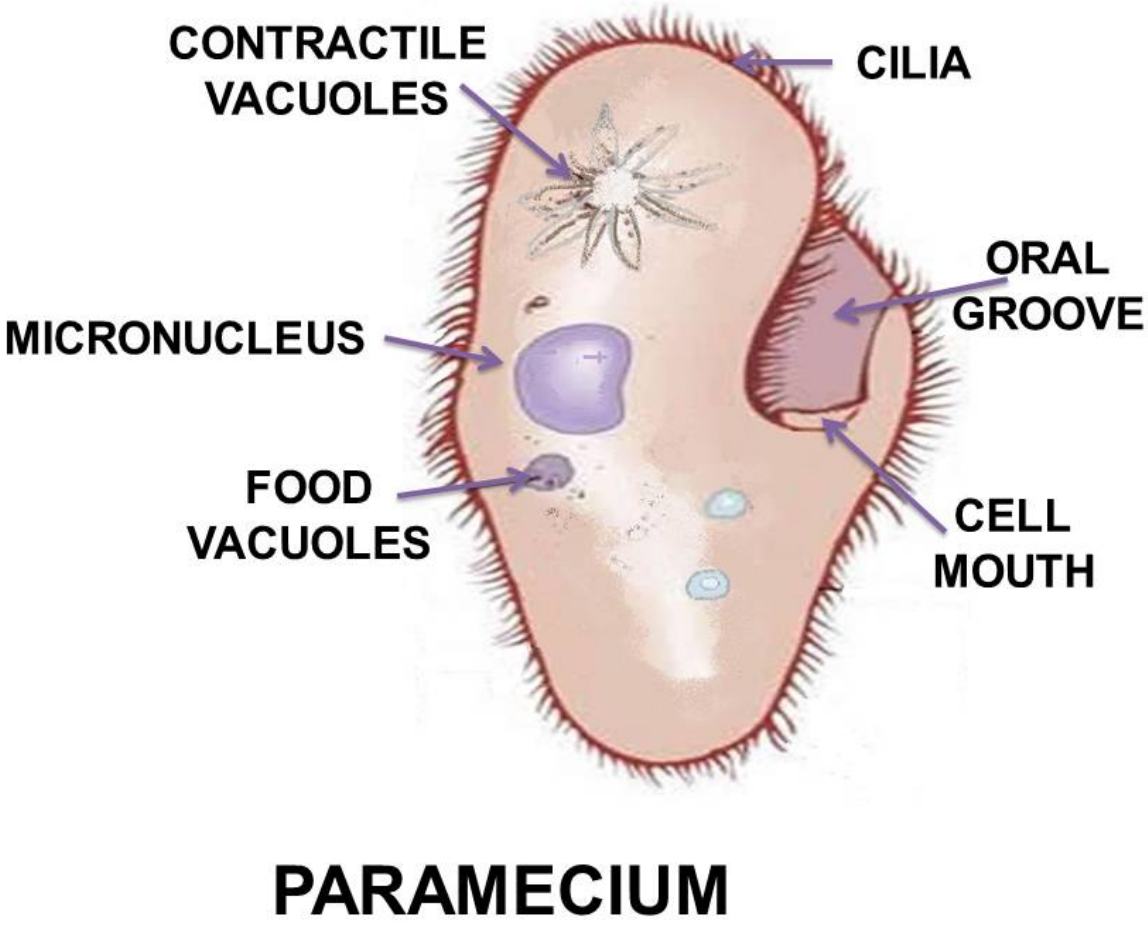
On average, about one in 10 people who are infected with *E. histolytica* becomes sick from the infection. The symptoms often are quite mild and can include loose stools, stomach pain, and stomach cramping. Amebic dysentery is a severe form of amebiasis associated with stomach pain, bloody stools, and fever. Rarely, *E. histolytica* invades the liver and forms an abscess. Even less commonly, it spreads to other parts of the body, such as the lungs or brain.

Scientific classification
Domain: Eukaryota
Phylum: Amoebozoa
Class: Archamoebae
Genus: Entamoeba
Species: E. histolytica



Mitochondria

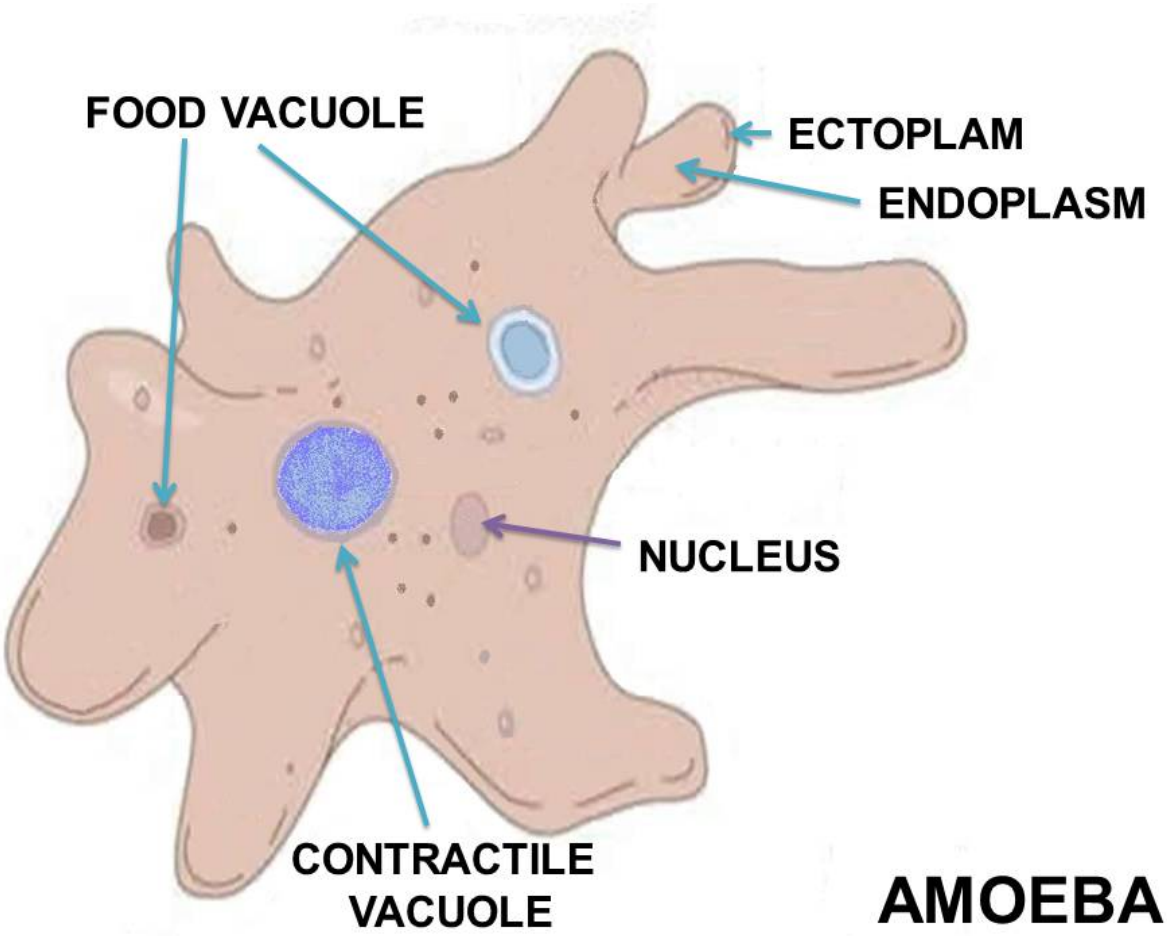
The bacterial cell is surrounded by a lipid membrane, or cell membrane, which encloses the contents of the cell and acts as a barrier to hold nutrients, proteins and other essential components of the cytoplasm within the cell. As they are prokaryotes, bacteria do not tend to have membrane-bound organelles in their cytoplasm and thus contain few large intracellular structures. They consequently lack a nucleus, mitochondria, chloroplasts and the other organelles present in eukaryotic cells, such as the Golgi apparatus and endoplasmic reticulum.



PARAMECIUM

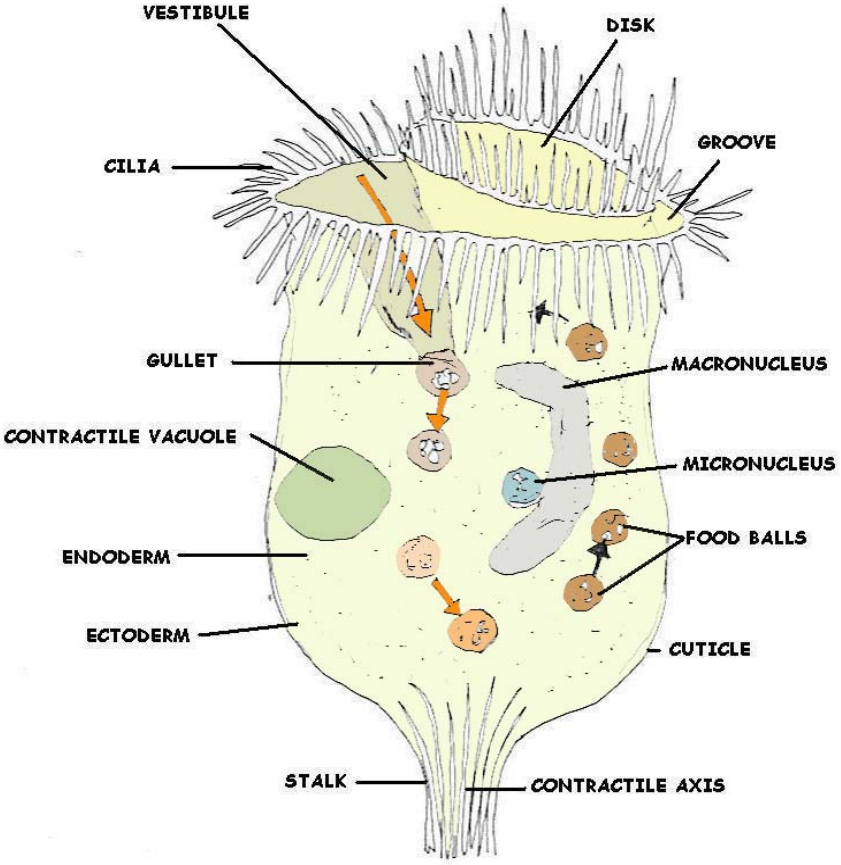
Paramecia

Paramecia are a group of unicellular ciliate protozoa formerly known as slipper animalcules from their slipper shape. They are commonly studied as a representative of the ciliate group. Simple cilia cover the body which allows the cell to move with a synchronous motion (like a caterpilla). There is also a deep oral groove containing inconspicuous compound oral cilia (as found in other peniculids) that is used to draw food inside. They generally feed upon bacteria and other small cells. Osmoregulation is carried out by a pair of contractile vacuoles, which actively expel water absorbed by osmosis from their surroundings. Paramecia are widespread in freshwater environments, and are especially common in scums. Paramecia are attracted by acidic conditions. Certain single-celled eukaryotes, such as Paramecium, are examples for exceptions to the universality of the genetic code (translation systems where a few codons differ from the standard ones).



Amoeba

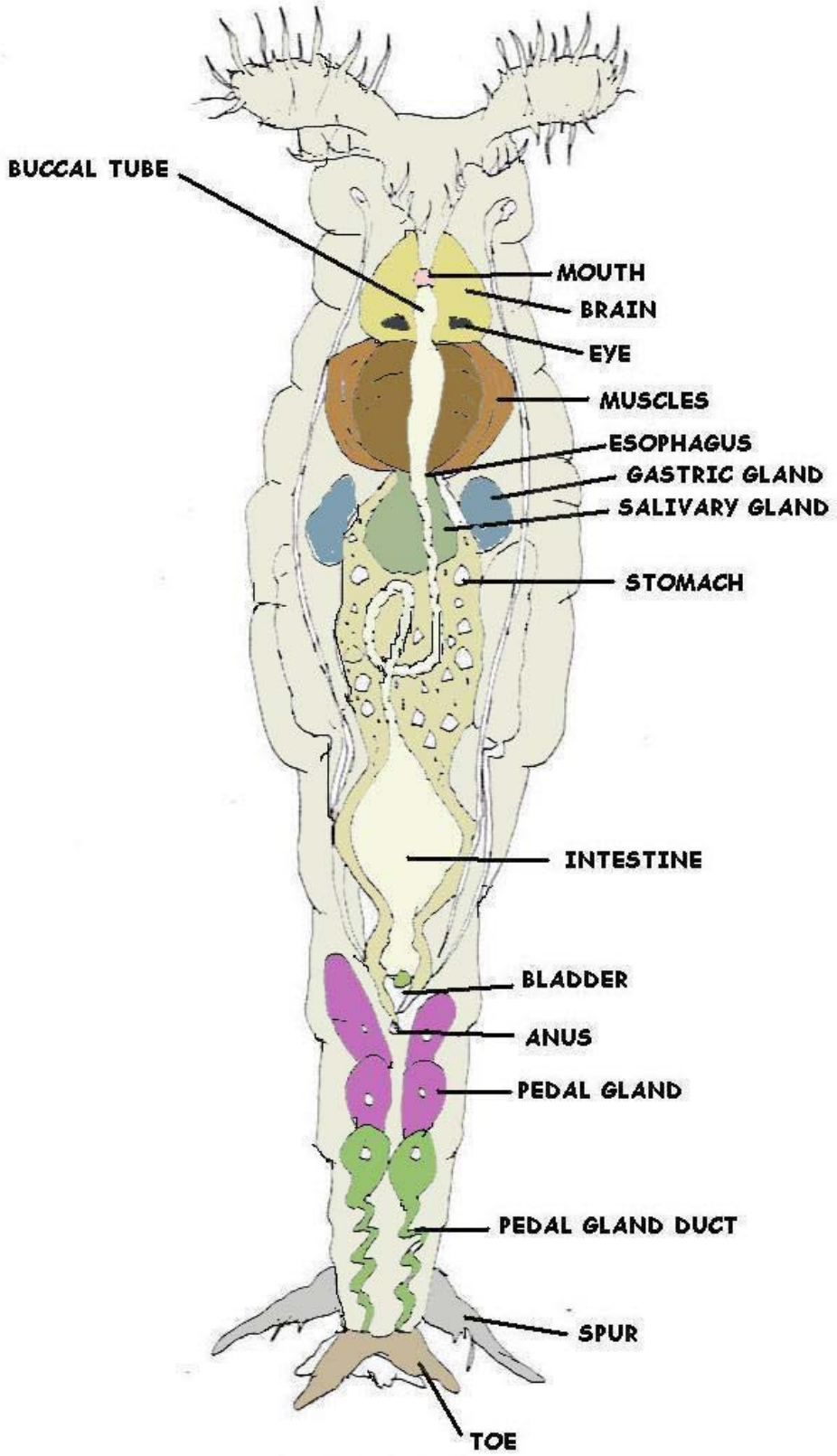
Amoeba (sometimes amœba or ameba, plural amoebae) is a genus of protozoa that moves by means of pseudopods, and is well-known as a representative unicellular organism. The word amoeba or ameba is variously used to refer to it and its close relatives, now grouped as the Amoebozoa, or to all protozoa that move using pseudopods, otherwise termed amoeboids.



Vorticella

Vorticella is a genus of protozoa, with over 100 known species. They are stalked inverted bell-shaped ciliates, placed among the peritrichs. Each cell has a separate stalk anchored onto the substrate, which contains a contracile fibril called a myoneme. When stimulated this shortens, causing the stalk to coil like a spring. Reproduction is by budding, where the cell undergoes longitudinal fission and only one daughter keeps the stalk. Vorticella mainly lives in freshwater ponds and streams - generally anywhere protists are plentiful. Other genera such as Carchesium resemble Vorticella but are branched or colonial.

Domain: Eukaryota
Phylum: Ciliophora
Class: Oligohymenophorea
Subclass: Peritrichia
Order: Sessilida
Family: Vorticellidae
Genus: Vorticella


BUCCAL TUBE
MOUTH
BRAIN
EYE
MUSCLES
ESOPHAGUS
GASTRIC GLAND
SALIVARY GLAND
STOMACH
INTESTINE
BLADDER
ANUS
PEDAL GLAND
PEDAL GLAND DUCT
SPUR
TOE

ROTIFER

Rotifer

The rotifers make up a phylum of microscopic and near-microscopic pseudocoelomate animals. They were first described by John Harris in 1696 (Hudson and Gosse, 1886). Leeuwenhoek is mistakenly given credit for being the first to describe rotifers but Harris had produced sketches in 1703. Most rotifers are around 0.1-0.5 mm long, and are common in freshwater throughout the world with a few saltwater species. Rotifers may be free swimming and truly planktonic, others move by inch worming along the substrate, whilst some are sessile, living inside tubes or gelatinous holdfasts. About 25 species are colonial (e.g. Sinantherina semibullata), either sessile or planktonic.

Rotifers get their name (derived from Greek and meaning "wheel-bearer"; they have also been called wheel animalcules) from the corona, which is composed of several ciliated tufts around the mouth that in motion resemble a wheel. These create a current that sweeps food into the mouth, where it is chewed up by a characteristic pharynx (called the mastax) containing a tiny, calcified, jaw-like structure called the trophi. The cilia also pull the animal, when unattached, through the water. Most free-living forms have pairs of posterior toes to anchor themselves while feeding. Rotifers have bilateral symmetry and a variety of different shapes. There is a well-developed cuticle which may be thick and rigid, giving the animal a box-like shape, or flexible, giving the animal a worm-like shape; such rotifers are respectively called loricate and illoricate.

Like many other microscopic animals, adult rotifers frequently exhibit eutely - they have a fixed number of cells within a species, usually on the order of one thousand. Males in the class Monogononta may be either present or absent depending on the species and environmental conditions. In the absence of males, reproduction is by parthenogenesis and results in clonal offspring that are genetically identical to the parent. Individuals of some species form two distinct types of parthenogenetic eggs; one type develops into a normal parthenogenetic female, while the other occurs in response to a changed environment and develops into a degenerate male that lacks a digestive system, but does have a complete male reproductive system that is used to inseminate females thereby producing fertilized 'resting eggs'. Resting eggs develop into zygotes that are able to survive extreme environmental conditions such as may occur during winter or when the pond dries up. These eggs resume development and produce a new female generation when conditions improve again. The life span of monogonont females varies from a couple of days to about three weeks.

Bdelloid rotifers are unable to produce resting eggs, but many can survive prolonged periods of adverse conditions after desiccation. This facility is termed anhydrobiosis, and organisms with these capabilities are termed anhydrobionts. Under drought conditions, bdelloid rotifers contract into an inert form and lose almost all body water; when rehydrated, however, they resume activity within a few hours. Bdelloids can survive the dry state for prolonged periods, with the longest well-documented dormancy being nine years. While in other anhydrobionts, such as the brine shrimp, this desiccation tolerance is thought to be linked to the production of trehalose, a non-reducing disaccharide (sugar), bdelloids apparently lack the ability to synthesize trehalose. Bdelloid rotifer genomes contain two or more divergent copies of each gene. Four copies of hsp82 are, for example, found. Each is different and found on a different chromosome, excluding the possibility of homozygous sexual reproduction.

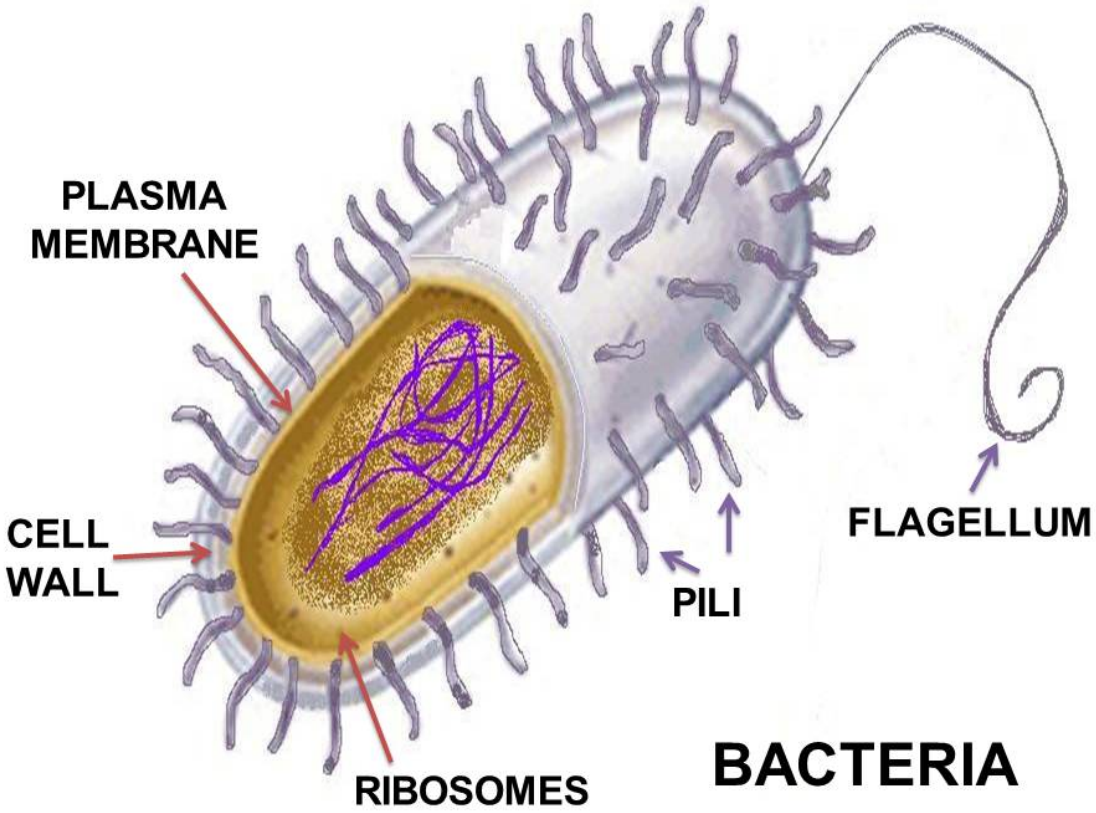
Waterborne Diseases

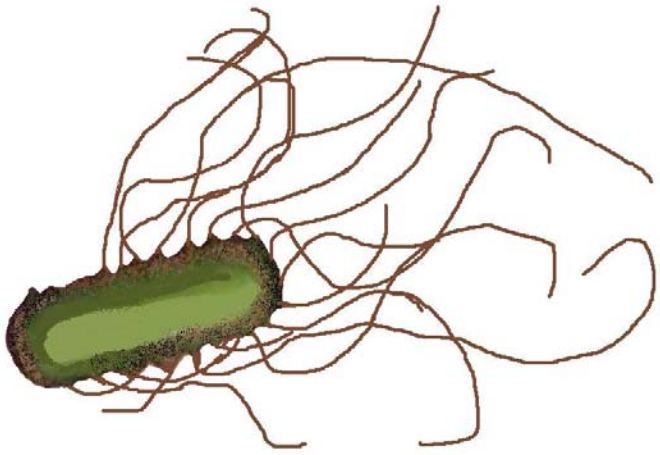
Name	Causative organism	Source of organism	Disease
Viral gastroenteritis	**Rotavirus** (mostly in young children)	Human feces	Diarrhea or vomiting
Norwalk Agent	**Noroviruses** (genus *Norovirus*, family *Caliciviridae*) [*1]	Human feces; also, shellfish; lives in polluted waters	Diarrhea and vomiting
Salmonellosis	***Salmonella*** (bacterium)	Animal or human feces	Diarrhea or vomiting
Gastroenteritis Escherichia *coli*	-- ***E. coli O1* 57:H7** (bacterium): Other *E. coli* organisms:	Human feces	Symptoms vary with type caused
Typhoid	***Salmonella typhi*** (bacterium)	Human feces, urine	Inflamed intestine, enlarged spleen, high temperature-sometimes fatal
Shigellosis	***Shigella*** (bacterium)	Human feces	Diarrhea
Cholera	***Vibrio choleras*** (bacterium)	Human feces; also, shellfish; lives in many coastal waters	Vomiting, severe diarrhea, rapid dehydration, mineral loss-high mortality
Hepatitis A	**Hepatitis A** virus	Human feces; shellfish grown in polluted waters	Yellowed skin, enlarged liver, fever, vomiting, weight loss, abdominal pain-low mortality, lasts up to four months
Amebiasis	***Entamoeba histolytica*** (protozoan)	Human feces	Mild diarrhea, dysentery, extra intestinal infection
Giardiasis	***Giardia lamblia*** (protozoan)	Animal or human feces	Diarrhea, cramps, nausea, and general weakness — lasts one week to months
Cryptosporidiosis	***Cryptosporidium parvum***	Animal or human feces	Diarrhea, stomach pain — lasts (protozoan) days to weeks

Notes:

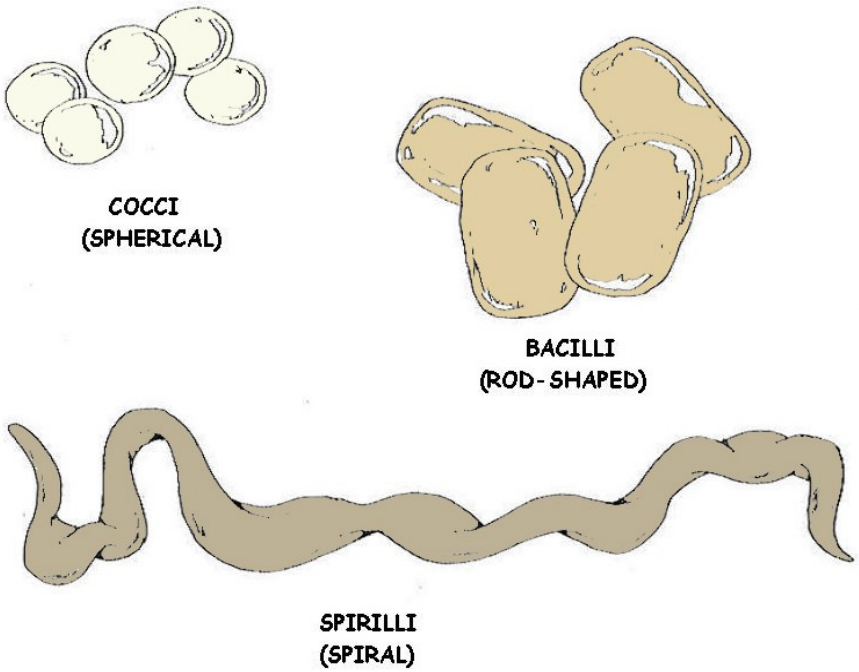
*1 http://www.cdc.gov/ncidod/dvrd/revb/gastro/norovirus.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5009a1.htm

Bacteria Section





Peritrichous Bacteria



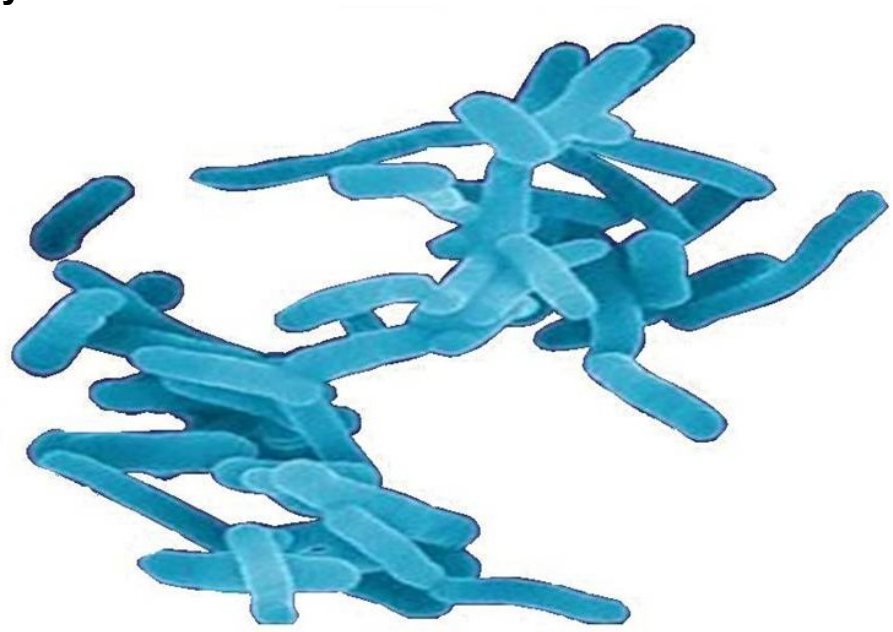
BACTERIA TYPES

Microbiologists broadly classify bacteria according to their shape: spherical, rod-shaped, and spiral-shaped. Pleomorphic bacteria can assume a variety of shapes. Bacteria may be further classified according to whether they require oxygen (aerobic or anaerobic) and how they react to a test with Gram's stain. Bacteria in which alcohol washes away Gram's stain are called gram-negative, while bacteria in which alcohol causes the bacteria's walls to absorb the stain are called gram-positive.



COLORLESS FILAMENTOUS
SULFUR BACTERIA

Shigella dysenteriae



SHIGELLA DYSENTERIAE

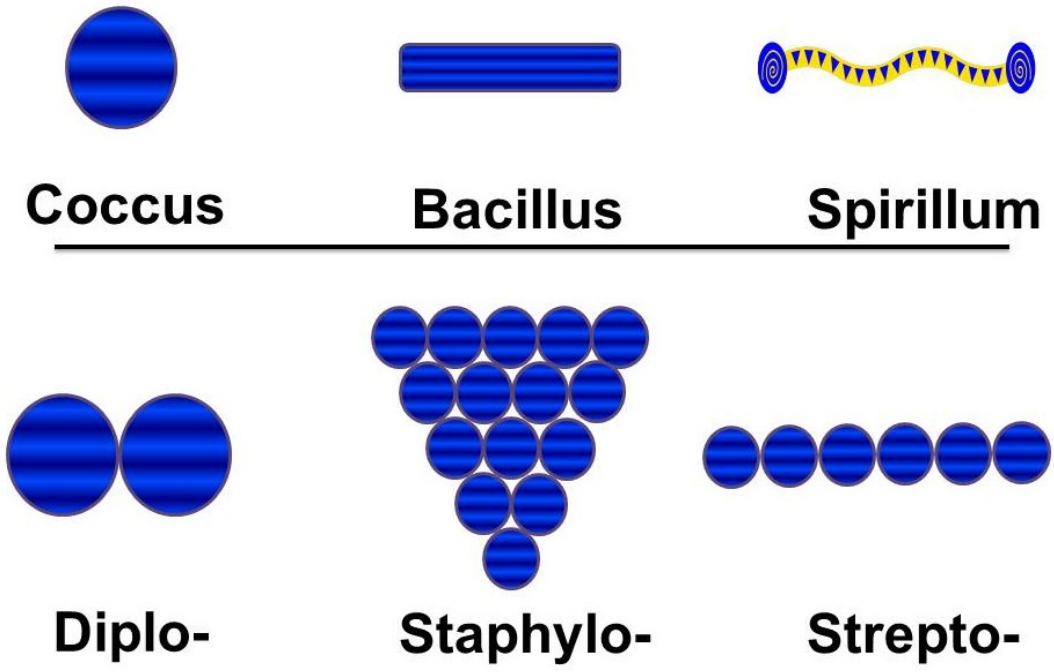
Shigella dysenteriae is a species of the rod-shaped bacterial genus Shigella. Shigella can cause shigellosis (bacillary dysentery). Shigellae are Gram-negative, non-spore-forming, facultatively anaerobic, non-motile bacteria.

S. dysenteriae, spread by contaminated water and food, causes the most severe dysentery because of its potent and deadly Shiga toxin, but other species may also be dysentery agents. Shigella infection is typically via ingestion (fecal–oral contamination); depending on age and condition of the host as few as ten bacterial cells can be enough to cause an infection. Shigella causes dysentery that result in the destruction of the epithelial cells of the intestinal mucosa in the cecum and rectum. Some strains produce enterotoxin and Shiga toxin, similar to the verotoxin of E. coli O157:H7. Both Shiga toxin and verotoxin are associated with causing hemolytic uremic syndrome.

Shigella invades the host through epithelial cells of the large intestine. Using a Type III secretion system acting as a biological syringe, the bacterium injects IpaD protein into cell, triggering bacterial invasion and the subsequent lysis of vacuolar membranes using IpaB and IpaC proteins. It utilizes a mechanism for its motility by which its IcsA protein triggers actin polymerization in the host cell (via N-WASP recruitment of Arp2/3 complexes) in a "rocket" propulsion fashion for cell-to-cell spread.

The most common symptoms are diarrhea, fever, nausea, vomiting, stomach cramps, and straining to have a bowel movement. The stool may contain blood, mucus, or pus (e.g. dysentery). In rare cases, young children may have seizures. Symptoms can take as long as a week to show up, but most often begin two to four days after ingestion. Symptoms usually last for several days, but can last for weeks. Shigella is implicated as one of the pathogenic causes of reactive arthritis worldwide.

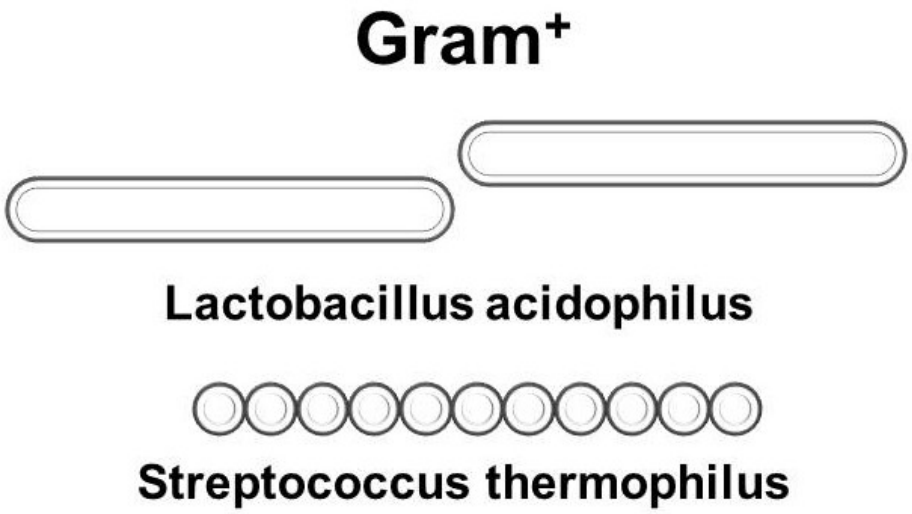


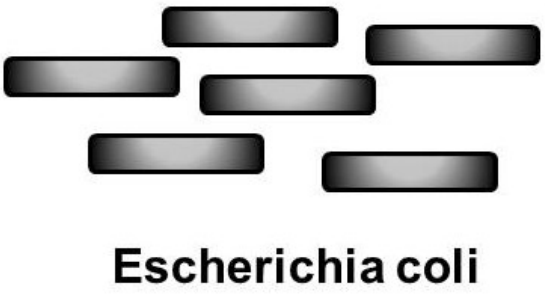


Bacteria Types

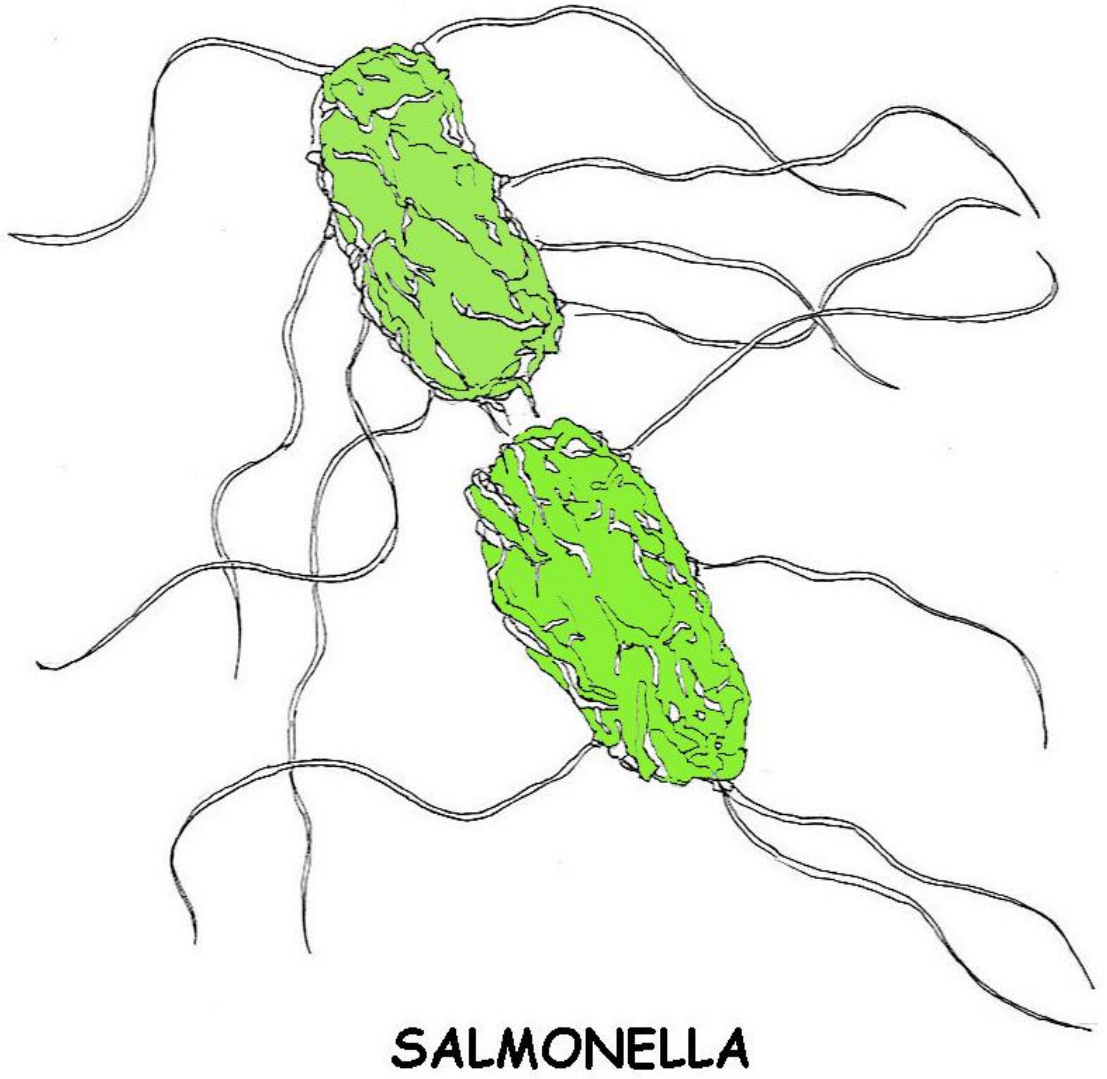
Type	Characteristics
Acetic acid	Rod-shaped, gram-negative, aerobic; highly tolerant of acidic conditions; generate organic acids
Actinomycete	Rod-shaped or filamentous, gram-positive, aerobic; common in soils; essential to growth of many plants; source of much of original antibiotic production in pharmaceutical industry
Coccoid	Spherical, sometimes in clusters or strings, gram-positive, aerobic and anaerobic; resistant to drying and high-salt conditions; *Staphylococcus* species common on human skin, certain strains associated with toxic shock syndrome
Coryneform	Rod-shaped, form club or V shapes, gram-positive, aerobic; found in wide variety of habitats, particularly soils; highly resistant to drying; include *Arthrobacter,* among most common forms of life on earth
Endospore-forming	Usually rod-shaped, can be gram-positive or gram-negative; have highly adaptable, heat-resistant spores that can go dormant for long periods, possibly thousands of years; include *Clostridium* (anaerobic) and *Bacillus* (aerobic)
Enteric	Rod-shaped, gram-negative, aerobic but can live in certain anaerobic conditions; produce nitrite from nitrate, acids from glucose; include *Escherichia coli, Salmonella* (over 1000 types), and *Shigella*
Gliding	Rod-shaped, gram-negative, mostly aerobic; glide on secreted slimy substances; form colonies, frequently with complex fruiting structures
Lactic acid	Gram-positive, anaerobic; produce lactic acid through fermentation; include *Lactobacillus*, essential in dairy product formation, and *Streptococcus*, common in humans
Mycobacterium	Pleomorphic, spherical or rod-shaped, frequently branching, no gram stain, aerobic; commonly form yellow pigments; include *Mycobacterium tuberculosis,* cause of tuberculosis
Mycoplasma	Spherical, commonly forming branching chains, no gram stain, aerobic but can live in certain anaerobic conditions; without cell walls yet structurally resistant to lysis; among smallest of bacteria; named for superficial resemblance to fungal hyphae (*myco-* means 'fungus')
Nitrogen-fixing	Rod-shaped, gram-negative, aerobic; convert atmospheric nitrogen gas to ammonium in soil; include *Azotobacter,* a common genus
Propionic acid	Rod-shaped, pleomorphic, gram-positive, anaerobic; ferment lactic acid; fermentation produces holes in Swiss cheese from the production of carbon dioxide
Pseudomonad	Rod-shaped (straight or curved) with polar flagella, gram-negative, aerobic; can use up to 100 different compounds for carbon and energy
Rickettsia	Spherical or rod-shaped, gram-negative, aerobic; cause Rocky Mountain spotted fever and typhus; closely related to *Agrobacterium,* a common gall-causing plant bacterium
Sheathed	Filamentous, gram-negative, aerobic; 'swarmer' (colonizing) cells form and break out of a sheath; sometimes coated with metals from environment

Spirillum	Spiral-shaped, gram-negative, aerobic; include *Bdellovibrio,* predatory on other bacteria
Spirochete	Spiral-shaped, gram-negative, mostly anaerobic; common in moist environments, from mammalian gums to coastal mudflats; complex internal structures convey rapid movement; include *Treponemapallidum,* cause of syphilis
Sulfate- and Sulfur-reducing	Commonly rod-shaped, mostly gram-negative, anaerobic; include *Desulfovibrio,* ecologically important in marshes
Sulfur- and iron-oxidizing	Commonly rod-shaped, frequently with polar flagella, gram-negative, mostly anaerobic; most live in neutral (nonacidic) environment
Vibrio	Rod- or comma-shaped, gram-negative, aerobic; commonly with a single flagellum; include *Vibrio cholerae,* cause of cholera, and luminescent forms symbiotic with deep-water fishes and squids





Salmonella



Salmonella is a Gram-negative bacterium. It is found in many turtles and other reptiles. In clinical laboratories, it is usually isolated on MacConkey agar, XLD agar, XLT agar, DCA agar, or Önöz agar. Because they cause intestinal infections and are greatly outnumbered by the bacteria normally found in the healthy bowel, primary isolation requires the use of a selective medium, so use of a relatively non-selective medium such as CLED agar is not often practiced. Numbers of salmonella may be so low in clinical samples that stools are routinely also subjected to "enrichment culture", where a small volume of stool is incubated in a selective broth medium, such as selenite broth or Rappaport Vassiliadis soya peptone broth, overnight. These media are inhibitory to the growth of the microbes normally found in the healthy human bowel, while allowing salmonellae to become enriched in numbers. Salmonellae may then be recovered by inoculating the enrichment broth on one or more of the primary selective media. On blood agar, they form moist colonies about 2 to 3 mm in diameter.

When the cells are grown for a prolonged time at a range of 25—28°C, some strains produce a biofilm, which is a matrix of complex carbohydrates, cellulose and proteins. The ability to produce biofilm (a.k.a. "rugose", "lacy", or "wrinkled") can be an indicator of dimorphism, which is the ability of a single genome to produce multiple phenotypes in response to environmental conditions. Salmonellae usually do not ferment lactose; most of them produce hydrogen sulfide which, in media containing ferric ammonium citrate, reacts to form a black spot in the centre of the creamy colonies.

Classification

Salmonella taxonomy is complicated. As of December 7, 2005, there are two species within the genus: S. bongori (previously subspecies V) and S. enterica (formerly called S. choleraesuis), which is divided into six subspecies:

* I—enterica
* II—salamae
* IIIa—arizonae
* IIIb—diarizonae
* IV—houtenae
* V—obsolete (now designated S. bongori)
* VI—indica



There are also numerous (over 2500) serovars within both species, which are found in a disparate variety of environments and which are associated with many different diseases. The vast majority of human isolates (>99.5%) are subspecies S. enterica. For the sake of simplicity, the CDC recommends that Salmonella species be referred to only by their genus and serovar, e.g.

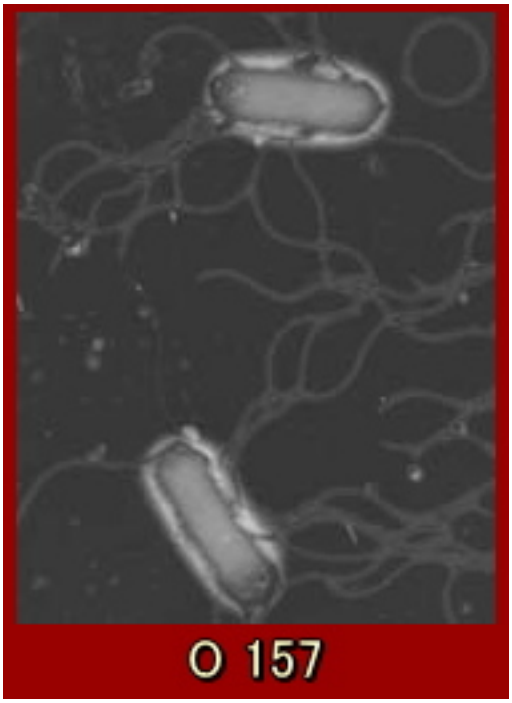
Salmonella Typhi instead of the more technically correct designation, Salmonella enterica subspecies enterica serovar Typhi.

Escherichia Coli Section

Fecal Coliform Bacteria
Fecal coliform bacteria are microscopic organisms that live in the intestines of warm-blooded animals. They also live in the waste material, or feces, excreted from the intestinal tract. When fecal coliform bacteria are present in high numbers in a water sample, it means that the water has received fecal matter from one source or another. Although not necessarily agents of disease, fecal coliform bacteria may indicate the presence of disease-carrying organisms, which live in the same environment as the fecal coliform bacteria.

Reasons for Natural Variation
Unlike the other conventional water quality parameters, fecal coliform bacteria are living organisms. They do not simply mix with the water and float straight downstream. Instead they multiply quickly when conditions are favorable for growth, or die in large numbers when conditions are not. Because bacterial concentrations are dependent on specific conditions for growth, and these conditions change quickly, fecal coliform bacteria counts are not easy to predict. For example, although winter rains may wash more fecal matter from urban areas into a stream, cool water temperatures may cause a major die-off. Exposure to sunlight (with its ultraviolet disinfection properties) may have the same effect, even in the warmer water of summertime.

Expected Impact of Pollution
The primary sources of fecal coliform bacteria to fresh water are wastewater treatment plant discharges, failing septic systems, and animal waste. Bacteria levels do not necessarily decrease as a watershed develops from rural to urban. Instead, urbanization usually generates new sources of bacteria. Farm animal manure and septic systems are replaced by domestic pets and leaking sanitary sewers. In fact, stormwater runoff in urbanized areas has been found to be surprisingly high in fecal coliform bacteria concentrations.



The presence of old, disintegrating storm and sanitary sewers, misplaced sewer pipes, and good breeding conditions are common explanations for the high levels measured.

Coliform Standards (in colonies/100ml)
Drinking water.....1FC
Total body contact (swimming).....200FC
Partial body contact (boating).....1000FC
Threatened sewage effluent .....not to exceed 200 FC

*Total coliform (TC) includes bacteria from cold-blooded animals and various soil organisms. According to recent literature, total coliform counts are normally about 10 times higher than fecal coliform (FC) counts.

Indicator Connection Varies

General coliforms, E. Coli, and Enterococcus bacteria are the "indicator" organisms generally measured to assess microbiological quality of water. However, these aren't generally what get people sick. Other bacteria, viruses, and parasites are what we are actually worried about.

Because it is so much more expensive and tedious to do so, actual pathogens are virtually never tested for. Over the course of a professional lifetime pouring over indicator tests, in a context where all standards are based on indicators, water workers tend to forget that the indicators are not the things we actually care about.

What are these indicators? More information in the Laboratory section.

- **General coliforms** indicate that the water has come in contact with plant or animal life. General coliforms are universally present, including in pristine spring water. They are of little concern at low levels, except to indicate the effectiveness of disinfection. Chlorinated water and water from perfectly sealed tube wells is the only water I've tested which had zero general coliforms. At very high levels they indicate there is what amounts to a lot of compost in the water, which could easily include pathogens (Ten thousand general coliform bacteria will get you a beach closure, compared to two or four hundred fecal coliforms, or fifty enterococcus).
- **Fecal coliforms**, particularly E. coli, indicate that there are mammal or bird feces in the water.
- **Enterococcus bacteria** also indicate that there are feces from warm blooded animals in the water. Enterococcus are a type of fecal streptococci. They are another valuable indicator for determining the amount of fecal contamination of water. According to studies conducted by the EPA, enterococci have a greater correlation with swimming-associated gastrointestinal illness in both marine and fresh waters than other bacterial indicator organisms, and are less likely to "die off" in saltwater.

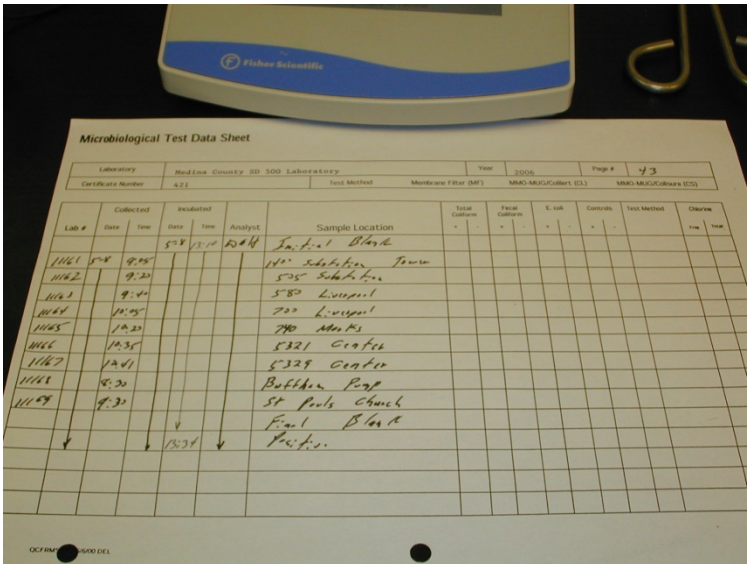
The more closely related the animal, the more likely pathogens excreted with their feces can infect us. Human feces are the biggest concern, because anything which infects one human could infect another. There isn't currently a quantitative method for measuring specifically human fecal bacteria (expensive genetic studies can give a presence/absence result). Ingesting a human stranger's feces via contaminated water supply is a classic means for infections to spread rapidly. The more pathogens an individual carries, the more hazardous their feces. Ingesting feces from someone who is not carrying any pathogens may gross you out, but it can't infect you. Infection rates are around 5% in the US, and approach 100% in areas with poor hygiene and contaminated water supplies. Keep in the back of your mind that **the ratio of indicators to actual pathogens is not fixed**. It will always be different, sometimes very different. Whenever you are trying to form a mental map of reality based on water tests, you should include in the application of your water intuition an adjustment factor for your best guess of the ratio between indicators and actual pathogens.

Membrane Filter Total Coliform Technique

The membrane filter total Coliform technique is used at Medina County for drinking water quality testing. The following is a summary of this test. A sampling procedure sheet is given to all sample takers by Medina County.

The samples are taken in sterile 100 mL containers. These containers, when used for chlorinated water samples, have a sodium thiosulfate pill or solution to dechlorinate the sample.

The sample is placed in cold storage after proper sample taking procedures are followed. (See sample procedures below)



The samples are taken to the laboratory with a chain of custody to assure no tampering of samples can occur.

These samples are logged in at the laboratory.

No longer than 30 hours can lapse between the time of sampling and time of test incubation. (8 hours for heterotrophic, nonpotable 6 hours, others not longer than 24 hours)

All equipment is sterilized by oven and autoclave.
Glassware in oven at 170^{o}C $\pm$ 10^{o}C with foil (or other suitable wrap) loosely fitting and secured immediately after sterilization.



Filtration units in autoclave at 121^{o}C for 30 minutes.

Use sterile petri dishes, grid, and pads bought from a reliable company – certified, quality assured - test for satisfactory known positive amounts.

Incubators – 35^{o}C $\pm$ .5^{o}C (60% relative humidity)
M-endo medium is prepared and heated to near boiling removed from heat cooled to 45^{o}C pH adjusted to 7.2 $\pm$ .2 and immediately dispensed 8ml to plates. Keep refrigerated and discard after 2 weeks.

Plates can be stored in a dated box with expiration date and discarded if not used. No denatured alcohol should be used. Everclear or 95% proof alcohol or absolute methyl may be used for sterilizing forceps by flame.

Procedure:
Counters are alcohol wiped.
Bench sheets are filled out.
Samples are removed from refrigeration.
Sterile wrapped utensils are placed on counters.
Filtration units are placed onto sterile membrane filters by aseptic technique using sterile forceps.
Sterile petri dishes are labeled.
The samples closures are clipped.
The sample is shaken 25 times 1 foot in length within 7 seconds.
100 mL is filtered and rinsed with sterile distilled water 3 times.
The membrane filter is aseptically removed from filter holder.
A sterile padded petri dish is used and the membrane filter is rolled onto the pad making sure no air bubbles form.
The sterile labeled lid is placed on the petri dish.
2 blanks and a known is run with each series of samples.
The samples are placed in the 35^{o}C $\pm$ .5^{o}C incubator stacked no higher than 3 for 22 – 24 hours (Humidity can be maintained by saturated paper towels placed under containers holding petri dishes.)
After 22- 24 hours view the petri dishes under a 10 –15 power magnification with cool white fluorescent light.
Count all colonies that appear pink to dark red with a metallic surface sheen – the sheen may vary in size from a pin head to complete coverage.
Report as Total Coliform per 100 mL.
If no colonies are present report as <1 coliform/100mL.

Anything greater than 1 is over the limit for drinking water for 2 samples taken 24 hours apart. Further investigation may be necessary – follow Standard Methods accordingly.



Photograph and Credits to Mary McPherson
Aran™ Aqua Analytical Laboratory Director.

Escherichia coli EPEC

Two types of pathogenic Escherichia coli, enteropathogenic E. coli (EPEC) and enterohemorrhagic E. coli (EHEC), cause diarrheal disease by disrupting the intestinal environment through the intimate attachment of the bacteria to the intestinal epithelium.

E. coli O157:H7
E. coli O157:H7 (bacterium) found in human feces. Symptoms vary with type caused gastroenteritis.

Escherichia coli O157:H7 is an emerging cause of foodborne illness. An estimated 73,000 cases of infection and 61 deaths occur in the United States each year. Infection often leads to bloody diarrhea, and occasionally to kidney failure. Most illnesses have been associated with eating undercooked, contaminated ground beef. Person-to-person contact in families and child care centers is also an important mode of transmission. Infection can also occur after drinking raw milk and after swimming in or drinking sewage-contaminated water.

Consumers can prevent *E. coli* O157:H7 infection by thoroughly cooking ground beef, avoiding unpasteurized milk, and washing hands carefully. Because the organism lives in the intestines of healthy cattle, preventive measures on cattle farms and during meat processing are being investigated.

What is *Escherichia coli* O157:H7?

E. coli O157:H7 is one of hundreds of strains of the bacterium Escherichia coli. Although most strains are harmless and live in the intestines of healthy humans and animals, this strain produces a powerful toxin and can cause severe illness.

E. coli O157:H7 was first recognized as a cause of illness in 1982 during an outbreak of severe bloody diarrhea; the outbreak was traced to contaminated hamburgers. Since then, most infections have come from eating undercooked ground beef.

The combination of letters and numbers in the name of the bacterium refers to the specific markers found on its surface and distinguishes it from other types of *E. coli.*

Currently, there are four recognized classes of enterovirulent *E. coli* (collectively referred to as the EEC group) that cause gastroenteritis in humans. Among these is the enterohemorrhagic (EHEC) strain designated *E. coli* O157:H7. *E. coli* is a normal inhabitant of the intestines of all animals, including humans. When aerobic culture methods are used, *E. coli* is the dominant species found in feces.

Normally *E. coli* serves a useful function in the body by suppressing the growth of harmful bacterial species and by synthesizing appreciable amounts of vitamins. A minority of *E. coli* strains are capable of causing human illness by several different mechanisms. *E. coli* serotype O157:H7 is a rare variety of *E. coli* that produces large quantities of one or more related, potent toxins that cause severe damage to the lining of the intestine. These toxins [verotoxin (VT), shiga-like toxin] are closely related or identical to the toxin produced by *Shigella dysenteriae*.

How does *E. coli* or other fecal coliforms get in the water?

E. coli comes from human and animal wastes. During rainfalls, snow melts, or other types of precipitation, *E. coli* may be washed into creeks, rivers, streams, lakes, or groundwater. When these waters are used as sources of drinking water and the water is not treated or inadequately treated, *E. coli* may end up in drinking water.

How is water treated to protect me from *E. coli*?
The water can be treated using chlorine, ultra-violet light, or ozone, all of which act to kill or inactivate *E. coli.* Systems using surface water sources are required to disinfect to ensure that all bacterial contamination such as *E. coli*. is inactivated. Systems using ground water sources are not required to disinfect, although many of them do.

How does the U.S. Environmental Protection Agency regulate *E. coli*?
According to EPA regulations, a system that operates at least 60 days per year, and serves 25 people or more or has 15 or more service connections, is regulated as a public water system under the Safe Drinking Water Act. If a system is not a public water system as defined by EPA regulations, it is not regulated under the Safe Drinking Water Act, although it may be regulated by state or local authorities.

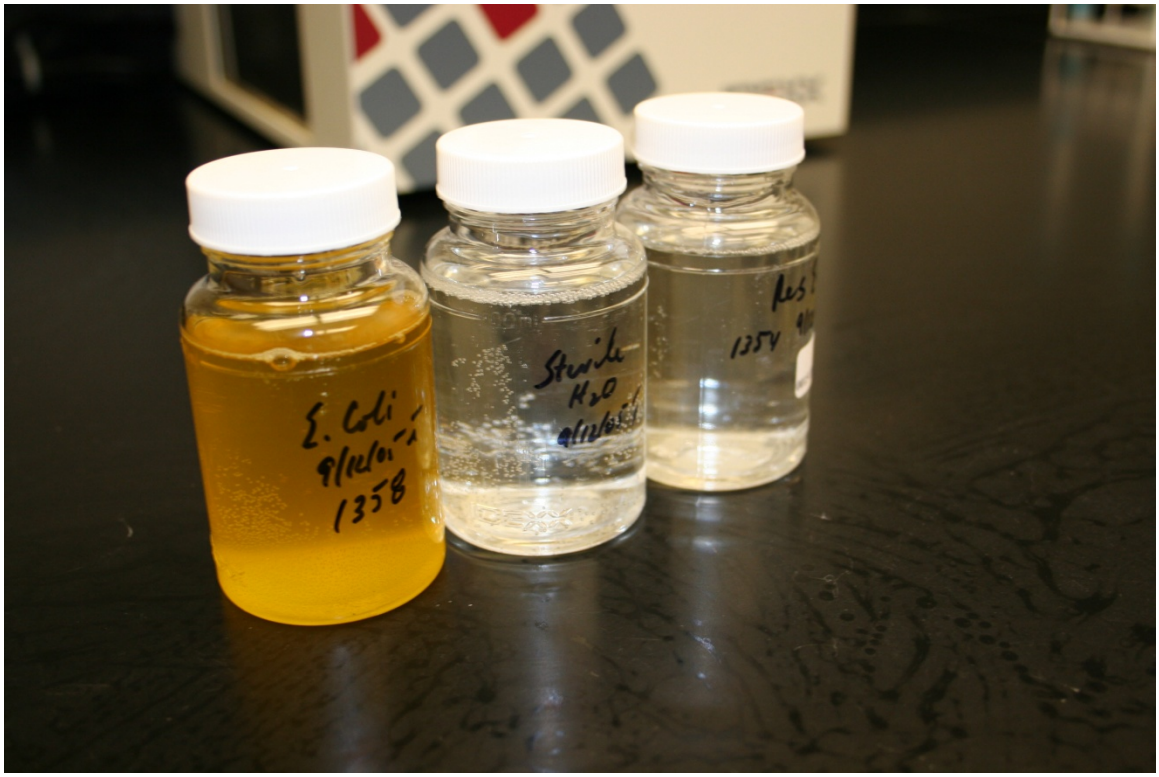
Under the Safe Drinking Water Act, the EPA requires public water systems to monitor for coliform bacteria. Systems analyze first for total coliform, because this test is faster to produce results. Any time that a sample is positive for total coliform, the same sample must be analyzed for either fecal coliform or *E. coli*. Both are indicators of contamination with animal waste or human sewage.

The largest public water systems (serving millions of people) must take at least 480 samples per month. Smaller systems must take at least five samples a month unless the state has conducted a sanitary survey – a survey in which a state inspector examines system components and ensures they will protect public health – at the system within the last five years.

Systems serving 25 to 1,000 people typically take one sample per month. Some states reduce this frequency to quarterly for ground water systems if a recent sanitary survey shows that the system is free of sanitary defects. Some types of systems can qualify for annual monitoring. Systems using surface water, rather than ground water, are required to take extra steps to protect against bacterial contamination because surface water sources are more vulnerable to such contamination. At a minimum, all systems using surface waters must disinfect. Disinfection will kill *E. coli* O157:H7.

What can I do to protect myself from *E. coli* O157:H7 in drinking water?
Approximately 89 percent of Americans are receiving water from community water systems that meet all health-based standards. Your public water system is required to notify you if, for any reason, your drinking water is not safe. If you wish to take extra precautions, you can boil your water for one minute at a rolling boil, longer at higher altitudes. To find out more information about your water, see the Consumer Confidence Report from your local water supplier or contact your local water supplier directly. You can also obtain information about your local water system on the EPA's website at www.epa.gov/safewater/dwinfo.htm.

Positive Tests
If you draw water from a private well, you can contact your state health department to obtain information on how to have your well tested for total coliforms, and *E. coli* contamination. If your well tests positive for *E. coli*, there are several steps that you should take: (1) begin boiling all water intended for consumption, (2) disinfect the well according to procedures recommended by your local health department, and (3) monitor your water quality to make certain that the problem does not recur. If the contamination is a recurring problem, you should investigate the feasibility of drilling a new well or install a point-of-entry disinfection unit, which can use chlorine, ultraviolet light, or ozone.

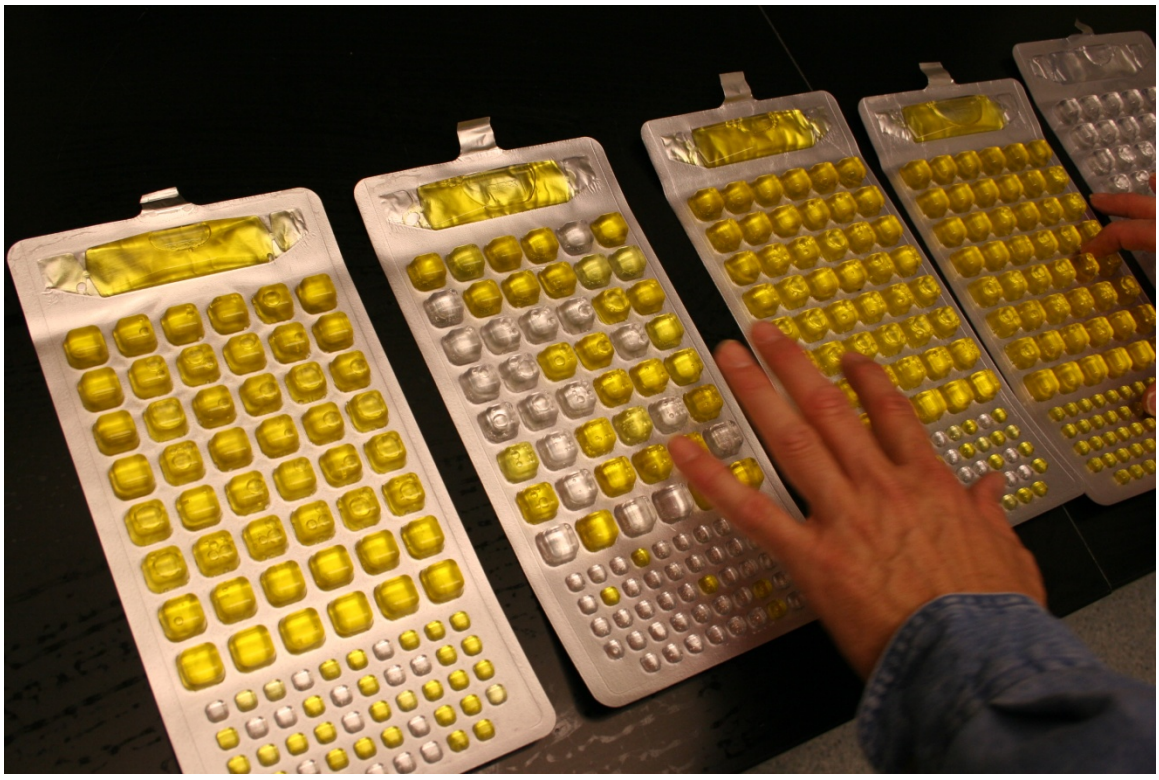


How is *E. coli* O157:H7 spread?
The organism can be found on a small number of cattle farms and can live in the intestines of healthy cattle. Meat can become contaminated during slaughter, and organisms can be thoroughly mixed into beef when it is ground. Bacteria present on a cow's udders or on equipment may get into raw milk. Eating meat, especially ground beef that has not been cooked sufficiently to kill *E. coli* O157:H7 can cause infection. Contaminated meat looks and smells normal. Although the number of organisms required to cause disease is not known, it is suspected to be very small.

Among other known sources of infection are consumption of sprouts, lettuce, salami, unpasteurized milk and juice, and swimming in or drinking sewage-contaminated water. Bacteria in diarrheal stools of infected persons can be passed from one person to another if hygiene or hand washing habits are inadequate. This is particularly likely among toddlers who are not toilet trained. Family members and playmates of these children are at high risk of becoming infected. Young children typically shed the organism in their feces for a week or two after their illness resolves. Older children rarely carry the organism without symptoms.

What illness does *E. coli* O157:H7 cause?
E. coli O157:H7 infection often causes severe bloody diarrhea and abdominal cramps; sometimes the infection causes non-bloody diarrhea or no symptoms. Usually little or no fever is present, and the illness resolves in 5 to 10 days. Hemorrhagic colitis is the name of the acute disease caused by *E. coli* O157:H7.

In some persons, particularly children under 5 years of age and the elderly, the infection can also cause a complication called hemolytic uremic syndrome, in which the red blood cells are destroyed and the kidneys fail. About 2%-7% of infections lead to this complication. In the United States, hemolytic uremic syndrome is the principal cause of acute kidney failure in children, and most cases of hemolytic uremic syndrome are caused by *E. coli* O157:H7.



How is *E. coli* O157:H7 infection diagnosed?
Infection with *E. coli* O157:H7 is diagnosed by detecting the bacterium in the stool. Most laboratories that culture stool do not test for *E. coli* O157:H7, so it is important to request that the stool specimen be tested on sorbitol-MacConkey (SMAC) agar for this organism. All persons who suddenly have diarrhea with blood should get their stool tested for *E. coli* O157:H7.

How is the illness treated?
Most persons recover without antibiotics or other specific treatment in 5-10 days. There is no evidence that antibiotics improve the course of disease, and it is thought that treatment with some antibiotics may precipitate kidney complications. Antidiarrheal agents, such as loperamide (Imodium), should also be avoided. Hemolytic uremic syndrome is a life-threatening condition usually treated in an intensive care unit. Blood transfusions and kidney dialysis are often required. With intensive care, the death rate for hemolytic uremic syndrome is 3%-5%.

Legionnaire's Disease Legionella Section

Introduction Genus: *Legionella* Species: *pneumophila*

The first discovery of bacteria from genus Legionella came in 1976 when an outbreak of pneumonia at an American Legion convention led to 29 deaths. The causative agent, what would come to be known as Legionella pneumophila, was isolated and given its own genus. The organisms classified in this genus are Gram-negative bacteria that are considered intracellular parasites. The disease has two distinct forms:

- Legionnaires' disease, the more severe form of infection which includes pneumonia, and
- Pontiac fever, a milder illness.



What have been the water sources for Legionnaires' disease?
The major source is water distribution systems of large buildings, including hotels and hospitals. Cooling towers have long been thought to be a major source for *Legionella*, but new data suggest that this is an overemphasized mode of transmission. Other sources include mist machines, humidifiers, whirlpool spas, and hot springs. Air conditioners are not a source for Legionnaires' disease. They were suspected to be the source in the original American Legion outbreak in a Philadelphia hotel, but new data now suggests that the water in the hotel was the actual culprit.



Legionnaire's disease is caused most commonly by the inhalation of small droplets of water or fine aerosol containing Legionella bacteria. Legionella bacteria are naturally found in environmental water sources such as rivers, lakes and ponds and may colonize man-made water systems that include air conditioning systems, humidifiers, cooling tower waters, hot water systems, spas and pools.

How do people contract Legionella?
The most popular theory is that the organism is aerosolized in water and people inhale the droplets containing *Legionella*. However, new evidence suggests that another way of contracting *Legionella* is more common. "Aspiration" is the most common way that bacteria enter into the lungs to cause pneumonia. Aspiration means choking such that secretions in the mouth get past the choking reflexes and instead of going into the esophagus and stomach, mistakenly, enter the lung. The protective mechanisms to prevent aspiration is defective in patients who smoke or have lung disease. Aspiration now appears to be the most common mode of transmission.

Legionella may multiply to high numbers in cooling towers, evaporative condensers, air washers, humidifiers, hot water heaters, spas, fountains, and plumbing fixtures. Within one month, Legionella can multiply, in warm water-containing systems, from less than 10 per milliliter to over 1,000 per milliliter of water. Once high numbers of Legionella have been found, a relatively simple procedure for disinfecting water systems with chlorine and detergent is available. This procedure is not part of a routine maintenance program because equipment may become corroded.

Property owners have been sued for the spread of Legionella, resulting in expensive settlements. Regular monitoring with a battery of DFA monoclonal antibodies for several serogroups and species of Legionella morphologically intact bacteria provides a means for exercising 'reasonable care' to deter potential litigation.

Currently, there are no United States government regulations concerning permissible numbers of legionella in water systems and there are no federal or state certification programs for laboratories that perform legionella testing of environmental samples.

Epifluorescence Microscopy DFA Method
The epifluorescence microscopy DFA method that most labs use was published in the British Journal, Water Research 19:839-848, 1985 "Disinfection of circulating water systems by ultraviolet light and halogenation", R. Gilpin, et al. so we can count viable-but-nonculturable (VBNC) legionella.

Most labs will provide a quantitative epifluorescence microscopic analysis of your cooling tower and potable water samples for 14 serogroups of Legionella pneumophila and 15 other Legionella species (listed below).

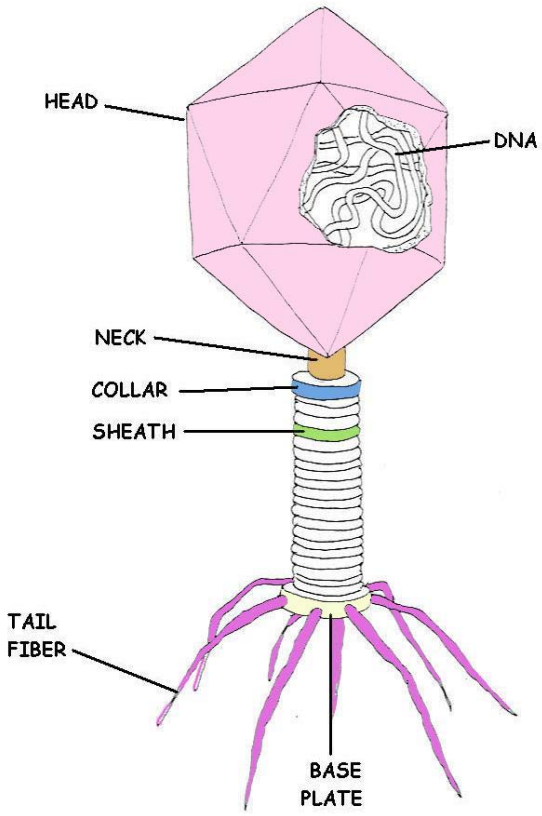
Legionella anisa	*Legionella bozemanii* sg 1 & 2
Legionella dumoffi	*Legionella feeleii* sg 1 & 2
Legionella gormanii	*Legionella hackeliae* sg 1 & 2
Legionella jordanis	*Legionella longbeachae* sg 1& 2
Legionella maceachernii	*Legionella micdadei*
Legionella oakridgensis	*Legionella parisiensis*
Legionella pneumophila sg 1-14	*Legionella sainthelensi*
Legionella santicrucis	*Legionella wadsworthii*

Heterotrophic bacterial CFU are often inversely proportional to numbers of Legionella in cooling tower samples, in our experience. Routine biocide treatments will not eradicate Legionella bacteria in the environment, only in laboratory studies.

Culture methods are good during outbreaks for bio-typing; but culture methods lack sensitivity for routine, quantitative monitoring. Many factors will inhibit growth or identification of legionella on BCYE with or without antimicrobial agents, heat or acid treatment.

Culture methods will not identify non-culturable legionella that can still cause outbreaks (non-culturable, viable legionella have been reported in several peer-reviewed journals). Only DFA tests performed by trained laboratory personnel can identify these legionella. Direct fluorescent antibody (DFA) tests using a battery of monoclonal antibodies provide more useful routine monitoring information than culture methods. Legionella species of bacteria cause Legionnaire's disease. They are gram negative (but stain poorly), strictly aerobic rods.

The U.S. Environmental Protection Agency and the U.S. Occupational Safety and Health Administration recommend routine maintenance of water-containing equipment. Most State health departments recommend monthly testing for Legionella as part of a routine maintenance program.

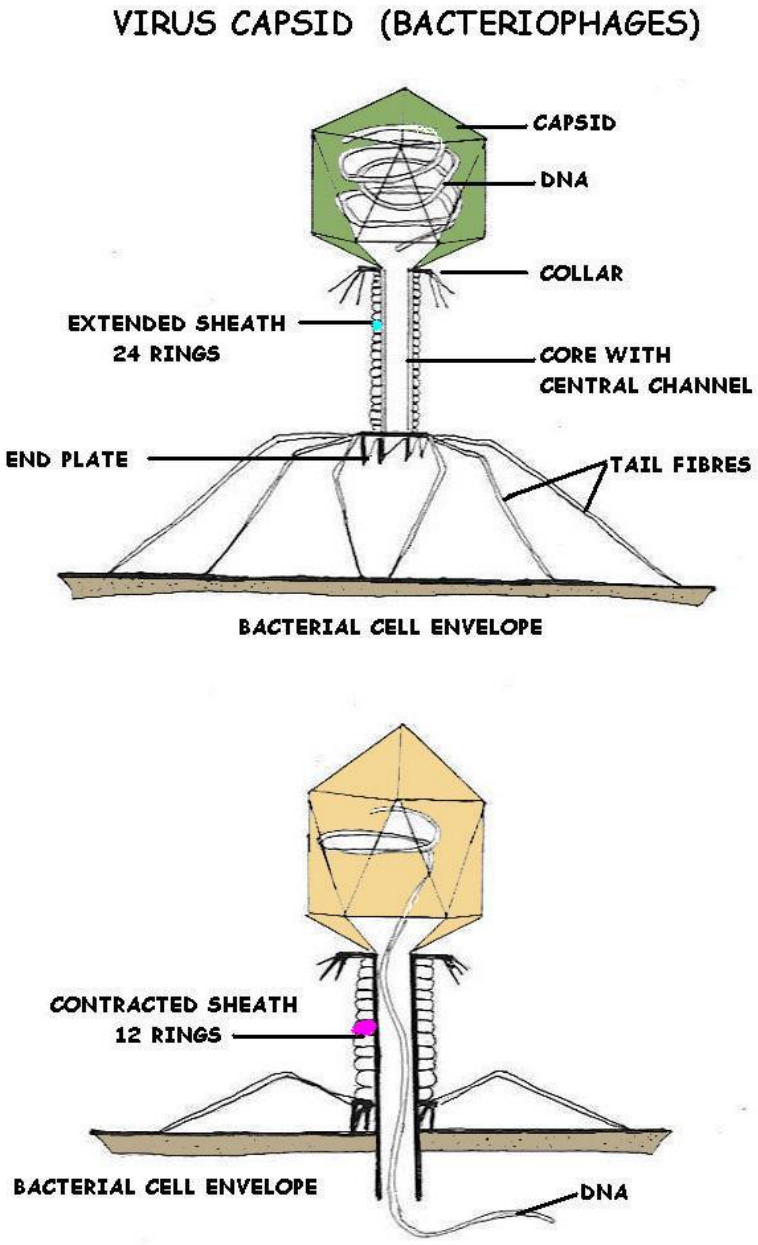


Bacteriophage

A bacteriophage (from 'bacteria' and Greek phagein, 'to eat') is any one of a number of viruses that infect bacteria. The term is commonly used in its shortened form, phage.

Typically, bacteriophages consist of an outer protein hull enclosing genetic material. The genetic material can be ssRNA (single stranded RNA), dsRNA, ssDNA, or dsDNA between 5 and 500 kilo base pairs long with either circular or linear arrangement. Bacteriophages are much smaller than the bacteria they destroy - usually between 20 and 200 nm in size.

Phages are estimated to be the most widely distributed and diverse entities in the biosphere. Phages are ubiquitous and can be found in all reservoirs populated by bacterial hosts, such as soil or the intestine of animals. One of the densest natural sources for phages and other viruses is sea water, where up to 9×108 virions per milliliter have been found in microbial mats at the surface, and up to 70% of marine bacteria may be infected by phages.

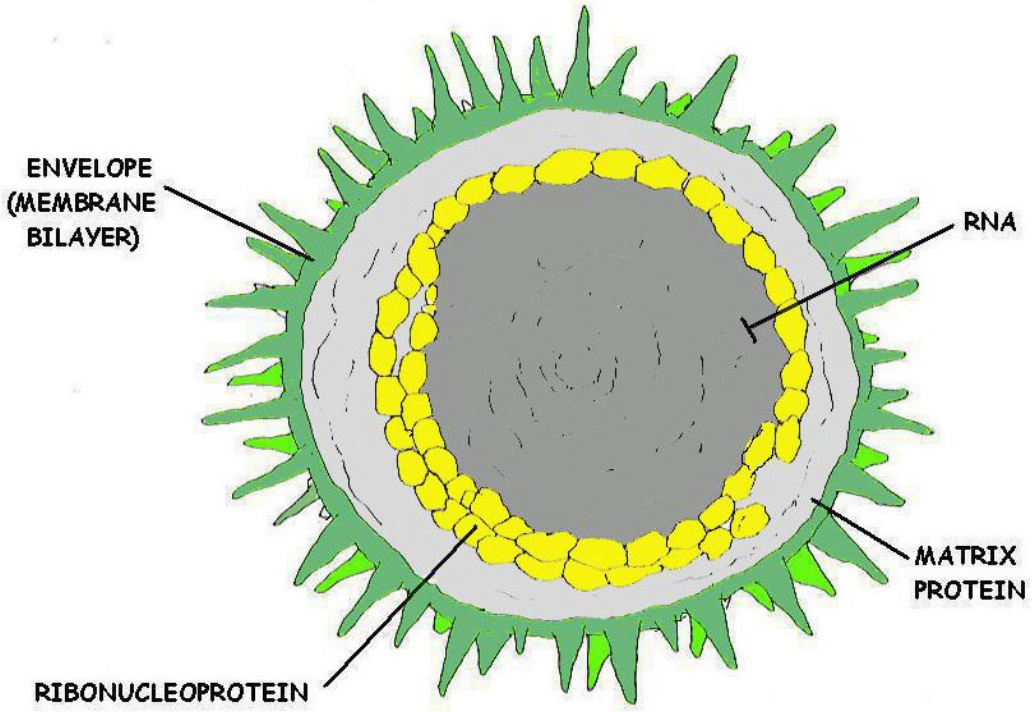


Release of Virions

Phages may be released via cell lysis or by host cell secretion. In the case of the T4 phage, in just over twenty minutes after injection upwards of three hundred phages will be released via lysis within a certain timescale. This is achieved by an enzyme called endolysin which attacks and breaks down the peptidoglycan. In contrast, "lysogenic" phages do not kill the host but rather become long-term parasites and make the host cell continually secrete more new virus particles. The new virions bud off the plasma membrane, taking a portion of it with them to become enveloped viruses possessing a viral envelope. All released virions are capable of infecting a new bacterium.

Viruses

Viruses are acellular microorganisms. They are made up of only genetic material and a protein coat. Viruses depend on the energy and metabolic machinery of the host cell to reproduce. A virus is an infectious agent found in virtually all life forms, including humans, animals, plants, fungi, and bacteria. Viruses consist of genetic material—either deoxyribonucleic acid (DNA) or ribonucleic acid (RNA)—surrounded by a protective coating of protein, called a capsid, with or without an outer lipid envelope. Viruses are between 20 and 100 times smaller than bacteria and hence are too small to be seen by light microscopy.



CROSS SECTIONAL VIEW

Viruses vary in size from the largest poxviruses of about 450 nanometers (about 0.000014 in) in length to the smallest polioviruses of about 30 nanometers (about 0.000001 in). Viruses are not considered free-living, since they cannot reproduce outside of a living cell; they have evolved to transmit their genetic information from one cell to another for the purpose of replication. Viruses often damage or kill the cells that they infect, causing disease in infected organisms. A few viruses stimulate cells to grow uncontrollably and produce cancers. Although many infectious diseases, such as the common cold, are caused by viruses, there are no cures for these illnesses. The difficulty in developing antiviral therapies stems from the large number of variant viruses that can cause the same disease, as well as the inability of drugs to disable a virus without disabling healthy cells. However, the development of antiviral agents is a major focus of current research, and the study of viruses has led to many discoveries important to human health.

Virions
Individual viruses, or virus particles, also called virions, contain genetic material, or genomes, in one of several forms. Unlike cellular organisms, in which the genes always are made up of DNA, viral genes may consist of either DNA or RNA. Like cell DNA, almost all viral DNA is double-stranded, and it can have either a circular or a linear arrangement. Almost all viral RNA is single-stranded; it is usually linear, and it may be either segmented (with different genes on different RNA molecules) or non-segmented (with all genes on a single piece of RNA).

Capsids
The viral protective shell, or capsid, can be either helical (spiral-shaped) or icosahedral (having 20 triangular sides). Capsids are composed of repeating units of one or a few different proteins. These units are called protomers or capsomers. The proteins that make up the virus particle are called structural proteins. Viruses also carry genes for making proteins that are never incorporated into the virus particle and are found only in infected cells. These viral proteins are called nonstructural proteins; they include factors required for the replication of the viral genome and the production of the virus particle.

Capsids and the genetic material (DNA or RNA) they contain are together referred to as nucleocapsids. Some virus particles consist only of nucleocapsids, while others contain additional structures.

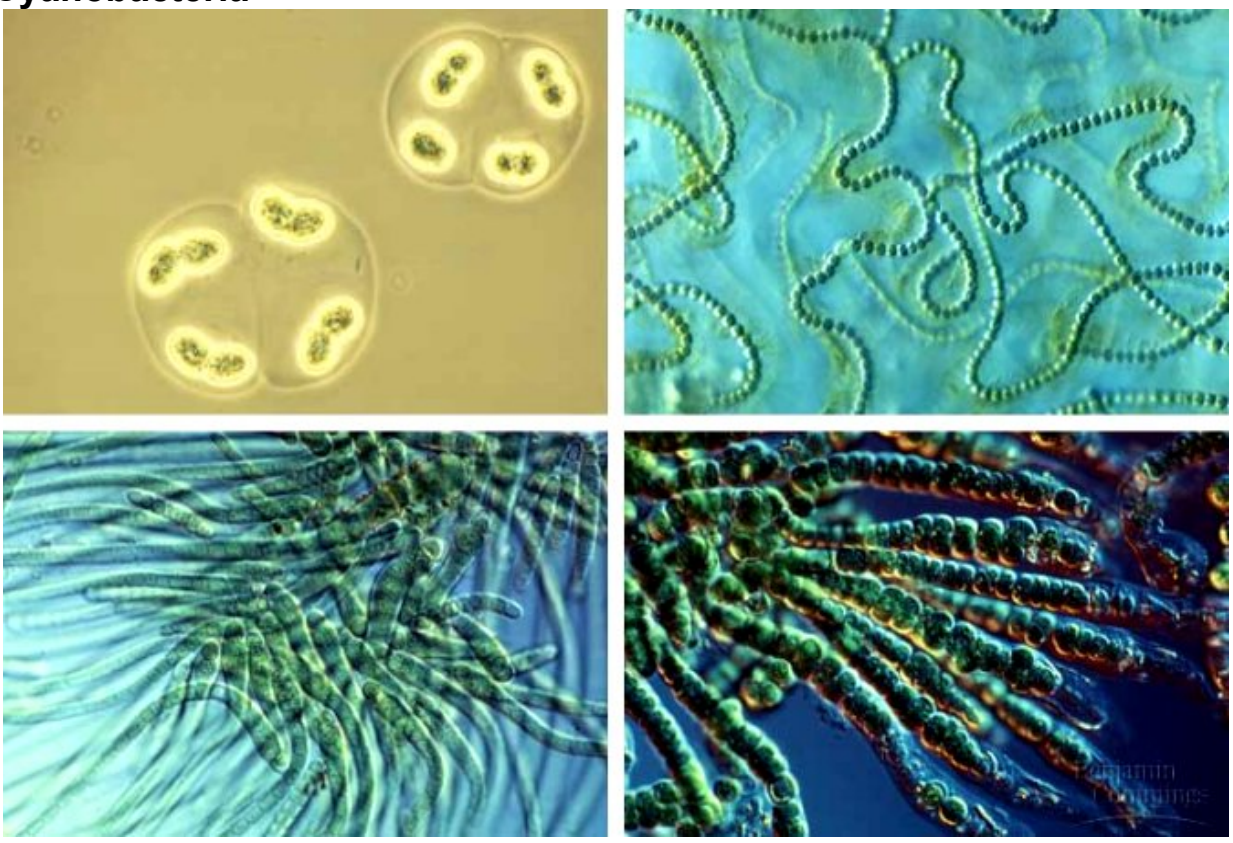
Some icosahedral and helical animal viruses are enclosed in a lipid envelope acquired when the virus buds through host-cell membranes. Inserted into this envelope are glycoproteins that the viral genome directs the cell to make; these molecules bind virus particles to susceptible host cells.

Bacteriophages
The most elaborate viruses are the bacteriophages, which use bacteria as their hosts. Some bacteriophages resemble an insect with an icosahedral head attached to a tubular sheath. From the base of the sheath extend several long tail fibers that help the virus attach to the bacterium and inject its DNA to be replicated, direct capsid production, and virus particle assembly inside the cell.

Viroids and Prions
Viroids and prions are smaller than viruses, but they are similarly associated with disease. Viroids are plant pathogens that consist only of a circular, independently replicating RNA molecule. The single-stranded RNA circle collapses on itself to form a rod-like structure. The only known mammalian pathogen that resembles plant viroids is the deltavirus (hepatitis D), which requires hepatitis B virus proteins to package its RNA into virus particles. Co-infection with hepatitis B and D can produce more severe disease than can infection with hepatitis B alone. Prions are mutated forms of a normal protein found on the surface of certain animal cells.

Virus Classification
Viruses are classified according to their type of genetic material, their strategy of replication, and their structure. The International Committee on Nomenclature of Viruses (ICNV), established in 1966, devised a scheme to group viruses into families, subfamilies, genera, and species. The ICNV report published in 1995 assigned more than 4000 viruses into 71 virus families. Hundreds of other viruses remain unclassified because of the lack of sufficient information.

Cyanobacteria



Cyanobacteria

Cyanobacteria, also known as blue-green algae, blue-green bacteria or Cyanophyta, is a phylum of bacteria that obtain their energy through photosynthesis. The name "cyanobacteria" comes from the color of the bacteria (Greek: kyanós = blue). They are a significant component of the marine nitrogen cycle and an important primary producer in many areas of the ocean, but are also found on land.

Cyanobacteria include unicellular and colonial species. Colonies may form filaments, sheets or even hollow balls. Some filamentous colonies show the ability to differentiate into several different cell types: vegetative cells, the normal, photosynthetic cells that are formed under favorable growing conditions; akinetes, the climate-resistant spores that may form when environmental conditions become harsh; and thick-walled heterocysts, which contain the enzyme nitrogenase, vital for nitrogen fixation. Heterocysts may also form under the appropriate environmental conditions (anoxic) wherever nitrogen is necessary. Heterocyst-forming species are specialized for nitrogen fixation and are able to fix nitrogen gas, which cannot be used by plants, into ammonia (NH_3), nitrites (NO_2) or nitrates (NO_3), which can be absorbed by plants and converted to protein and nucleic acids.

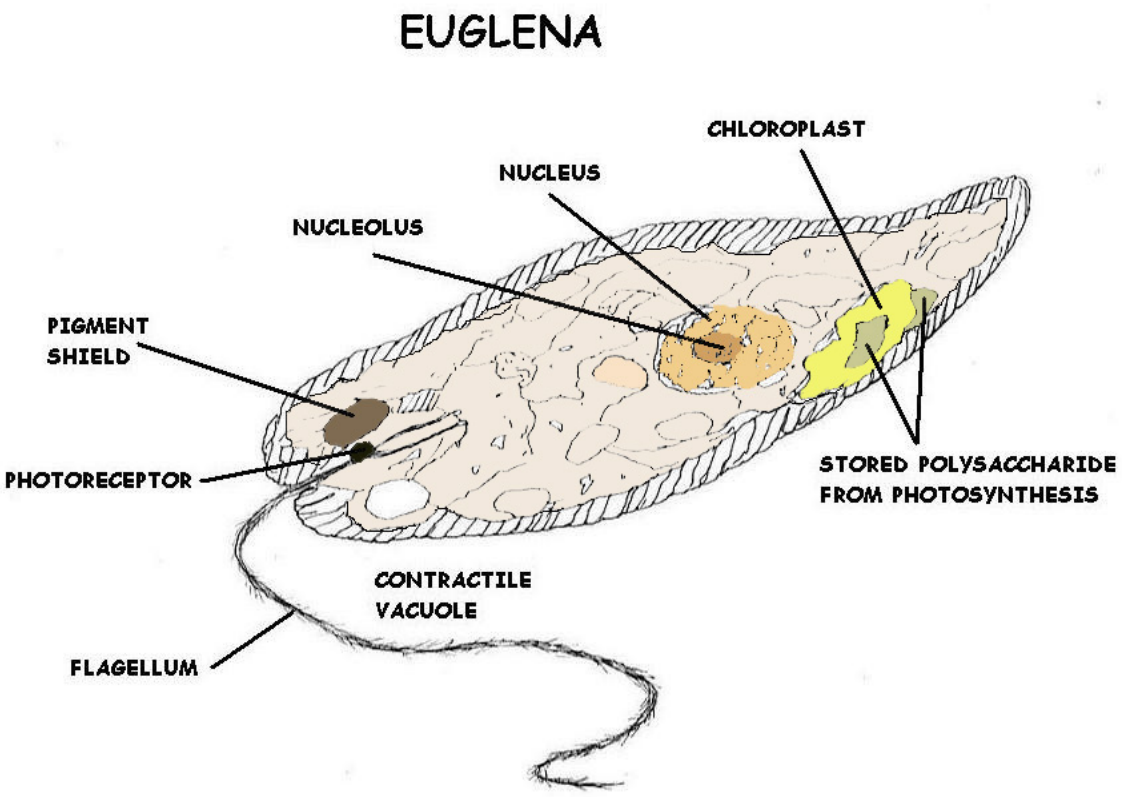
The rice paddies of Asia, which produce about 75% of the world's rice, could not do so were it not for healthy populations of nitrogen-fixing cyanobacteria in the rice paddy fertilizer too.

Many cyanobacteria also form motile filaments, called hormogonia, that travel away from the main biomass to bud and form new colonies elsewhere. The cells in a hormogonium are often thinner than in the vegetative state, and the cells on either end of the motile chain may be tapered. In order to break away from the parent colony, a hormogonium often must tear apart a weaker cell in a filament, called a necridium.

Each individual cell of a cyanobacterium typically has a thick, gelatinous cell wall. They differ from other gram-negative bacteria in that the quorum sensing molecules autoinducer-2[4] and acyl-homoserine lactones are absent. They lack flagella, but hormogonia and some unicellular species may move about by gliding along surfaces. In water columns some cyanobacteria float by forming gas vesicles, like in archaea.



TAKING A SAMPLE FROM A STREAM



Euglena

Euglenas are common protists, of the class Euglenoidea of the phylum Euglenophyta. Currently, over 1000 species of Euglena have been described. Marin et al. (2003) revised the genus so, and including several species without chloroplasts, formerly classified as Astasia and Khawkinea. Euglena sometimes can be considered to have both plant and animal features.

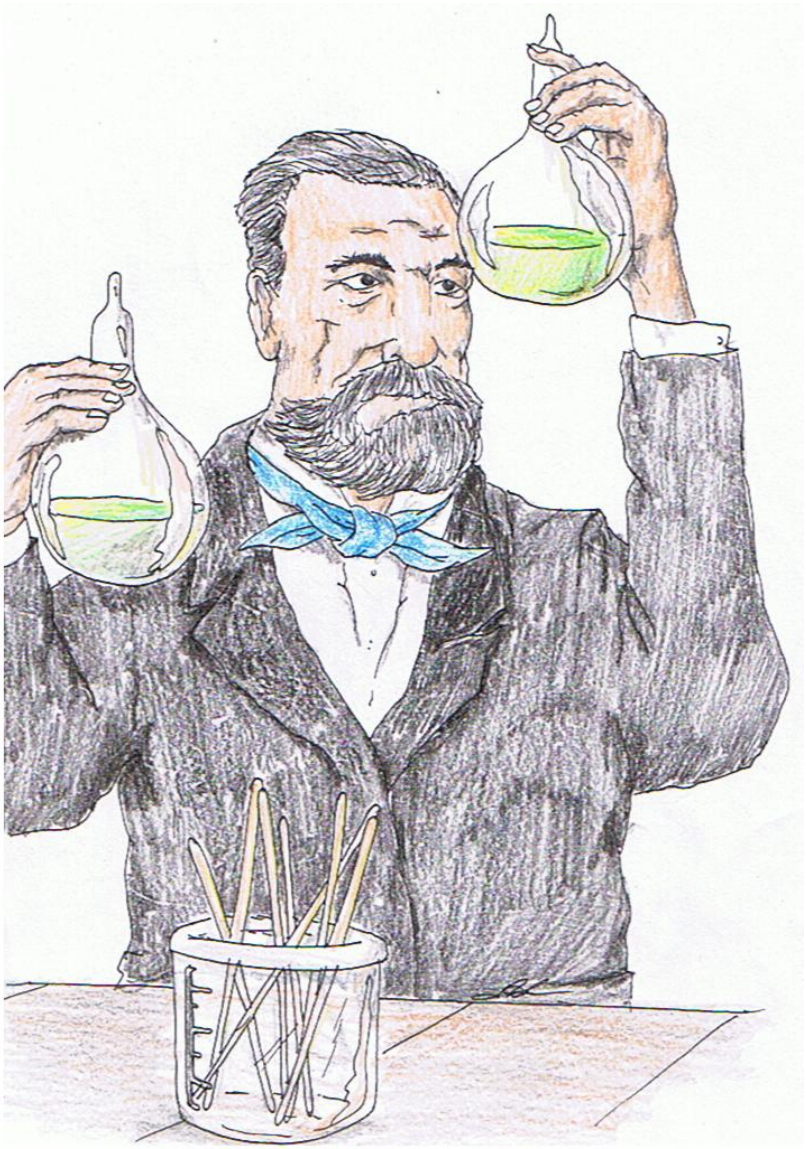
Euglena gracilis has a long hair-like thing that stretches from its body. You need a very powerful microscope to see it. This is called a flagellum, and the euglena uses it to swim. It also has a red eyespot. Euglena gracilis uses its eyespot to locate light. Without light, it cannot use its chloroplasts to make itself food. In order for Euglena gracilis to make more Euglena gracilis it will complete a process called mitosis. That means it can split itself in half and become two Euglena gracilis. It can only do this if it is well-fed and if the temperature is right. Euglena gracilis can reproduce better in warm temperatures.

Euglena gracilis, and other euglena, are harmless to people, but they are often signs that water is polluted, since they do well where there is a lot of green algae to eat. Green algae does well where there is a lot of nitrogen (comes from waste) in the water. If you don't clean your swimming pool, leaves and twigs get in the water and turn into waste. Then algae and euglena show up.

KINGDOM: Protist, PHYLUM: Euglenophyta, CLASS: Euglenophyceae, ORDER: Euglenales, FAMILY: Euglenidae, GENUS: Euglena, SPECIES: Euglena gracilis

Peptidoglycan

Peptidoglycan, also known as murein, is a polymer consisting of sugars and amino acids that forms a mesh-like layer outside the plasma membrane of eubacteria. The sugar component consists of alternating residues of β-(1,4) linked N-acetylglucosamine and N-acetylmuramic acid residues. Attached to the N-acetylmuramic acid is a peptide chain of three to five amino acids. The peptide chain can be cross-linked to the peptide chain of another strand forming the 3D mesh-like layer.

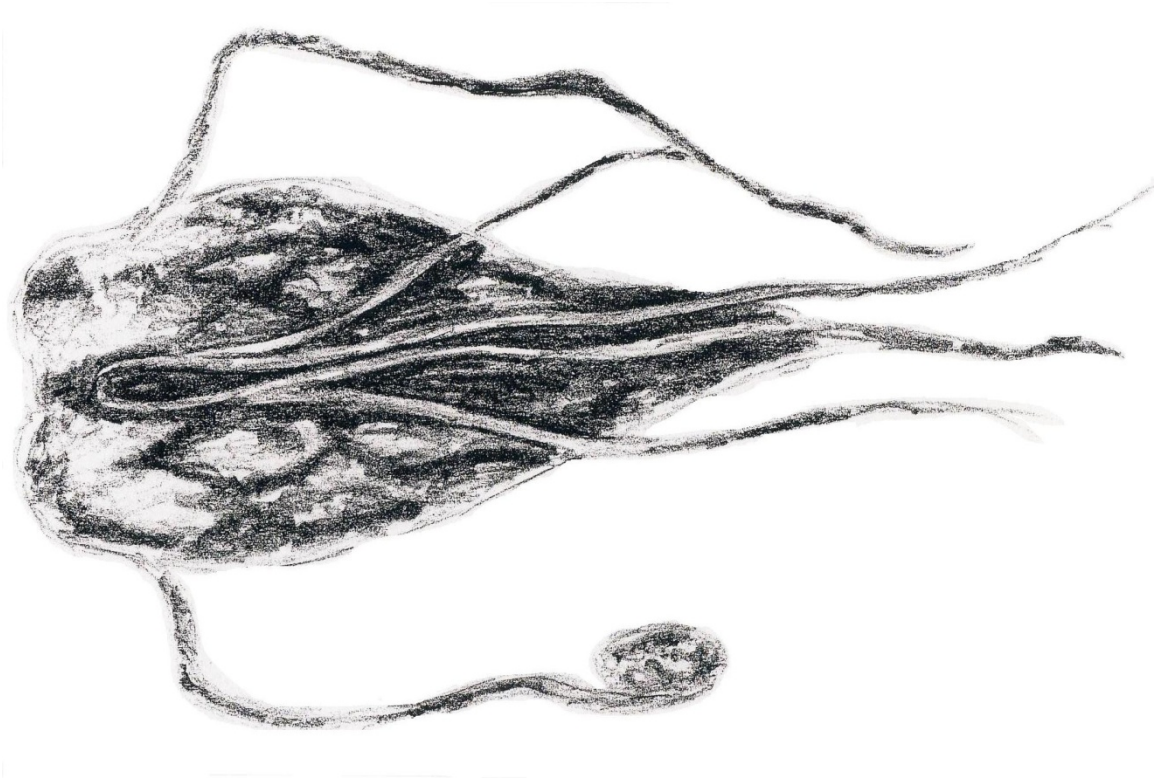


Hepatitis



There are five types of hepatitis -- A through E -- all of which cause inflammation of the liver. Type D affects only those who also have hepatitis B, and hepatitis E is extremely rare in the United States.

- Type A hepatitis is contracted through anal-oral contact, by coming in contact with the feces of someone with hepatitis A, or by eating or drinking hepatitis A contaminated food or water.
- Type B hepatitis can be contracted from infected blood, seminal fluid, vaginal secretions, or contaminated drug needles, including tattoo or body-piercing equipment. It can also be spread from a mother to her newborn.
- Type C hepatitis is not easily spread through sex. You're more likely to get it through contact with infected blood, contaminated razors, needles, tattoo and body-piercing equipment, or manicure or pedicure tools that haven't been properly sanitized, and a mother can pass it to her baby during delivery.
- Type D hepatitis can be passed through contact with infected blood, contaminated needles, or by sexual contact with an HIV-infected person.
- Type E hepatitis is most likely to be transmitted in feces, through oral contact, or in water that's been contaminated.



Giardia



Cryptosporidium

Disinfection Rules Chapter 2

In the past 25 years, the Safe Drinking Water Act (SDWA) has been highly effective in protecting public health and has also evolved to respond to new and emerging threats to safe drinking water. Disinfection of drinking water is one of the major public health advances in the 20th century. One hundred years ago, typhoid and cholera epidemics were common through American cities; disinfection was a major factor in reducing these epidemics.

However, the disinfectants themselves can react with naturally-occurring materials in the water to form unintended byproducts which may pose health risks. In addition, in the past ten years, we have learned that there are specific microbial pathogens, such as *Cryptosporidium*, which can cause illness and is resistant to traditional disinfection practices.

Chlorine is the most widely used water disinfectant due to its effectiveness and cost. Using chlorine as a drinking water disinfectant has prevented millions of water borne diseases, such as typhoid, cholera, dysentery, and diarrhea. Most states require community water systems to use chlorination. However, research shows that chlorine has side effects. It reacts with organic matter present in water and forms a
series of compounds that have been linked to cancer in animals.

These compounds are called disinfection by-products (DBPs). All disinfectants form DBPs in one of two reactions:
(1) chorine and chlorine-based compounds (halogens) react with organics in water causing the chlorine atom to substitute other atoms resulting in halogenated by-products and
(2) oxidation reactions, where chlorine oxidizes compounds present in water. Secondary by-products are also formed when multiple disinfectants are used.

All living organisms have carbon as an essential element in their cells. When trees shed their leaves, they start decomposing and are ultimately broken down by bacteria into carbon-containing compounds. Similarly, dead animals on land and fish and other aquatic life decompose and disintegrate into compounds that contain carbon as an essential element. Hence, all surface water and groundwater contain varying amounts of carbon-containing compounds called organic matter (primarily humic and fulvic acids).

The EPA Surface Water Treatment Rule (SWTR) requires systems using public water supplies from either surface water or groundwater under the direct influence of surface water to disinfect. Also, since some disinfectants produce chemical by-products, the dual objective of disinfection is to provide the required level of organism destruction and remain within the maximum contaminant level (MCL) for the SWTR disinfection set by EPA. At this time, an MCL is set for only Total Trihalomethanes, and proposed for additional disinfection byproducts.

What are the microbial/disinfection byproducts (MDBP) rules and which ones apply to me?
The MDBP requirements have been in place for close to 30 years and include the following federal rules:

- Total Trihalomethanes monitoring and MCL, promulgated Nov 1979
- Surface Water Treatment Rule, promulgated June 1989
- Interim Enhanced Surface Water Treatment Rule and Stage 1 Disinfectants / Disinfection Byproducts Rule, promulgated Dec 1998
- Filter Backwash Rule, promulgated June 2001

- Long Term 1 Enhanced Surface Water Treatment Rule, promulgated Jan 2002
- Long Term 2 Enhanced Surface Water Treatment Rule and Stage 2 Disinfectants / Disinfection Byproducts Rule, promulgated Jan 2006
- Groundwater Rule, promulgated Nov 2006

The Disinfectants and Disinfection Byproducts (DBP) rules apply to all community and non-community water systems using a disinfectant such as chlorine, chloramines, ozone and chlorine dioxide.

Compliance with the Stage 1 DBP requirements began in 2000. The Stage 2 DBP requirements began in 2006 with the Initial Distribution System Evaluation (IDSE). Compliance monitoring for the Stage 2 DBP begins in April 2012. See phased compliance schedule dependent on system population below.

The Long Term 2 Enhanced Surface Water Treatment Rule (LT2) rule applies to all water systems using surface water, groundwater under the influence of a surface water, as well as groundwater/surface water blends. The LT2 requirements began in 2006 with the characterization of raw water Cryptosporidium and E.coli levels. Systems serving <10,000 monitor for E.coli only every two weeks for one year. Compliance with the LT2 requirements begin in April 2013.

The Groundwater Rule (GWR) applies to all public water systems using groundwater. The GWR requirements begin in March 2009 with 6-months investigative monitoring (IM) for source water E.coli, for systems currently applying disinfection only. All other requirements for the GWR began back in Dec 2009.

Amendments to the SDWA in 1996 require EPA to develop rules to balance the risks between microbial pathogens and disinfection byproducts (DBPs). It is important to strengthen protection against microbial contaminants, especially *Cryptosporidium*, and at the same time, reduce potential health risks of DBPs.

The Stage 1 Disinfectants and Disinfection Byproducts Rule and Interim Enhanced Surface Water Treatment Rule, announced in December 1998, are the first of a set of rules under the 1996 SDWA Amendments. This fact sheet focuses on the Stage 1 Disinfectants and Disinfection Byproducts Rule. A separate fact sheet focuses on the Interim Enhanced Surface Water Treatment Rule (EPA 815-F-98-009).

Public Health Concerns

While disinfectants are effective in controlling many microorganisms, they react with natural organic and inorganic matter in source water and distribution systems to form DBPs. Results from toxicology studies have shown several DBPs (e.g., bromodichloromethane, bromoform, chloroform, dichloroacetic acid, and bromate) to be carcinogenic in laboratory animals. Other DBPs (e.g., chlorite, bromodichloromethane, and certain haloacetic acids) have also been shown to cause adverse reproductive or developmental effects in laboratory animals. Several epidemiology studies have suggested a weak association between certain cancers (e.g., bladder) or reproductive and developmental effects, and exposure to chlorinated surface water. More than 200 million people consume water that has been disinfected. Because of the large population exposed, health risks associated with DBPs, even if small, need to be taken seriously.

Who Must Comply With The Rule?
The Stage 1 Disinfectants and Disinfection Byproducts Rule applies to all community and nontransient non-community water systems that treat their water with a chemical disinfectant for either primary or residual treatment.

What Does The Rule Require?
The Stage 1 Disinfectant and Disinfection Byproduct Rule updates and supersedes the 1979 regulations for total trihalomethanes. In addition, it will reduce exposure to three disinfectants and many disinfection byproducts.

The rule establishes maximum residual disinfectant level goals (MRDLGs) and maximum residual disinfectant levels (MRDLs) for three chemical disinfectants - chlorine, chloramine and chlorine dioxide (see Table 1). It also establishes maximum contaminant level goals (MCLGs) and maximum contaminant levels (MCLs) for total trihalomethanes, haloacetic acids, chlorite and bromate (see Table 1).

Table 1
MRDLGs, MRDLs, MCLGs and MCLs for Stage 1 Disinfectants and Disinfection Byproducts Rule

DISINFECTANT RESIDUAL	MRDLG (mg/L)	MRDL (mg/L)	COMPLIANCE BASED ON
Chlorine	**4 (as Cl_2)**	**4.0 (as Cl_2)**	**Annual Average**
Chloramine	**4 (as Cl_2)**	**4.0 (as Cl_2)**	**Annual Average**
Chlorine Dioxide	**0.8 (as ClO_2)**	**0.8 (as ClO_2)**	**Daily Samples**
DISINFECTION BYPRODUCTS	MCLG (mg/L)	MCL (mg/L)	COMPLIANCE BASED ON
Total trihalomethanes (TTHM)[1] **- Chloroform** **- Bromodichloromethane** **- Dibromochloromethane** **- Bromoform**	**N/A** *** **0** **0.06** **0**	**0.080**	**Annual Average**
Haloacetic acids (five) (HAA5)[2] **- Dichloroacetic acid** **- Trichloroacetic acid**	**N/A** **0** **0.3**	**0.060**	**Annual Average**
Chlorite	**0.8**	**1.0**	**Monthly Average**
Bromate	**0**	**0.010**	**Annual Average**

N/A - Not applicable because there are individual MCLGs for TTHMs or HAAs
1-Total trihalomethanes is the sum of the concentrations of chloroform, bromodichloromethane, dibromochloromethane, and bromoform.
2-Haloacetic acids (five) is the sum of the concentrations of mono-, di-, and trichloroacetic acids and mono- and dibromoacetic acids.
*** EPA removed the zero MCLG for chloroform from its National Primary Drinking Water Regulations, effective May 30, 2000, in accordance with an order of the U.S. Court of Appeals for the District of Columbia Circuit.

Water systems that use surface water or ground water under the direct influence of surface water and use conventional filtration treatment are required to remove specified percentages of organic materials, measured as total organic carbon (TOC) that may react with disinfectants to form DBPs (See Table 2). Removal will be achieved through a treatment technique (enhanced coagulation or enhanced softening) unless a system meets alternative criteria.

Table 2
Required Removal of Total Organic Carbon by Enhanced Coagulation and Enhanced Softening for Subpart H Systems Using Conventional Treatment[1]

Source Water TOC (mg/L)	Source Water Alkalinity (mg/L as $CaCO_3$)		
	0-60	>60-120	$>120_2$
>2.0-4.0	35.0%	25.0%	15.0%
>4.0-8.0	45.0%	35.0%	25.0%
>8.0	50.0%	40.0%	30.0%

[1]Systems meeting at least one of the alternative compliance criteria in the rule are not required to meet the removals in this table.
[2]Systems practicing softening must meet the TOC removal requirements in the last column to the right.
What Are The Compliance Deadlines?
Large surface water systems are required to comply with the Stage 1 Disinfectants and Disinfection Byproducts Rule and Interim Enhanced Surface Water Treatment Rule by January 2002. Ground water systems and small surface water systems must comply with the Stage 1 Disinfectants and Disinfection Byproducts Rule by January 2004.

What Are The Costs And Benefits Of The Rule?
EPA estimates that implementation of the Stage 1 Disinfectants and Disinfection Byproducts Rule will result in:

- As many as 140 million people receiving increased protection from DBPs.
- 24 percent national average reduction in TTHM levels.
- Reduction in exposure to the major DBPs from use of ozone (bromate) and chlorine dioxide (chlorite).

The total annual cost of the rule is about $700 million. EPA believes that the benefits exceed the costs of the Stage 1 Disinfectants and Disinfection Byproducts Rule. An estimated 116 million households are affected by the Stage 1 Disinfectants and Disinfection Byproducts Rule. EPA estimates that 95 percent of the households will incur additional costs of less than $1 per month on their water bills. An additional four percent will pay between $1 and $10 per month more, and one percent are expected to incur increased water bills of $10 to $33 per month, if they choose to install treatment. However, many of these systems may chose less costly non-treatment options, such as consolidation. The majority of households incurring the highest costs are small systems serving less than 10,000 people that have never been regulated for DBPs.

Disinfection Byproduct Regulations

In December 1998, the EPA established the Stage 1 Disinfectants/Disinfection Byproducts Rule that requires public water systems to use treatment measures to reduce the formation of disinfection byproducts and to meet the following specific standards:

Total Trihalomethanes (TTHM)	80 parts per billion (ppb)
Haloacetic Acids (HAA5)	60 ppb
Bromate	10 ppb
Chlorite	1.0 parts per million (ppm)

Currently trihalomethanes are regulated at a maximum allowable annual average level of 100 parts per billion for water systems serving over 10,000 people under the Total Trihalomethane Rule finalized by the EPA in 1979. The Stage 1 Disinfectant/Disinfection Byproduct Rule standards became effective for trihalomethanes and other disinfection byproducts listed above in December 2001 for large surface water public water systems. Those standards became effective in December 2003 for small surface water and all ground water public water systems.

Disinfection byproducts are formed when disinfectants used in water treatment plants react with bromide and/or natural organic matter (i.e., decaying vegetation) present in the source water. Different disinfectants produce different types or amounts of disinfection byproducts. Disinfection byproducts for which regulations have been established have been identified in drinking water, including trihalomethanes, haloacetic acids, bromate, and chlorite.

Trihalomethanes (**THM**) are a group of four chemicals that are formed along with other disinfection byproducts when chlorine or other disinfectants used to control microbial contaminants in drinking water react with naturally occurring organic and inorganic matter in water. The trihalomethanes are chloroform, bromodichloromethane, dibromochloromethane, and bromoform. The EPA has published the **Stage 1 Disinfectants/Disinfection Byproducts Rule** to regulate total trihalomethanes (**TTHM**) at a maximum allowable annual average level of **80 parts per billion**. This new standard replaced the old standard of a maximum allowable annual average level of 100 parts per billion back in December 2001 for large surface water **public water systems**. The standard became effective for the first time back in December 2003 for small surface water and all ground water systems.

Haloacetic Acids (**HAA5**) are a group of chemicals that are formed along with other disinfection byproducts when chlorine or other disinfectants used to control microbial contaminants in drinking water react with naturally occurring organic and inorganic matter in water. The regulated haloacetic acids, known as HAA5, are: monochloroacetic acid, dichloroacetic acid, trichloroacetic acid, monobromoacetic acid, and dibromoacetic acid. EPA has published the **Stage 1 Disinfectants/Disinfection Byproducts Rule** to regulate HAA5 at **60 parts per billion** annual average.

This standard became effective for large surface water **public water systems** back in December 2001 and for small surface water and all ground water public water systems back in December 2003.

Bromate

Bromate is a chemical that is formed when ozone used to disinfect drinking water reacts with naturally occurring bromide found in source water. The EPA has established the **Stage 1 Disinfectants/Disinfection Byproducts Rule** to regulate bromate at annual average of **10 parts per billion** in drinking water.

This standard became effective for large **public water systems** by December 2001 and for small surface water and all ground public water systems back in December 2003.

Chlorite is a byproduct formed when chlorine dioxide is used to disinfect water. EPA has published the **Stage 1 Disinfectants/Disinfection Byproducts Rule** to regulate chlorite at a monthly average level of 1 part per million in drinking water. This standard became effective for large surface water public water systems back in December 2001 and for small surface water and all ground water public water systems back in December 2003.

Microbial Regulations

One of the key regulations developed and implemented by the United States Environmental Protection Agency (**USEPA**) to counter pathogens in drinking water is the **Surface Water Treatment Rule**. Among its provisions, the rule requires that a public water system, using surface water (or ground water under the direct influence of surface water) as its source, have sufficient treatment to reduce the source water concentration of ***Giardia*** and viruses by at least 99.9% and 99.99%, respectively. The Surface Water Treatment Rule specifies treatment criteria to assure that these performance requirements are met; they include turbidity limits, disinfectant residual, and disinfectant contact time conditions.

The **Interim Enhanced Surface Water Treatment Rule** was established in December 1998 to control ***Cryptosporidium***, and to maintain control of pathogens while systems lower disinfection byproduct levels to comply with the **Stage 1 Disinfectants/Disinfection Byproducts Rule**. The EPA established a Maximum Contaminant Level Goal (MCLG) of zero for all public water systems and a 99% removal requirement for Cryptosporidium in filtered public water systems that serve at least 10,000 people. The new rule will tighten turbidity standards by December 2001. Turbidity is an indicator of the physical removal of particulates, including pathogens.

The EPA is also planning to develop other rules to further control pathogens. The EPA has promulgated a Long Term 1 Enhanced Surface Water Treatment Rule, for systems serving fewer than 10,000 people. This is to improve physical removal of *Cryptosporidium*, and to maintain control of pathogens while systems comply with **Stage 1 Disinfectants/Disinfection Byproducts Rule**.



Stage 2 DBP Rule Federal Register Notices

The Stage 2 DBP rule is one part of the Microbial and Disinfection Byproducts Rules (MDBPs), which are a set of interrelated regulations that address risks from microbial pathogens and disinfectants/disinfection byproducts. The Stage 2 DBP rule focuses on public health protection by limiting exposure to DBPs, specifically total trihalomethanes (TTHM) and five haloacetic acids (HAA5), which can form in water through disinfectants used to control microbial pathogens. This rule will apply to all community water systems and nontransient non-community water systems that add a primary or residual disinfectant other than ultraviolet (UV) light or deliver water that has been disinfected by a primary or residual disinfectant other than UV.

In the past 30 years, the Safe Drinking Water Act (SDWA) has been highly effective in protecting public health and has also evolved to respond to new and emerging threats to safe drinking water. Disinfection of drinking water is one of the major public health advances in the 20th century. One hundred years ago, typhoid and cholera epidemics were common through American cities; disinfection was a major factor in reducing these epidemics.

However, the disinfectants themselves can react with naturally-occurring materials in the water to form byproducts, which may pose health risks. In addition, in the past 10 years, we have learned that there are specific microbial pathogens, such as *Cryptosporidium*, which can cause illness, and are highly resistant to traditional disinfection practices.

Amendments to the SDWA in 1996 require EPA to develop rules to balance the risks between microbial pathogens and disinfection byproducts (DBPs). The Stage 1 Disinfectants and Disinfection Byproducts Rule and Interim Enhanced Surface Water Treatment Rule, promulgated in December 1998, were the first phase in a rulemaking strategy required by Congress as part of the 1996 Amendments to the Safe Drinking Water Act.

The Stage 2 Disinfectants and Disinfection Byproducts Rule (Stage 2 DBPR) builds upon the Stage 1 DBPR to address higher risk public water systems for protection measures beyond those required for existing regulations.

The Stage 2 DBPR and the Long Term 2 Enhanced Surface Water Treatment Rule are the second phase of rules required by Congress. These rules strengthen protection against microbial contaminants, especially *Cryptosporidium*, and at the same time, reduce potential health risks of DBPs.

What is the Stage 2 DBPR?
The Stage 2 Disinfection Byproducts Rule will reduce potential cancer and reproductive and developmental health risks from disinfection byproducts (DBPs) in drinking water, which form when disinfectants are used to control microbial pathogens. Over 260 million individuals are exposed to DBPs.

This final rule strengthens public health protection for customers by tightening compliance monitoring requirements for two groups of DBPs, trihalomethanes (TTHM) and haloacetic acids (HAA5). The rule targets systems with the greatest risk and builds incrementally on existing rules. This regulation will reduce DBP exposure and related potential health risks and provide more equitable public health protection. The Stage 2 DBPR is being promulgated simultaneously with the Long Term 2 Enhanced Surface Water Treatment Rule to address concerns about risk tradeoffs between pathogens and DBPs.

What does the rule require?
Under the Stage 2 DBPR, systems will conduct an evaluation of their distribution systems, known as an Initial Distribution System Evaluation (IDSE), to identify the locations with high disinfection byproduct concentrations. These locations will then be used by the systems as the sampling sites for Stage 2 DBPR compliance monitoring.

Compliance with the maximum contaminant levels for two groups of disinfection byproducts (TTHM and HAA5) will be calculated for each monitoring location in the distribution system. This approach, referred to as the locational running annual average (LRAA), differs from current requirements, which determine compliance by calculating the running annual average of samples from all monitoring locations across the system.

The Stage 2 DBPR also requires each system to determine if they have exceeded an operational evaluation level, which is identified using their compliance monitoring results. The operational evaluation level provides an early warning of possible future MCL violations, which allows the system to take proactive steps to remain in compliance. A system that exceeds an operational evaluation level is required to review their operational practices and submit a report to their state that identifies actions that may be taken to mitigate future high DBP levels, particularly those that may jeopardize their compliance with the DBP MCLs.

Who must comply with the rule?
Entities potentially regulated by the Stage 2 DBPR are community and nontransient noncommunity water systems that produce and/or deliver water that is treated with a primary or residual disinfectant other than ultraviolet light.

A community water system (CWS) is a public water system that serves year-round residents of a community, subdivision, or mobile home park that has at least 15 service connections or an average of at least 25 residents.

A nontransient non-community water system (NTNCWS) is a water system that serves at least 25 of the same people more than six months of the year, but not as primary residence, such as schools, businesses, and day care facilities.

What are disinfection byproducts (DBPs)?
Disinfectants are an essential element of drinking water treatment because of the barrier they provide against waterborne disease-causing microorganisms. Disinfection byproducts (DBPs) form when disinfectants used to treat drinking water react with naturally occurring materials in the water (e.g., decomposing plant material).

Total trihalomethanes (TTHM - chloroform, bromoform, bromodichloromethane, and dibromochloromethane) and haloacetic acids (HAA5 - monochloro-, dichloro-, trichloro-, monobromo-, dibromo-) are widely occurring classes of DBPs formed during disinfection with chlorine and chloramine. The amount of trihalomethanes and haloacetic acids in drinking water can change from day to day, depending on the season, water temperature, amount of disinfectant added, the amount of plant material in the water, and a variety of other factors.

Are THMs and HAAs the only disinfection byproducts?
No. The four THMs (TTHM) and five HAAs (HAA5) measured and regulated in the Stage 2 DBPR act as indicators for DBP occurrence. There are many other known DBPs, in addition to the possibility of unidentified DBPs present in disinfected water. THMs and HAAs typically occur at higher levels than other known and unknown DBPs.

The presence of TTHM and HAA5 is representative of the occurrence of many other chlorination DBPs; thus, a reduction in the TTHM and HAA5 generally indicates a reduction of DBPs from chlorination.

What are the costs and benefits of the rule?
Quantified benefits estimates for the Stage 2 DBPR are based on reductions in fatal and non-fatal bladder cancer cases. EPA has projected that the rule will prevent approximately 280 bladder cancer cases per year. Of these cases, 26% are estimated to be fatal. Based on bladder cancer alone, the rule is estimated to provide annualized monetized benefit of $763 million to $1.5 billion.

The rule applies to approximately 75,000 systems; a small subset of these (about 4%) will be required to make treatment changes. The mean cost of the rule is $79 million annually. Annual household cost increases in the subset of plants adding treatment are estimated at an average of $5.53, with 95 percent paying less than $22.40.

What are the compliance deadlines?
Compliance deadlines are based on the sizes of the public water systems (PWSs). Wholesale and consecutive systems of any size must comply with the requirements of the Stage 2 DBPR on the same schedule as required for the largest system in the combined distribution system (defined as the interconnected distribution system consisting of wholesale systems and consecutive systems that receive finished water).

What technical information will be available on the rule?
The following Guidance Documents will be available:

- ✓ Initial Distribution System Evaluation (IDSE) Guidance Manual
- ✓ Operational Evaluation Guidance Manual
- ✓ Consecutive Systems Guidance Manual
- ✓ Small Systems (SBREFA) Guidance Manual
- ✓ Simultaneous Compliance Guidance Manual

Where can I find more information about this notice and the Stage 2 DBPR?
For general information on the rule, please visit the EPA Safewater website at http://www.epa.gov/safewater/disinfection/stage2 or contact the Safe Drinking Water Hotline at 1-800-426-4791. The Safe Drinking Water Hotline is open Monday through Friday, excluding legal holidays, from 10:00 a.m. to 4:00 p.m., Eastern Time. For technical inquiries, email stage2mdbp@epa.gov.

Microbes **More Information in the water Monitoring Section**

Coliform bacteria are common in the environment and are generally not harmful. However, the presence of these bacteria in drinking water is usually a result of a problem with the treatment system or the pipes which distribute water, and indicates that the water may be contaminated with germs that can cause disease.

Fecal Coliform and E coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause short-term effects, such as diarrhea, cramps, nausea, headaches, or other symptoms.

Cryptosporidium is a parasite that enters lakes and rivers through sewage and animal waste. It causes cryptosporidiosis, a mild gastrointestinal disease. However, the disease can be severe or fatal for people with severely weakened immune systems. The EPA and CDC have prepared advice for those with severely compromised immune systems who are concerned about *Cryptosporidium*.

Giardia lamblia is a parasite that enters lakes and rivers through sewage and animal waste. It causes gastrointestinal illness (e.g. diarrhea, vomiting, and cramps).



Heterotrophic Plate Count Bacteria: A broad group of bacteria including non-pathogens, pathogens, and opportunistic pathogens; they may be an indicator of poor general biological quality of drinking water. Often referred to as HPC. The above photo is of a SimPlate for HPC multi-dose used for the quantification of HPC in water.

Chloramines in Drinking Water

Chloramines are disinfectants used to treat drinking water. Chloramines are most commonly formed when ammonia is added to chlorine to treat drinking water. The typical purpose of chloramines is to provide longer-lasting water treatment as the water moves through pipes to consumers. This type of disinfection is known as secondary disinfection. Chloramines have been used by water utilities for almost 90 years, and their use is closely regulated. More than one in five Americans uses drinking water treated with chloramines. Water that contains chloramines and meets EPA regulatory standards is safe to use for drinking, cooking, bathing and other household uses.

Many utilities use chlorine as their secondary disinfectant; however, in recent years, some of them changed their secondary disinfectant to chloramines to meet disinfection byproduct regulations. In order to address questions that have been raised by consumers about this switch, EPA scientists and experts have answered 29 of the most frequently asked questions about chloramines. We have also worked with a risk communication expert to help us organize complex information and make it easier for us to express current knowledge.

What are Chloramines?

Chloramines are disinfectants used to treat drinking water.

Chloramines are most commonly formed when ammonia is added to chlorine to treat drinking water. The most typical purpose of chloramines is to protect water quality as it moves through pipes. Chloramines provide long-lasting protection as they do not break down quickly in water pipes.

The different types of chloramines are monochloramine, dichloramine, trichloramine, and organic chloramines.

When chloramines are used to disinfect drinking water, monochloramine is the most common form.

- ✓ Dichloramine, trichloramine, and organic chloramines are produced when treating drinking water but at much lower levels than monochloramine.
- ✓ Trichloramines are typically associated with disinfected water used in swimming pools.

***The Environmental Protection Agency regulates the safe use of chloramines* in drinking water.**

EPA requires water utilities to meet strict health standards when using chloramines to treat water. EPA chloramines regulations are based on the average concentration of chloramines found in a water system over time. EPA regulates certain chemicals formed when chloramines react with natural organic matter4 in water.

Additional Supporting Information:

1. Dichloramine is formed when the chlorine to ammonia-nitrogen weight ratio is greater than 5:1, however, this reaction is very slow. Organic chloramines are formed when chlorine reacts with organic nitrogen compounds. Source: *Optimizing Chloramine Treatment*, 2nd Edition, AwwaRF, 2004
2. Trichloramine formation does not usually occur under normal drinking water treatment conditions. However, if the pH is lowered below 4.4 or the chlorine to ammonia-nitrogen weight ratio becomes greater than 7.6:1, then trichloramine can form. Trichloramine formation can occur at a pH between 7 and 8 if the chlorine to ammonia-nitrogen weight ratio is increased to 15:1. Source: *Optimizing Chloramine Treatment*, 2nd Edition, AwwaRF, 2004

3. The drinking water standard for chloramines is 4 parts per million (ppm) measured as an annual average. More information on water utility use of chloramines is available at http://www.epa.gov/safewater/disinfection/index.html and in the 1997-1998 Information Collection Rule, a national survey of large drinking water utilities for the Stage 2 Disinfection Byproducts Rule (DBPR). Information on the Stage 2 DBPR is available at http://www.epa.gov/safewater/disinfection/stage2/.

More information on EPA's standard setting process may be found at: http://www.epa.gov/OGWDW/standard/setting.html.

Natural Organic Matter: Complex organic compounds that are formed from decomposing plant, animal and microbial material in soil and water. They can react with disinfectants to form disinfection by products. Total organic carbon (TOC) is often measured as an indicator of natural organic matter.

What Disinfectants are Available for Drinking Water?

Most water utilities use chlorine as a primary disinfectant because of its effectiveness in killing potentially harmful organisms.2 Chlorine is effective in killing bacteria, viruses, and other potentially harmful organisms in water. One disadvantage of chlorine is it can react with natural organic matter3 present in water to form potentially harmful disinfection byproducts. Water utilities sometimes use chlorine several times during treatment because the initial dose loses its effectiveness over time.

Monochloramine is commonly used as a secondary disinfectant to protect the water as it travels from the treatment plant to consumers. Monochloramine is effective in killing bacteria, viruses, and other potentially harmful organisms but takes much longer to act than chlorine. One disadvantage of monochloramine is it can react with natural organic matter present in water to form potentially harmful disinfection byproducts. Monochloramine is more chemically stable than chlorine, which makes it longer lasting and an effective secondary disinfectant.

Water utilities may use ozone, UV light, or chlorine dioxide as primary disinfectants in the treatment plant.

Ozone, UV light, and chlorine dioxide are effective in killing bacteria, viruses, and other potentially harmful organisms in water at the treatment plant. One disadvantage of ozone, UV light, and chlorine dioxide is they do not provide protection as water travels through pipes. Either chlorine or monochloramine should still be used in addition to any primary treatment process to protect the quality of treated water as it travels from the treatment plant to the customer.

How did EPA evaluate the safety of monochloramine for use as a drinking water disinfectant? ***EPA evaluated monochloramine primarily through an analysis of human health and animal data.***

Research reviewed in EPA's safety analysis is contained in EPA's *Drinking Water Criteria Document for Chloramines.* The criteria document for monochloramine provides a complete summary of health and other data considered in establishing a monochloramine standard. EPA periodically updates the monochloramine "criteria document."

EPA's monochloramine standard2 ***is set at a level where no human health effects are expected to occur.***

Data from animal and human studies provide information on the health effects of monochloramine.

EPA reviews and considers new research results as they become available. EPA's standard for monochloramine takes data gaps and uncertainty into account by building safety factors into the regulatory standard.

EPA reviewed historical data in its evaluation of monochloramine.
Monochloramine has been in use as a drinking water disinfectant since the 1930's. Decades of use in the US, Canada, and Great Britain shows that monochloramine is an effective secondary drinking water disinfectant. Denver, Philadelphia, and other large cities have used monochloramine as part of their water treatment process for years.

Additional Supporting Information:
1. The *Drinking Water Criteria Document for Chloramines* can be found at http://www.epa.gov/ncea/pdfs/water/chloramine/dwchloramine.pdf, Publication No.: ECAO-CIN-D002, March, 1994.
2. The Maximum Residual Disinfectant Level (MRDL) for chloramines is 4 parts per million (ppm).
3. See the Contaminant Candidate List online at http://www.epa.gov/OGWDW/ccl/ccl3.html for contaminants that EPA proposes to review. EPA scientists review regulations of disinfectants and disinfection byproducts every six years. For information on EPA's six-year review visit: http://epa.gov/safewater/review.html
4. For additional information regarding how uncertainty factors (also known as safety factors) are applied to risk assessments to provide a wide margin of safety see: http://epa.gov/risk/dose-response.htm.
5. Cleveland, OH, Springfield, IL, and Lansing, MI were among the first cities to use monochloramine in 1929 (see Chapter 1 of *The Quest for Pure Water Vol II*, AWWA, 1981).

Water Disinfection Methods

Disinfection is an important step in ensuring that water is safe to drink. Water systems add disinfectants to destroy microorganisms that can cause disease in humans. The Surface Water Treatment Rule requires public water systems to disinfect water obtained from surface water supplies or groundwater sources under the influence of surface water. Primary methods of disinfection are chlorination, chloramines, zone, and ultraviolet light. Other disinfection methods include chlorine dioxide, potassium permanganate, and nanofiltration. Since certain forms of chlorine react with organic material naturally present in many water sources to form harmful chemical by-products, the U.S. Environmental Protection Agency has proposed maximum levels for these contaminants.

Many people in most developing countries suffer from the inadequacy or hazardous condition of public water supplies (WHO 1985). A wide variety of known waterborne diseases, including those associated with children's diarrhea, are rampant (Tartakow and Vorperian 1980; Feachem et al. 1983; WHO 1984, 1987). This prompted the establishment of the International Drinking Water Supply and Sanitation Decade. It aims at providing about 90% of the human population with an adequate, safe community water supply by 1990 (WHO 1985).

In Lebanon, the shortage of community water supplies, their actual or potential pollution from anthropogenic sources, inadequate treatment, and the resultant spread of associated diseases are still unresolved problems (Acra et al. 1985). To curb these issues would require implementing feasible measures for prevention and treatment. These should include sanitation and disinfection of drinking water.

Physical Methods
Formation of mutagenic and carcinogenic agents in water and wastewater effluent treated with chlorine has prompted research to seek alternative disinfecting methods that would minimize environmental and public health impacts. The technology, based on nonchemical methods, is undergoing rapid development. Some techniques are already available commercially. This category is represented by techniques employing such physical principles for disinfection as W radiation, ultrasound, ultrafiltration, reverse osmosis, heating, freezing, and ionizing radiation (Cheremissinoff et al. 1981). Disinfecting small quantities of water by pasteurizing with heat or solar energy is a technology with some potential, but requires further development (Cheremissinoff et al. 1981; Ciochetti and Metcalf 1984). The recently developed method for water disinfection by direct exposure to solar radiation (Acra et al. 1980, 1984) is further described in the following sections.

Chemical methods
Chemical methods depend mostly on selected chemicals with oxidizing and biocidal properties. Their practical applications range from removing undesirable constituents to disinfecting water supplies, wastewater treatment effluent, or industrial waters. The most commonly used chemicals include ozone, chlorine and some of its compounds, potassium permanganate, and hydrogen peroxide.

Ozone has been used for water disinfection for about 80 years in France, Germany, and other European countries. It is now undergoing a critical evaluation as a possible alternative to chlorine when used alone or in conjunction with other disinfection systems (Foster et al. 1980; Kott et al. 1980; Dolora et al. 1981; Venosa 1983; Rakness et al. 1984; Wickramanayake et al. 1984; Den-Blanken 1985). There is some evidence that it forms smaller amounts of hazardous trihalomethanes (THM) when employed to treat polluted waters or wastewater effluent than either chlorine or chlorine dioxide. However, its potential for producing other equally toxic substances is still not clearly defined (Glaze 1987). Ozonation has become popular in North America partly because of its superiority over chlorination. It enhances the coagulation process despite its inherent weakness in leaving practically no residual in the distribution system.

Interhalogen compounds, formed from two different halogens, resemble their parent substances in properties and germicidal characteristics. The interhalogens BrCl, ICl, and IBr have recently been investigated as possible alternative disinfectants for water and wastewater effluent (Groninger and Mills 1980; Cheremissinoff et al. 1981). Added to water, they rapidly hydrolyze to the corresponding hypohalous acids, which are stronger oxidants and disinfectants than hypochlorous acid. For instance, BrCl is hydrolyzed to HCl and HOBr. However, their improved germicidal activity is counterbalanced by the formation of haloforms. They react with humates in water or wastewater effluent by the haloform reaction (HOBr, for example, reacts with humates yielding bromoform). In this context, hypobromite would be formed in seawater by reaction of the natural bromides with hypochlorites in chlorinated wastewater effluent or cooling waters from power plants (Sugam and Helz 1980; Wong 1982; Bousher et al. 1986). This also applies to natural waters rich in bromides with subsequent formation of bromoform and other trihalomethanes (Amy et al. 1984; Rav-Acha, Choshen et al. 1985; Rav-Acha, Serri et al. 1985; Ishikawa et al. 1986; Guttman-Bass et al. 1987). Consequently, coastal groundwater affected by seawater infiltration should create some concern if used for drinking.

Using hydrogen peroxide for water disinfection began in the 1950s in Eastern Europe (Laubusch 1971). Although it has been well known for its high oxidative and germicidal activity, its application as a water disinfectant has not gained wide acceptance. Its increasing use, however, has been noted (Gaudy and Gaudy 1980).

The degradation of organic matter in water treated sequentially with up to 0.5% by weight of hydrogen peroxide and W radiation (>200 nm) has been reported (Malaiyandi et al. 1982). In another form of application, hydrogen peroxide produced no significant oxidation of soluble manganese in water containing organic matter in the pH range of 5.0-8.0 (Knocke et al. 1987). A newly marketed product (Sanosil, Sanosil AG, Feldmeilen, Switzerland) is claimed to be applicable to large-scale water disinfection; its effective bacteriostatic and fungicidal activity has been demonstrated at concentrations of 10-35 mg/L on *Escherichia coli, Klebsiella pneumoniae, Streptococcus aureus, Pseudomonas aeroginosa, Proteus mirabilis, Micobacter* spp., *Clamidia sporogenes*, and *Candida albicans*. The two active biocidal constituents of this product are hydrogen peroxide and colloidal silver.

Chlorination and Dechlorination

The use of chlorine and some of its derivatives will continue as an integral part of the disinfection process in water and wastewater treatment. This also applies to developing countries, where this mode of disinfection is fairly well established (Mara 1978; Droste and McJunkin 1982; Smethurst 1983). Apart from almost a century of chlorination practices (Laubusch 1962a, b; Cheremissinoff et al. 1981), two other favourable determinants are the technical expertise already acquired and the relatively low costs involved. In the wake of the recent discovery of the formation of THM in chlorinated natural waters (Rook 1974), and their potential health hazards (Glaze et al. 1980; Williamson 1981; Carpenter and Beresford 1986), its credibility is diminishing.

Alternative disinfecting agents such as chlorine dioxide (Rav-Acha et al. 1985b), UV light (Severin et al. 1984; Scheible 1987), and UV light in conjunction with hydrogen peroxide (Crandall 1986) are being considered. However, the formation of mutagens and carcinogens in chlorinated waters and wastewaters can be abolished or minimized by modifying the unit processes (Stelter et al. 1984; Fiessinger et al. 1985; Finger et al. 1985; Huang et al. 1985; Kool et al. 1985; Moyers and Wu 1985; Suh and Abdel-Rahman 1985; Means et al. 1986; Rogers and Lauer 1986; Guttman-Bass et al. 1987; Knocke et al. 1987). The potential health impacts that are yet to be clearly discerned and the toxicity to aquatic life resulting from discharged chlorinated effluent (Brungs 1973; Jolley et al. 1980) do not seem to outweigh the public health benefits derived from chlorination practices (Cortruvo 1985). However, as the controversy continues, epidemiological studies (Craun 1985) and the pertinent drinking water standards and legislation (Toft 1985) are being revised.

Reactions of chlorine in water that form the basis for its application as a disinfectant and oxidant are as follows:

$$Cl_2 + H_20 \rightarrow HCl + HOCl$$

$$HOCl \rightarrow H^+ + OCl^-$$

These reactions in water devoid of other inorganic or organic matter that could react with chlorine are pH and temperature dependent. The products, hypochlorous acid (HOCl) and hypochlorite ions (OCl^-, are referred to as free available chlorine (FAC). The biocidal activity is attributed chiefly to HOCl, as it is more effective than the OCl^-. In the presence of natural or added ammonium ions, HOCl reacts to form chloramines, known as combined available chlorine (CAC). As a disinfectant, FAC is more effective. It is essential to chlorinate beyond the subsequent attainment of FAC at the desired level for optimal biocidal effectiveness ("free residual" chlorination).

The influencing factors to be considered in chlorination practices are the following:

- chlorine concentration,
- contact time,
- pH,
- temperature, and
- interfering substances.

The relationship between chlorine concentration (*C*, milligrams per litre) and contact time (*T*, minutes) required for a specific percentage destruction of microorganisms is expressed as a constant ($CT = K$) (Gaudy and Gaudy 1980). The proper use of this *CT* relationship to determine adequate water chlorination requirements has been emphasized as an approach to prevent and control waterborne diseases. Minimum CT values of 15-30 for systems using groundwater as a source and 100-150 for those using surface supplies have been recommended (Lippy 1986). Based on these values, the required FAC concentration can be determined mathematically for a given contact time. Once the chlorine demand (D) for a water supply is determined by testing, then the optimal chlorine dose to attain the desired free chlorine residual (C) can be calculated by addition: chlorine dose = D + C.

One of the factors in the many waterborne disease outbreaks in the United States in the past decades was failure to comply with the *CT* relationship in chlorination practices (Lippy and Waltrip 1984; Bitton et al. 1986; Lippy 1986; Williams and Akin 1986). In addition, the need for the disinfection of wastewater discharged into streams has been emphasized and justified by the 23 different kinds of pathogenic organisms present in wastewater from US communities (Shertzer 1986).

Excess chlorine residuals can be controlled by a dechlorination procedure. Of the various chemicals used for the partial or complete removal of the residual chlorine in water or wastewater, sulfur dioxide gas (SO_2) is the most common (Laubusch 1971; Cheremissinoff et al. 1981; Finger et al. 1985; Huang et al. 1985). Dechlorination is often applied to heavily dosed water supplies as they are aesthetically objectionable to consumers or undesirable for industrial water uses. Chlorinated cooling waters and wastewaters need to be dechlorinated before discharging into water bodies in view of their toxicity to aquatic life. They have also potentially harmful effects because of the formed THM.

Household Methods

There are many situations where individuals or families would need to resort to simple and effective methods for drinking-water disinfection. These include the following:

- catastrophic conditions leading to displacement (earthquakes, floods, hurricanes, wars, or civil disturbances);
- emergencies arising from flourishing waterborne diseases; and
- resident populations and foreigners at risk in endemic areas with unsafe water supplies.

Physical methods (boiling or the use of ceramic filters), chemical methods (chlorine compounds in solution or tablet form, e.g., sodium hypochlorite solutions, calcium hypochlorite tablets, organic chlorine compounds, iodine solution, and organic iodine compounds) and others have been recommended for such cases (Morris et al. 1953; Gershenfeld 1957; Hadfield 1957; Cox 1969; O'Connor and Cooper 1970; WHO 1972, 1973; Rajagopalan and Shiffman 1974; UNHCR 1982).

None of these methods is entirely free from practical problems that could induce users to revert to untreated water. Fuelwood, for instance, for boiling is no longer a tenable practice, particularly in areas where it is absent or being depleted. Besides, the flat taste of boiled water discourages some consumers. The diverse types of ceramic filters have a wide range of pore sizes and present difficulties in selection. They suffer frequent clogging of the ceramic candles and often leak through disguised fine cracks. Proprietary halogen preparations frequently lead to consumer complaints and rejection because of the undesirable tastes and odors imparted to the water. It is especially so if high doses are applied inadvertently or as required in cases of heavily polluted waters. Relief agencies are often trapped in a dilemma by the requirements for importing and distributing, in addition to shortages, cost acceptability, and expiry dates. These issues encourage attempts to resolve them through the development of practical and effective techniques, simple enough to be applied by individuals or households.

Photo-Inactivation

The concept of photodynamic inactivation (PDI) of microorganisms evolved from experiments made in the early l9th century. It was firmly established, however, after the discovery of the inactivation of *Paramecium* spp. by visible light in the presence of an exogenous photosensitizing dye (acridine) (Raab 1900). Two types of photosensitizing compounds are known (Harrison 1967; Chamberlin and Mitchell 1978; Senger 1980):

- exogenous: fluorescent substances or dyes such as eosin, methylene blue, and benzopyrene; and
- endogenous: porphyrins, cytochromes, cytochrome oxidase, aromatic amino acids, flavins, tryptophan, and chlorophylls.

Several microorganisms and aquatic ecosystems have shown sensitivity to solar UVR, including viruses, algae, and fungi (Perdrau and Todd 1933; Hiatt et al. 1960; Crowther and Melnick 1961; Jagger 1967, 1981; Billen and Green 1975; Berry and Noton 1976; Propst and Lubin 1978; Acher and Elgavish 1980; Calkins and Thordardottir 1980; Kapuscinski and Mitchell 1981; Worrest et al. 1981; Jabara 1984; Wei et al. 1985). The rapid destruction of saprophytic strains of Mycoplasma by artificial visible light in the presence of toluidine blue and air has been reported (Cooney and Krinsky 1972). Coliforms in water and sewage have been completely inactivated by exposure to sunlight for about 1 h in the presence of methylene blue or rose bengal; the added dye is removed by absorption on bentonite (Acher and Juven 1977).

A new technique for the photodynamic disinfection of municipal and industrial wastewaters, which also results in the photodegradation of pesticides and anionic surfactants therein, has been suggested. The technique is based on the use of exogenous dye sensitizers, aeration, and sunlight, with the possibility of reusing the treated effluent for crop irrigation (Acher 1985).

Aquatic Photochemistry

Photochemical reactions induced by natural or artificial light have been known for some time, but much of this field remains obscure. Of particular interest is the photochemistry of the hydrosphere, which is continuously experiencing light-induced chemical reactions in the surface layer (photic zone). Inorganic and organic chemical pollutants in natural surface waters capable of absorbing solar energy with consequent chemical changes, referred to as photoreactive chromophores, can lead to direct photolysis reactions. Some of the better known chromophores include inorganic substances such as nitrites, nitrates, iodates, hydrogen peroxide, and ferrous compounds (Zafiriou et al. 1984).

The fate of disinfectants added to wastewater effluent and cooling waters used in industries that are discharged to surface waters is of importance in aquatic biology. Sunlight plays a prime role in their photodecomposition, as was demonstrated with experiments in which hypochlorite and hypobromite (formed by interaction of chlorine and natural bromides in seawater) were found to be photosensitive, the latter being easier to decompose (Wong 1982). In addition, volatilization into the atmosphere has been proposed as a possible pathway for the dissipation of the haloforms formed in water, with subsequent enhanced dilution and further photochemical degradation (Groninger and Mills 1980). Decay and dissipation models for chlorine residuals in natural waters have been developed. These models predict that the nocturnal discharge of chlorinated effluent would have a much greater impact on aquatic life, given the absence of light-induced decomposition (Lin et al. 1983; Yamomoto et al. 1985).

The photochemical reactions of the hypohalites formed in aqueous solutions of chlorine, bromine, and iodine are somewhat similar, except for the absorption spectra and reaction rates (Allmand et al. 1927; Allmand and Webb 1928; Farkas and Klein 1948). Their photodecomposition is wavelength-dependent, with increased decay rates in the shorter wavebands within the spectral region of 200-440 nm and the possible liberation of the highly reactive singlet oxygen, as has been noted for the surface of fresh and coastal waters (Zafiriou et al. 1984). It can be postulated, then, that aqueous halogen solutions are subject to photodecomposition by the effective radiation in the UV-B, UV-A, and blue light bands of the solar spectrum, and that these reactions could be of practical importance.

Water Quality & River Sampling Photos



Top Photo: Technicians use several different devices to sample wells depending on the depth of the water table. Some use hand bailers or small gas powered submersible pumps.

Bottom Photo: Technicians are always concerned with Quality Assurance; here the containers have DI water for rinsing in the field. The containers that look like milk bottles are used for the equal width depth integrated sampler.





Top Photo: This multi probe device measures dissolved oxygen (DO), pH, conductivity and total dissolved solids (TDS), the device requires calibration for each parameter.

Bottom Photo: Collection of isokinetic, depth-integrated samples is done using either an equal-width-increment (EWI) or equal-discharge-increment (EDI) sampling method. The methods typically result in a composite sample that represents the streamflow-weighted concentrations of the stream cross section being sampled. That sample is poured into the bottles that resemble old fashion milk bottles.





The churn splitter was designed to facilitate the withdrawal of a representative subsample from a large composite sample of a water-sediment mixture. For example, samples from several verticals in a stream cross section, differing slightly from each other in chemical quality and sediment concentration, can be placed in the churn and be mixed into a relatively homogenous suspension, any subsample withdrawn from the churn should be equal in chemical quality and sediment concentration to any other subsample from the churn.





Ampullariidae, common name the apple snails, is a family of large freshwater snails, aquatic gastropod mollusks with a gill and an operculum. This family is in the superfamily Ampullarioidea and is the type family of that superfamily. The Ampullariidae are unusual because they have both a gill and a lung, the mantle cavity being divided in order to separate the two types of respiratory structures. This adaptation allows these snails to be amphibious. Bottom photo, snail eggs clusters on rocks.





Top Photo: When sampling in the river it is suggested that a minimum of two people participate. One person is holding the collection net while the other carefully disturbs the sediment for collection.

Bottom Photo: This river contained larvae of mayfly and stone flies along with leaches.





Sieving invertebrate samples reduces the volume of sediment that must be sorted through in the lab. A #60 sieve is recommended because the smaller invertebrates will be retained by the #60 sieve and should yield more complete invertebrate community data for a site. Any large debris should be cleaned (remove invertebrates and add them to the sample) and removed from the sample. The sample is then washed through the sieve over the side of the boat or in a tub with site water until no more fine sediment washes through the mesh.



Chlorine (DDBP)

Today, most of our drinking water supplies are free of the micro-organisms — viruses, bacteria, and protozoa — that cause serious and life-threatening diseases, such as cholera and typhoid fever. This is largely due to the introduction of water treatment, particularly chlorination, at the turn of the century. Living cells react with chlorine and reduce its concentration while they die. The organic matter and other substances that are present, convert to chlorinated derivatives, some of which are effective killing agents. Chlorine present as Cl, HOCl, and OCl^- is called ***free available chlorine***, and that which is bound but still effective is ***combined chlorine***. A particularly important group of compounds with combined chlorine is the chloramines formed by reactions with ammonia.

One especially important feature of disinfection using chlorine is the ease of overdosing to create a "**residual**" concentration. There is a constant danger that safe water leaving the treatment plant may become contaminated later. There may be breaks in water mains, loss of pressure that permits an inward leak, or plumbing errors. This residual concentration of chlorine provides some degree of protection right to the water faucet. With free available chlorine, a typical residual is from 0.1 to 0.5 ppm. Because chlorinated organic compounds are less effective, a typical residual is 2 ppm for combined chlorine. There will be no chlorine residual unless there is an excess over the amount that reacts with the organic matter present. However, reaction kinetics complicates interpretation of chlorination data. The correct excess is obtained in a method called ***"Break Point Chlorination "***.

Chlorine By-Products
Chlorination by-products are the chemicals formed when the chlorine used to kill disease-causing micro-organisms reacts with naturally occurring organic matter (e.g., decay products of vegetation) in the water. The most common chlorination by-products found in U.S. drinking water supplies are the trihalomethanes (**THMs**).

The Principal Trihalomethanes are:
Chloroform, bromodichloromethane, chlorodibromomethane, and bromoform. Other less common chlorination by-products includes the haloacetic acids and haloacetonitriles.

The amount of THMs formed in drinking water can be influenced by a number of factors, including the season and the source of the water. For example, THM concentrations are generally lower in winter than in summer, because concentrations of natural organic matter are lower and less chlorine is required to disinfect at colder temperatures. THM levels are also low when wells or large lakes are used as the drinking water source, because organic matter concentrations are generally low in these sources. The opposite — high organic matter concentrations and high THM levels — is true when rivers or other surface waters are used as the source of the drinking water.

Health Effects
Laboratory animals exposed to very high levels of THMs have shown increased incidences of cancer. Also, several studies of cancer incidence in human populations have reported associations between long-term exposure to high levels of chlorination by-products and an increased risk of certain types of cancer.

For instance, a recent study conducted in the Great Lakes basin reported an increased risk of bladder and possibly colon cancer in people who drank chlorinated surface water for 35 years or more.

Possible relationships between exposure to high levels of THMs and adverse reproductive effects in humans have also been examined recently. In a California study, pregnant women who consumed large amounts of tap water containing elevated levels of THMs were found to have an increased risk of spontaneous abortion.

The available studies on health effects do not provide conclusive proof of a relationship between exposure to THMs and cancer or reproductive effects, but indicate the need for further research to confirm their results and to assess the potential health effects of chlorination by-products other than THMs.



Chlorine cylinder storage room, notice the vents at the bottom and top. The bottom vent will allow the gas to ventilate because Cl_2 gas is heavier than air.

Chlorine Disinfectants/Disinfectant By-Products (DBPs)

- Chlorine is a naturally existing element that has been used to disinfect drinking water supplies in America for most of the 20th Century.
- Chlorine disinfection has been extremely effective in protecting drinking water resources from bacterial and viral contamination. It has virtually wiped out instances of water-borne diseases like typhoid fever, cholera and dysentery in America and other developed countries.
- Over 200 million Americans currently drink water that has been disinfected.
- The three primary chemical agents used in chlorine disinfection are: free chlorine, chloramine (chlorine and ammonia bonded together) and chlorine dioxide (chlorine and oxygen bonded together).
- Ozone is also used to disinfect water.
- Disinfectants are very active compounds. When added to a water supply, disinfectants not only kill bacteria and viruses, but also react with other chemicals present in the water. These chemicals generally enter the water supply through natural plant and soil breakdown.
- When disinfectants react with other chemicals, new compounds known as disinfectant by-products or "DBPs", are created. DBPs associated with chlorine disinfection include trihalomethanes (THMs), such as chloroform.
- Because chlorination has been used for almost 100 years to disinfect water supplies, approximately 40 percent of the DBPs from chlorination have been identified and researched. Much less is known about the kind of DBPs produced by other disinfectants because of their relatively recent emergence.
- Use of chloramine or chlorine dioxide in chlorine disinfection produces fewer DBPs than chlorine, but each has associated risks. Chloramine is not as strong a disinfectant as chlorine, and disinfection with chlorine dioxide produces its own DBPs.
- Animal research using high concentration of DBPs found increased occurrence of cancer development, although why this occurs has not yet been determined. Research on the relationship between DBPs and cancer and other health risks is ongoing.
- American drinking water has **very low** concentrations of DBPs.
- The U.S. Environmental Protection Agency (USEPA) has **not** been able to link exposure to DBPs at low concentration levels and the health risks associated with high concentration level exposure.
- Since 1984, American drinking water utilities have spent almost $23 million researching the production of DBPs, the risks posed by them and methods to treat them. These research efforts are ongoing. In addition, the 300 largest drinking water utilities have spent more than $150 million to conduct the information gathering required by the Information Collection Rule (ICR). The ICR is the largest study to date pertaining to the occurrence of DBPs and associated treatment practices.
- Since 1979, the U.S. Environmental Protection Agency (USEPA), under the authority of the Safe Drinking Water Act, has regulated the acceptable levels of some DBPs. USEPA cites the large population of Americans potentially at-risk from low-level DPB exposure as the impetus for regulation.

- The Safe Drinking Water Act Amendments of 1996 required USEPA to comply with the regulatory timeline it set forth in its initial Disinfectant and Disinfectant-By-Product (DDPB) rule and Interim Enhanced Surface Water Treatment Rule (IESWTR). USEPA proposed both in 1994.

The research on DBPs and their impact on public health continues and serious questions about the actual health risks posed by DBPs still remain.

Risks and Benefits of Chlorine

Current evidence indicates that the benefits of chlorinating our drinking water — reduced incidence of water-borne diseases — are much greater than the risks of health effects from THMs. Although other disinfectants are available, chlorine continues to be the choice of water treatment experts. When used with modern water filtration practices, chlorine is effective against virtually all infective agents — bacteria, viruses, and protozoa. It is easy to apply, and, most importantly, small amounts of chlorine remain in the water and continue to disinfect throughout the distribution system. This ensures that the water remains free of microbial contamination on its journey from the treatment plant to the consumer's tap.

A number of cities use ozone to disinfect their source water and to reduce THM formation. Although ozone is a highly effective disinfectant, it breaks down quickly, so that small amounts of chlorine or other disinfectants must be added to the water to ensure continued disinfection as the water is piped to the consumer's tap. Modifying water treatment facilities to use ozone can be expensive, and ozone treatment can create other undesirable by-products that may be harmful to health if they are not controlled (e.g., bromate).

Examples of other disinfectants include chloramines and chlorine dioxide. Chloramines are weaker disinfectants than chlorine, especially against viruses and protozoa; however, they are very persistent and, as such, can be useful for preventing re-growth of microbial pathogens in drinking water distribution systems.

Chlorine dioxide can be an effective disinfectant, but it forms chlorate and chlorite, compounds whose toxicity has not yet been fully determined. Assessments of the health risks from these and other chlorine-based disinfectants and chlorination by-products are currently under way.

In general, the preferred method of controlling chlorination by-products is removal of the naturally occurring organic matter from the source water so it cannot react with the chlorine to form by-products. THM levels may also be reduced through the replacement of chlorine with alternative disinfectants. A third option is removal of the by-products by adsorption on activated carbon beds. It is extremely important that water treatment plants ensure that methods used to control chlorination by-products do not compromise the effectiveness of water disinfection.

Chlorine Introduction Section

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Chlorine evaporators next to a rail tank chlorine cylinder. Bottom photograph, SCBA should always be stored on the outside of the chlorine storage room.



Halogen Section Chapter 3

Halogens

Before we get started, let's review the halogens. The halogens are a chemical series. They are the elements in Group 17 (old-style: VII or VIIA) of the periodic table: fluorine (F), chlorine (Cl), bromine (Br), iodine (I), astatine (At) and the as yet undiscovered ununseptium (Uus). The periodic table is the single most unifying concept in chemistry. It is a structured listing of all known elements, or substances, that consist of one type of atom. Elements cannot be reduced to simpler substances.

The term "*halogen*" means "*salt-former*" and compounds containing halogens are called "salts". The word halogen was coined to mean elements which produce salt in union with a metal. It comes from 18th c. scientific French nomenclature based on erring adaptations of Greek roots.

Halogens are highly reactive, and as such can be harmful or lethal to biological organisms in sufficient quantities. Chlorine and iodine are both used as disinfectants for such things as drinking water, swimming pools, fresh wounds, dishes, and surfaces. They kill bacteria and other potentially harmful microorganisms, a process known as sterilization. Their reactive properties are also put to use in bleaching. Chlorine is the active ingredient of most fabric bleaches and is used in the production of most paper products.

Halides

These elements are diatomic molecules in their natural form. They require one more electron to fill their outer electron shells, and so have a tendency to form a singly-charged negative ion. This negative ion is referred to as a halide ion; salts containing these ions are known as halides.

Halide ions combined with single hydrogen atoms form the hydrohalic acids (i.e., HF, HCl, HBr, HI), a series of particularly strong acids. (HAt, or "hydrastatic acid", should also qualify, but it is not typically included in discussions of hydrohalic acid due to astatine's extreme instability toward alpha decay.)They react with each other to form interhalogen compounds. Diatomic interhalogen compounds (BrF, ICl, ClF, etc.) bear strong superficial resemblance to the pure halogens. Many synthetic organic compounds such as plastic polymers, and a few natural ones, contain halogen atoms; these are known as halogenated compounds or organic halides.

Chlorine

Chlorine is by far the most abundant of the halogens, and the only one needed in relatively large amounts (as chloride ions) by humans. For example, chloride ions play a key role in brain function by mediating the action of the inhibitory transmitter GABA and are also used by the body to produce stomach acid. Iodine is needed in trace amounts for the production of thyroid hormones such as thyroxine.

On the other hand, neither fluorine nor bromine are believed to be really essential for humans, although small amounts of fluoride can make tooth enamel resistant to decay.

Halogens

All halogens have 7 electrons in their outer shells, giving them an oxidation number of -1. The halogens exist, at room temperature, in all three states of matter:

- **Solid**- Iodine, Astatine
- **Liquid**- Bromine
- **Gas**- Fluorine, Chlorine

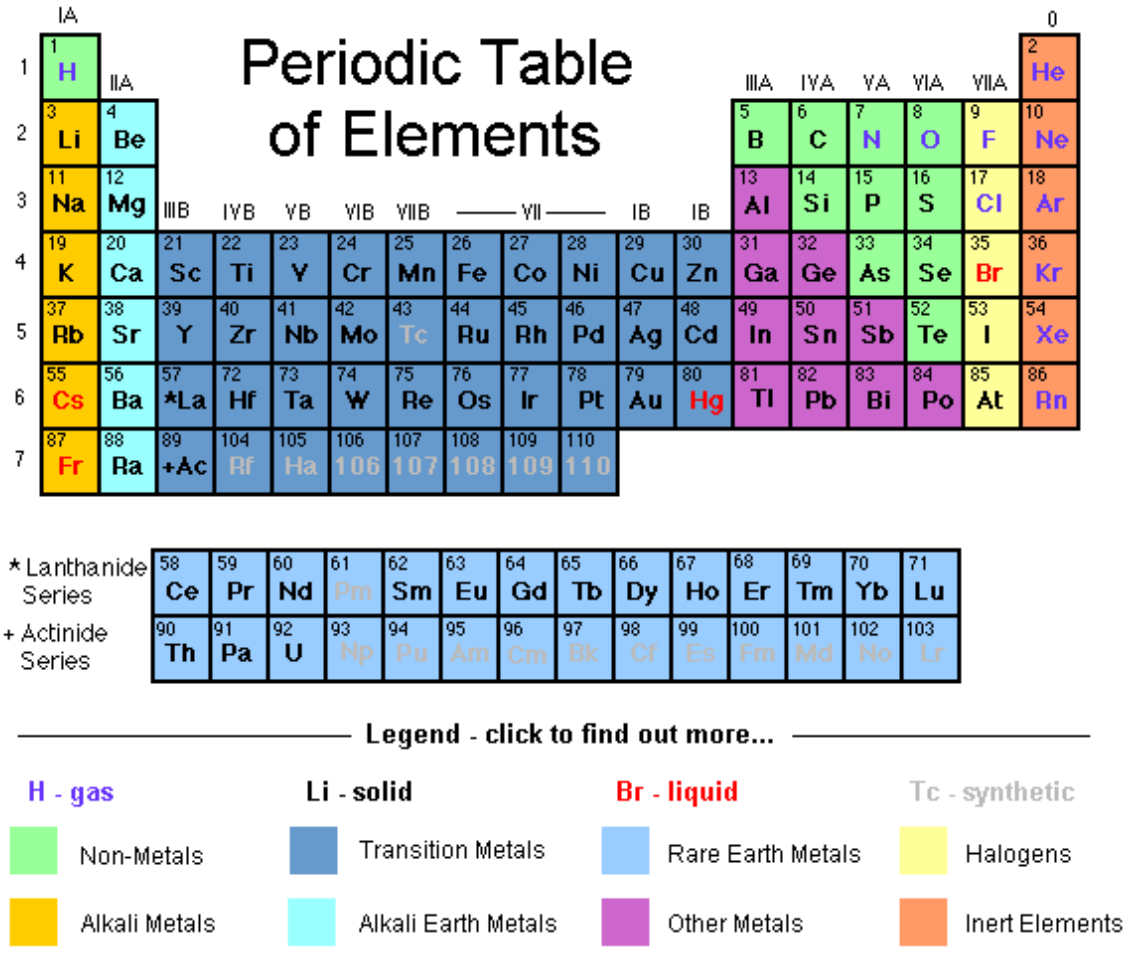
The Halogens are:

Halogen	Atomic Mass	Melting Point	Boiling Point	Electronegativity
Fluorine	19	53.53	85.03	3.98
Chlorine	35.5	171.6	239.11	3.16
Bromine	80	265.8	332.0	2.96
Iodine	127	396.85	457.4	2.66
Astatine	210	575	610	2.2
Ununseptium	291*	*	*	*

- Ununseptium has not yet been discovered; values are either unknown if no value appears, or are estimates based on other similar chemicals.



Chlorine gas rotometer



How is the Periodic Table Organized?
The periodic table is organized with eight principal vertical columns called groups and seven horizontal rows called periods. (The groups are numbered I to VIII from left to right, and the periods are numbered 1 to 7 from top to bottom.)

All the metals are grouped together on the left side of the periodic table, and all the nonmetals are grouped together on the right side of the periodic table. Semimetals are found in between the metals and nonmetals.

What are the Eight Groups of the Periodic Table?

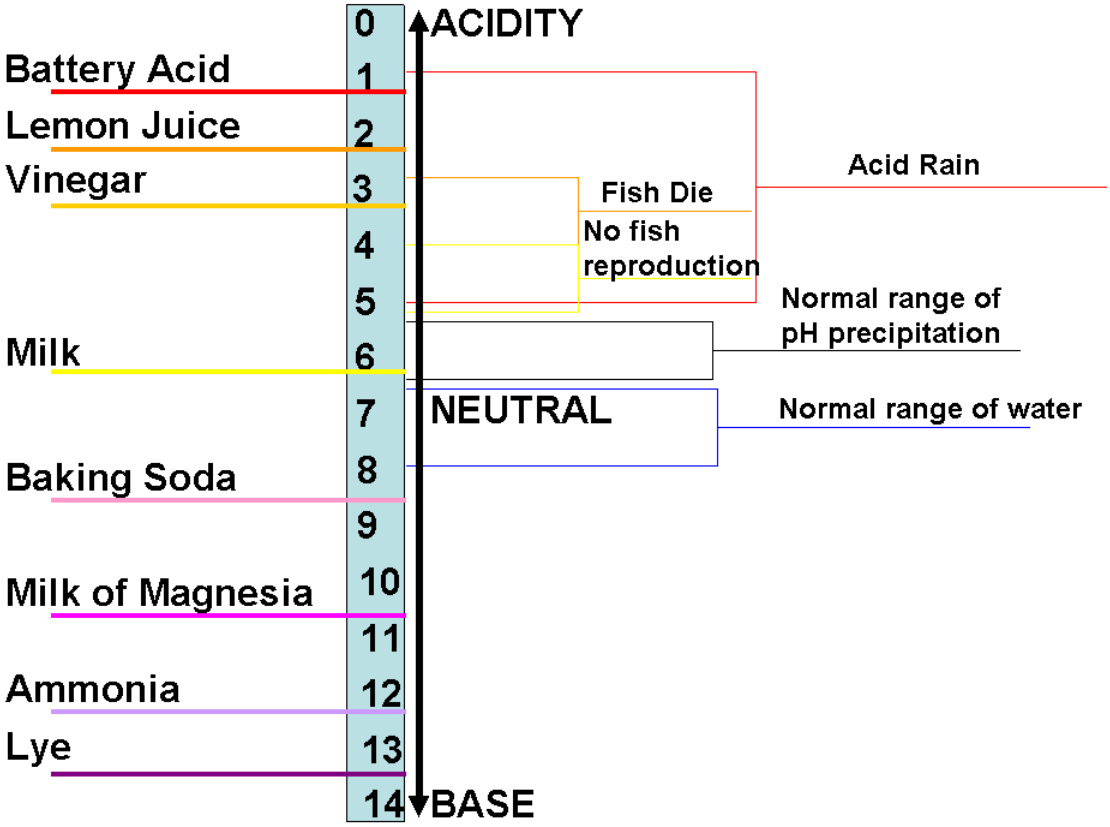
- ✓ **Group I: Alkali Metals - Li, Na, K, Rb, Cs, Fr**
  known as alkali metals
  most reactive of the metals
  react with all nonmetals except the noble gases
  contain typical physical properties of metals (ex. shiny solids and good conductors of heat and electricity)
  softer than most familiar metals; can be cut with a knife

- ✓ **Group II: Alkaline Earth Metals-Be, Mg, Ca, Sr, Ba, Ra**
  known as alkaline earth metals
  react with nonmetals, but more slowly than the Group I metals
  solids at room temperature
  have typical metallic properties
  harder than the Group I metals
  higher melting points than the Group I metals
- ✓ **Group III: B, Al, Ga, In, Tl**
  boron is a semimetal; all the others are metals
- ✓ **Group IV: C, Si, Ge, Sn, Pb**
  carbon is a nonmetal; silicon and germanium are semimetals; tin and lead are metals
- ✓ **Group V: N, P, As, Sb, Bi**
  nitrogen and phosphorus are nonmetals; arsenic and antimony are semimetals; bismuth is a metal
- ✓ **Group VI: O, S, Se, Te, Po**
  oxygen, sulfur, and selenium are nonmetals; tellurium and polonium are semimetals
- ✓ **Group VII: Halogens-F, Cl, Br, I, At**
  very reactive nonmetals
- ✓ **Group VIII: Noble Gases-He, Ne, Ar, Kr, Xe, Rn**
  very unreactive

Properties of Metals
Solids at room temperature
Conduct heat very well
Have electrical conductivities that increase with decreasing temperature
Have a high flexibility and a shiny metallic luster
Are malleable-can be beaten out into sheets or foils
Are ductile-can be pulled into thin wires without breaking
Emit electrons when they are exposed to radiation of sufficiently high energy or when They are heated (known as photoelectric effect and thermionic effect)

Properties of Nonmetals
May be gases, liquids, or solids at room temperature
Poor conductors of heat
Are insulators-very poor conductors of electricity
Do not have a high reflectivity or a shiny metallic appearance
In solid form generally brittle and fracture easily under stress
Do not exhibit photoelectric or thermionic effects

The pH Scale



pH: A measure of the acidity of water. The pH scale runs from 0 to 14 with 7 being the mid-point or neutral. A pH of less than 7 is on the acid side of the scale with 0 as the point of greatest acid activity. A pH of more than 7 is on the basic (alkaline) side of the scale with 14 as the point of greatest basic activity.

pH = (**Power of Hydroxyl Ion Activity**).

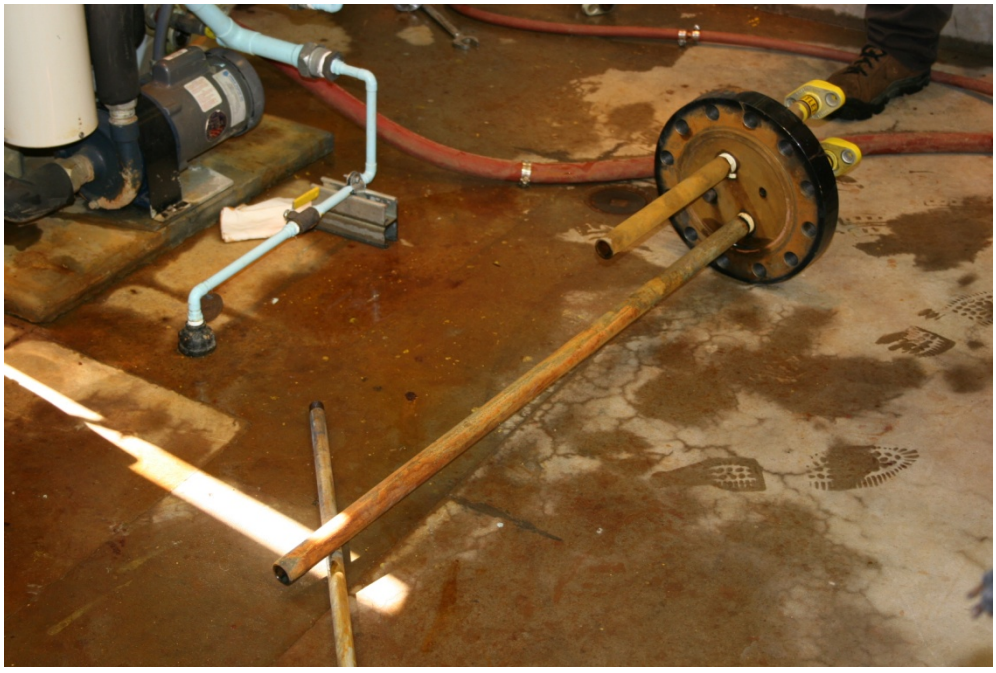
The acidity of a water sample is measured on a pH scale. This scale ranges from **0** (maximum acidity) to **14** (maximum alkalinity). The middle of the scale, **7**, represents the neutral point. The acidity increases from neutral toward **0**.

Because the scale is logarithmic, a difference of one pH unit represents a tenfold change. For example, the acidity of a sample with a pH of **5** is ten times greater than that of a sample with a pH of **6**. A difference of 2 units, from **6** to **4**, would mean that the acidity is one hundred times greater, and so on.

Normal rain has a pH of **5.6** – slightly acidic because of the carbon dioxide picked up in the earth's atmosphere by the rain.



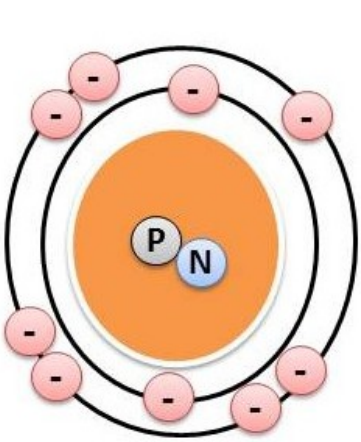
Maintenance crews are required to perform PM on chlorine evaporator units. The photograph on the bottom is of the heating elements from an Evaporator that are being cleaned. This facility will use approximately 200 tons of Chlorine per day for disinfection and has 4-5 personnel working around the clock to keep the chlorine flowing.

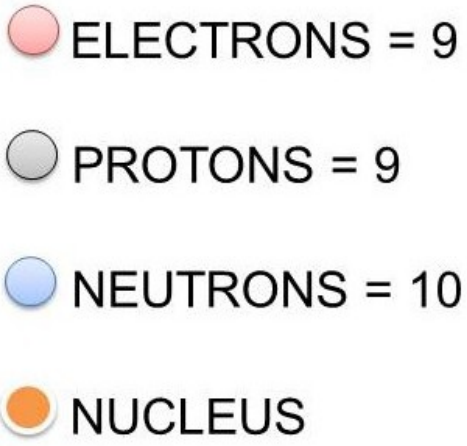


Fluorine Section

Name: Fluorine
Symbol: F
Atomic Number: 9
Atomic Mass: 18.998404 amu
Melting Point: -219.62 °C (53.530006 K, -363.31598 °F)
Boiling Point: -188.14 °C (85.01 K, -306.652 °F)
Number of Protons/Electrons: 9
Number of Neutrons: 10
Classification: Halogen
Crystal Structure: Cubic
Density @ 293 K: 1.696 g/cm^3
Color: Greenish

Atomic Structure





Isotopes

Isotope	Half Life
F-18	1.8 hours
F-19	Stable

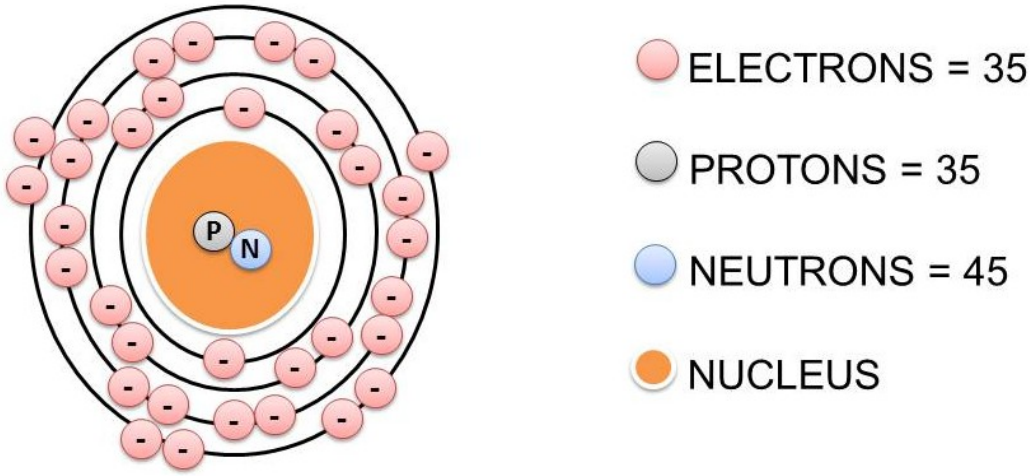
Facts
Date of Discovery: 1886
Discoverer: Joseph Henri Moissan
Name Origin: From the Latin word *fluo* (flow)
Uses: Refrigerants
Obtained From: Mineral fluorite

Bromine Section

Name: Bromine
Symbol: Br
Atomic Number: 35
Atomic Mass: 79.904 amu
Melting Point: -7.2 °C (265.95 K, 19.04 °F)
Boiling Point: 58.78 °C (331.93 K, 137.804 °F)
Number of Protons/Electrons: 35
Number of Neutrons: 45
Classification: Halogen

Crystal Structure: Orthorhombic
Density @ 293 K: 3.119 g/cm^3
Color: Red
Date of Discovery: 1826
Discoverer: Antoine J. Balard
Name Origin: From the Greek word *brômos* (stench)
Uses: Poisonous
Obtained From: Sea Water

Atomic Structure



Isotopes

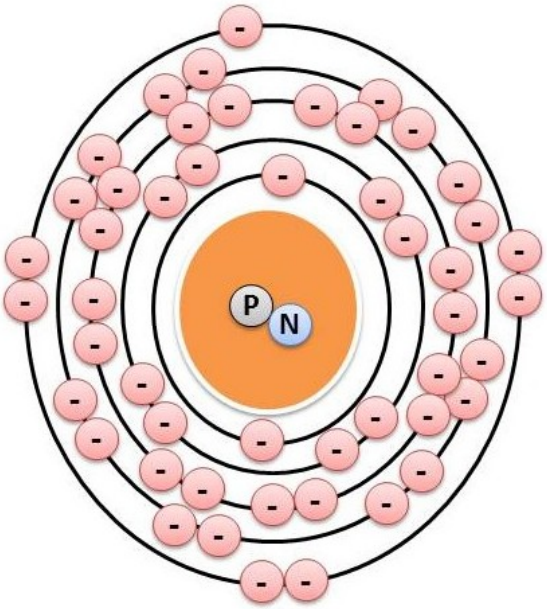
Isotope	Half Life
Br-76	16.0 hours
Br-77	2.4 days
Br-79	Stable
Br-80	17.7 minutes
Br-80m	4.42 hours
Br-81	Stable
Br-82	1.5 days
Br-83	2.4 hours
Br-84	31.8 minutes
Br-85	2.9 minutes

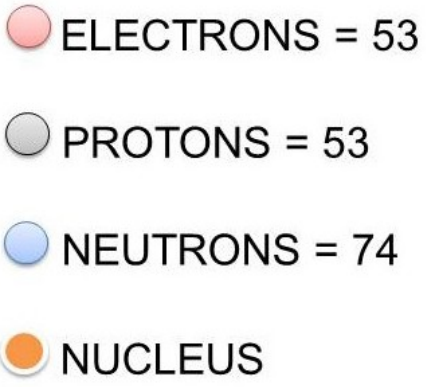
Iodine Section

Name: Iodine
Symbol: I
Atomic Number: 53
Atomic Mass: 126.90447 amu
Melting Point: 113.5 °C (386.65 K, 236.3 °F)
Boiling Point: 184.0 °C (457.15 K, 363.2 °F)
Number of Protons/Electrons: 53
Number of Neutrons: 74
Classification: Halogen

Crystal Structure: Orthorhombic
Density @ 293 K: 4.93 g/cm^3
Color: Blackish
Facts:
Date of Discovery: 1811
Discoverer: Bernard Courtois
Name Origin: From the Greek word *iôdes* (violet)
Uses: Required in humans
Obtained From: Sodium and potassium compounds

Atomic Structure





Isotopes

Isotope	Half Life
I-122	3.6 minutes
I-123	13.2 hours
I-124	4.2 days
I-125	60.1 days
I-126	13.0 days
I-127	Stable
I-128	25.0 minutes

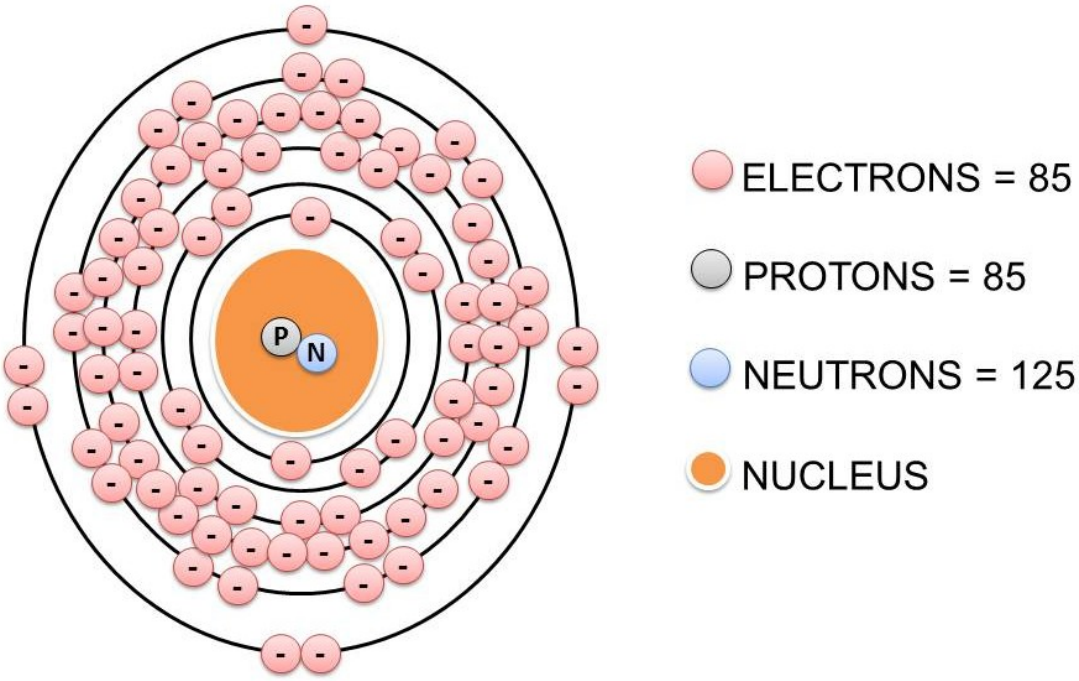
I-129	1.57E7 years
I-130	12.4 hours
I-131	8.0 days
I-132	2.3 hours
I-133	20.8 hours
I-134	52.6 minutes
I-135	6.6 hours
I-136	1.4 minutes

Astatine Section

Name: Astatine
Symbol: At
Atomic Number: 85
Atomic Mass: (210.0) amu
Melting Point: 302.0 °C (575.15 K, 575.6 °F)
Boiling Point: 337.0 °C (610.15 K, 638.6 °F)
Number of Protons/Electrons: 85
Number of Neutrons: 125

Classification: Halogen
Crystal Structure: Unknown
Density @ 293 K: Unknown
Color: Unknown
Date of Discovery: 1940
Discoverer: D.R. Corson
Name Origin: From the Greek word *astatos* (unstable)
Uses: No uses known
Obtained From: Man-made

Atomic Structure



Isotopes

Isotope	Half Life
At-206	29.4 minutes
At-208	1.6 hours
At-211	7.2 hours
At-215	0.1 milliseconds
At-217	32.0 milliseconds
At-218	1.6 seconds
At-219	50.0 seconds



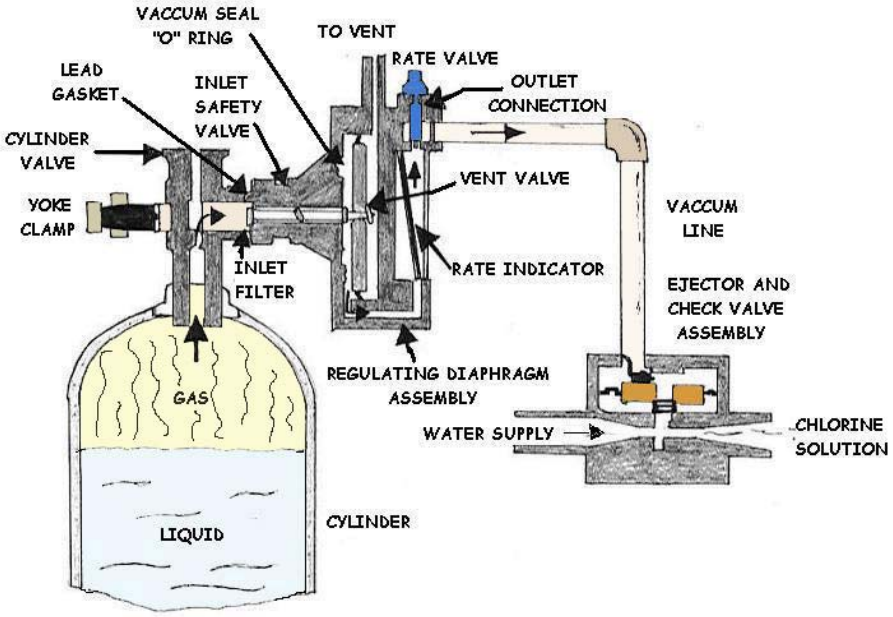
1 Ton Containers

The top line or valve is for extracting the gas, and the bottom line is for extracting the Cl2 liquid. Never place water on a leaking metal cylinder. The water will help create acid which will make the leak larger.





150 Pound Chlorine Cylinder



Chlorine Exposure Limits and Related Information

This information is necessary to pass your pre-test.

*** OSHA PEL 1 PPM - IDLH 10 PPM and Fatal Exposure Limit 1,000 PPM**

The current Occupational Safety and Health Administration (**OSHA**) permissible exposure limit (**PEL**) for chlorine is 1 ppm (3 milligrams per cubic meter ($mg/m^{(3)}$)) as a ceiling limit. A worker's exposure to chlorine shall at no time exceed this ceiling level. *** IDLH 10 PPM**

Physical and chemical properties of chlorine: A yellowish green, nonflammable and liquefied gas with an unpleasant and irritating smell. Can be readily compressed into a clear, amber-colored liquid, a noncombustible gas, and a strong oxidizer. Solid chlorine is about 1.5 times heavier than water and gaseous chlorine is about 2.5 times heavier than air. Atomic number of chlorine is 17. Cl is the elemental symbol and Cl2 is the chemical formula.

Monochloramine, dichloramine, and trichloramine are also known as Combined Available Chlorine. Cl_2 + NH_4.

HOCl and OCl-; The **OCL-** is the hypochlorite ion and both of these species are known as free available chlorine. These are the two main chemical species formed by chlorine in water and they are known collectively as hypochlorous acid and the hypochlorite ion. When chlorine gas is added to water, it rapidly hydrolyzes. The chemical equation that best describes this reaction is **Cl2 + H_2O --> H+ + Cl- + HOCl.** Hypochlorous acid is the most germicidal of the chlorine compounds with the possible exception of chlorine dioxide.

Yoke-type connectors should be used on a chlorine cylinder's valve, assuming that the threads on the valve may be worn.

The connection from a chlorine cylinder to a chlorinator should be replaced by using a new, approved gasket on the connector. Always follow your manufacturer's instructions.

On 1 ton Chlorine gas containers, the chlorine pressure reducing valve should be located downstream of the evaporator when using an evaporator. This is the liquid chlorine supply line and it is going to be made into Chlorine gas.

In water treatment, chlorine is added to the effluent before the contact chamber (before the clear well) for complete mixing. One reason for not adding it directly to the chamber is that the chamber has very little mixing due to low velocities.

Here are several safety precautions when using chlorine gas. In addition to protective clothing and goggles, chlorine gas should be used only in a well-ventilated area so that any leaking gas cannot concentrate. Emergency procedures in the case of a large uncontrolled chlorine leak are as follows: Notify local emergency response team, warn and evacuate people in adjacent areas, and be sure that no one enters the leak area without adequate self-contained breathing equipment.

Here are several symptoms of chlorine exposure. Burning of eyes, nose, and mouth, coughing, sneezing, choking, nausea and vomiting, headaches and dizziness, fatal pulmonary edema, pneumonia, and skin blisters. A little Cl_2 will corrode the teeth and then progress to throat cancer.

Approved method for storing a 150 - 200 pound chlorine cylinder: Secure each cylinder in an upright position, attach the protective bonnet over the valve and firmly secure each cylinder. Never store near heat. Always store the empty in an upright, secure position with proper signage.



ABC Repair Kit



Rail Car Tanker

Chlorine Timeline

1879
- This marked the first time that chlorine was applied as a disinfectant. William Soper of England treated the feces of typhoid patients before disposal into the sewer. He used chlorinated lime, which was a common form of chlorine used initially. (White, 1972)

1893
- This date was the first time that chlorine was applied as a disinfectant on a plant scale basis. This application was made at Hamburg, Germany. (White, 1972)

1903
- This marked the first time chlorine gas was used as a disinfectant in drinking water. This took place in Middlekerke, Belgium. Prior to this date, chlorine was applied through the use of hydrated lime, chloride of lime, or bleaching powder. The use of chlorine gas was designed by Maurice Duyk, a chemist for the Belgian Ministry of Public Works. (Pontius, 1990)

1908
- The first full scale chlorine installation at a drinking water plant in the United States was initiated in this year. This installation took place at the Bubbly Creek Filter Plant in Chicago. This plant served the Chicago Stockyards and was designed by George A. Johnson. The raw water contained a large amount of sewage which was causing sicknesses in the livestock. Johnson implemented chlorine through chloride of lime, and the bacterial content of the water dropped drastically. (Pontius, 1990)

1910
- C. R. Darnall became the first to use compressed chlorine gas from steel cylinders, which is an approach still commonly used today. His installation was in Youngstown, Ohio. His implementation used a pressure-reducing mechanism, a metering device, and an absorption chamber. It was moderately successful, but his setup was only used once.

1912
- John Kienle, chief engineer of the Wilmington, Delaware water department, invented another way to apply chlorine to drinking water. He developed a way to push compressed chlorine from cylinders into an absorption tower in which water was flowing opposite the flow of the chlorine. Because the gas flow was opposite the water flow, the chlorine was able to disinfect the water. (Pontius, 1990)

1913
- An Ornstein chlorinator was installed at Kienle's Wilmington, Delaware water treatment plant. This marked the first time a commercial chlorination system was installed at a municipal water treatment plant. The chlorinator used the same basic premise that Kienle's previous installation did, but the Ornstein chlorinator used both a high and low pressure gauge to more accurately control the amount of chlorine added to the system. (Pontius, 1990)

1914
- On October 14, 1914, the Department of the Treasury enacted the first set of standards that required the use of disinfection for drinking water. These standards called for a maximum level of bacterial concentration of 2 coliforms per 100 milliliters. Because chlorination was the main disinfectant at the time, these standards dramatically increased the number of treatment plants using chlorine. (White, 1972)

1919
- Two important discoveries were made during this year. Wolman and Enslow discovered the concept of chlorine demand which states that the amount of chlorine needed to disinfect the water is related to the concentration of the waste and the amount of time the chlorine has to contact the water. The other important discovery of 1919 was by Alexander Houston. He discovered that chlorine can also eliminate taste and odor problems in water. (Pontius, 1990)

1925
- New drinking water standards were enacted that reduced the maximum permissible limit of coliforms from 2 to 1 coliform per 100 milliliters. This increased the amount and frequency of chlorination again. (White, 1972)

1939
- The theory of the chlorine breakpoint was discovered in this year. Chlorine breakpoint theory is discussed in the following section. (White, 1972)

1960
- A new implementation practice was discovered in this year. The compound loop principle of chlorinator control was implemented, which is the most recent major discovery in chlorine application. (White, 1972)

1972
- A report entitled "Industrial Pollution of the Lower Mississippi River in Louisiana" was published containing the first evidence of disinfection byproducts in drinking water resulting from organic pollution in source water. (Pontius, 1990)

As is evident by the dates in the timeline, most of the innovation in chlorination occurred over 70 years ago. Very few innovations or discoveries have been made recently. Most of the current research is being performed in other areas of disinfection. These areas include ozone, chlorine dioxide, and UV radiation. Chlorine is still the most widely used disinfectant in the United States, but other areas of the world are beginning to use other methods of disinfection with increasing frequency. Since chlorine is still widely used, a thorough understanding of how it disinfects and is implemented is important to those interested in water treatment.

Chlorine Supplement **Pre-Quiz**

1. How should the connection from a chlorine cylinder to a chlorinator be replaced?

2. How many turns should a chlorine gas cylinder be initially opened?

3. If the temperature of a full chlorine cylinder is increased by 50°F or 30°C, what is the most likely result?

4. What is meant by the specific gravity of a liquid?

5. Which metals are the only metals that are ***TOTALLY*** inert to moist chlorine gas?

6. What will be discharged when opening the top valve on a one-ton chlorine cylinder?

7. What are the approved methods for storing a chlorine cylinder?

8. What are normal conditions for a gas chlorination start-up?

9. Name a safety precaution when using chlorine gas?

10. What compounds are formed in water when chlorine gas is introduced?

11. Why should roller bearings not be used to rotate a one-ton chlorine cylinder?

12. What are the physical and chemical properties of chlorine?

13. What are the necessary emergency procedures in the case of a large uncontrolled chlorine leak?

14. Name several symptoms of chlorine exposure.

15. 5 lbs. of a 70% concentration sodium hypochlorite solution is added to a tank containing 650 gallons of water. What is the chlorine dosage?

16. As soon as Cl_2 gas enters the throat area, a victim will sense a sudden stricture in this area - nature's way of signaling to prevent passage of the gas to the lungs. At this point, the victim must attempt to do two things. Name them.

17. Positive pressure SCBAs and full face piece SARs can be used in oxygen deficient atmospheres containing less than what percentage of oxygen in the atmosphere?

18. Death is possible from asphyxia, shock, reflex spasm in the larynx, or massive pulmonary edema. Populations at special risk from chlorine exposure are individuals with pulmonary disease, breathing problems, bronchitis, or chronic lung conditions.
A. TRUE
B. FALSE

19. Chlorine gas reacts with water producing a strongly oxidizing solution causing damage to the moist tissue lining the respiratory tract when the tissue is exposed to chlorine. The respiratory tract is rapidly irritated by exposure to 10-20 ppm of chlorine gas in air, causing acute discomfort that warns of the presence of the toxicant.
A. TRUE
B. FALSE

20. Even brief exposure to 1,000 ppm of Cl_2 can be fatal.
A. TRUE
B. FALSE

21. What are the two main chemical species formed by chlorine in water and what name are they are known collectively as?

22. When chlorine gas is added to water, it rapidly hydrolyzes according to the reaction:

23. Which chemical reaction equation represents the dissociation of hypochlorous acid?

24. This species of chlorine is the most germicidal of all chlorine compounds with the possible exception of chlorine dioxide.



Here are both half ton container and 150 pound chlorine gas cylinders.
Answers in rear section before the final assignment.

Chlorine Pre-Quiz Answers

1. Use a new, approved gasket on the connector
2. 1/4 turn to unseat the valve, then open one complete turn
3. The cylinder may rupture
4. The ratio of the density of the liquid to the density of water at 4 degrees C
5. Gold, Platinum, and Tantalum
6. Gas chlorine
7. Secure each cylinder in an upright position. Attach the protective bonnet over the valve. Firmly secure each cylinder.
8. Open chlorine metering orifice slightly. Inspect vacuum lines. Start injector water supply
9. In addition to protective clothing and goggles, chlorine gas should be used only in a well-ventilated area so that any leaking gas cannot concentrate.
10. Chlorine gas forms a mixture of hydrochloric and hypochlorous acids
11. Because it is too easy to roll
12. A yellowish green, nonflammable and liquefied gas with an unpleasant and irritating smell. Can be readily compressed into a clear, amber colored liquid, a noncombustible gas, and a strong oxidizer. Chlorine is about 1.5 times heavier than water and gaseous chlorine is about 2.5 times heavier than air.
13. Notify local emergency response team. Warn and evacuate people in adjacent areas. Be sure that no one enters the leak area without adequate self-contained breathing equipment.
14. Burning of eyes, nose, and mouth; lacrimation and rhinorrhea; Coughing, sneezing, choking, nausea and vomiting, headaches and dizziness, fatal pulmonary edema, pneumonia, conjunctivitis, keratitis, pharyngitis, burning chest pain, dyspnea, hemoptysis, hypoxemia, dermatitis; and skin blisters.
15. 646 mg/L
16. Get out of the area of the leak, proceeding upwind, and 2) take only very short breaths through the mouth
17. 0.195
18. True
19. True
20. True
21. HOCl and OCl-; free available chlorine
22. Cl2 + H2O --> H+ + Cl- + HOCl
23. HOCl <-- --> H+ + OCl-
24. Hypochlorous acid



Chlorine C repair kit, used for the tank cars and tankers.



Chlorine Introduction



Name: Chlorine
Symbol: Cl
Atomic Number: 17
Atomic Mass: 35.4527 amu
Melting Point: -100.98 °C (172.17 K, -149.764 °F)
Boiling Point: -34.6 °C (238.55 K, -30.279997 °F)
Number of Protons/Electrons: 17
Number of Neutrons: 18
Classification: Halogen
Crystal Structure: Orthorhombic
Density @ 293 K: 3.214 g/cm^3
Color: Green
Uses: Water purification, bleaches
Obtained From: Salt
Date of Discovery: 1774
Discoverer: Carl Wilhelm Scheele
Name Origin: From the Greek word *khlôros* (green)

Chlorine Gas Information
Identifiers
1. CAS No.: 7782-50-5
2. RTECS No.: FO2100000
3. DOT UN: 1017 20
4. DOT label: Poison gas



Safety Data
NIOSH IDHL: 25 ppm
NIOSH Ceiling: **0.5ppm/15 minutes**
PEL/TWA: **1 ppm**
TLV/TWA: **1 ppm**
TLV/STEL: **3 ppm**
TLV/IDLH: **25 ppm**
Physical Data
Chlorinators
1. **Molecular weight:** 70.9
2. **Boiling point (at 760 mm Hg):** -34.6 degrees C (-30.28 degrees F)
3. **Specific gravity (liquid):** 1.41 at 20 degrees C (68 degrees F) and a pressure of 6.86 atm
4**. Vapor density**: 2.5
5. **Melting point:** -101 degrees C (-149.8 degrees F)
6**. Vapor pressure at 20 degrees C (68 degrees F):** 4,800 mm Hg
7. **Solubility**: Slightly soluble in water; soluble in alkalis, alcohols, and chlorides.
8. **Evaporation rate:** Data not available.

Chlorine's Appearance and Odor
Chlorine is a greenish-yellow gas with a characteristic pungent odor. It condenses to an amber liquid at approximately -34 degrees C (-29.2 degrees F) or at high pressures. Odor thresholds ranging from 0.08 to part per million (ppm) parts of air have been reported. Prolonged exposures may result in olfactory fatigue.

Reactivity
1. **Conditions Contributing to Instability**: Cylinders of chlorine may burst when exposed to elevated temperatures. Chlorine in solution forms a corrosive material.
2**. Incompatibilities**: Flammable gases and vapors form explosive mixtures with chlorine. Contact between chlorine and many combustible substances (such as gasoline and petroleum products, hydrocarbons, turpentine, alcohols, acetylene, hydrogen, ammonia, and sulfur), reducing agents, and finely divided metals may cause fires and explosions. Contact between chlorine and arsenic, bismuth, boron, calcium, activated carbon, carbon disulfide, glycerol, hydrazine, iodine, methane, oxomonosilane, potassium, propylene, and silicon should be avoided. Chlorine reacts with hydrogen sulfide and water to form hydrochloric acid, and it reacts with carbon monoxide and sulfur dioxide to form phosgene and sulfuryl chloride. Chlorine is also incompatible with moisture, steam, and water.
3. **Hazardous Decomposition Products:** None reported.
4**. Special Precautions:** Chlorine will attack some forms of plastics, rubber, and coatings.

Flammability
Chlorine is a non-combustible gas.
The National Fire Protection Association has assigned a flammability rating of 0 (no fire hazard) to chlorine; however, most combustible materials will burn in chlorine.
1. **Flash point:** Not applicable.
2. **Autoignition temperature**: Not applicable.
3. **Flammable limits in air:** Not applicable.
4. **Extinguishant:** For small fires use water only; do not use dry chemical or carbon dioxide. Contain and let large fires involving chlorine burn. If fire must be fought, use water spray or fog.

Fires involving chlorine should be fought upwind from the maximum distance possible.

Keep unnecessary people away; isolate the hazard area and deny entry. For a massive fire in a cargo area, use unmanned hose holders or monitor nozzles; if this is impossible, withdraw from the area and let the fire burn. Emergency personnel should stay out of low areas and ventilate closed spaces before entering.

Containers of chlorine may explode in the heat of the fire and should be moved from the fire area if it is possible to do so safely. If this is not possible, cool fire exposed containers from the sides with water until well after the fire is out. Stay away from the ends of containers. Firefighters should wear a full set of protective clothing and self- contained breathing apparatus when fighting fires involving chlorine.

Chlorine Exposure Limits

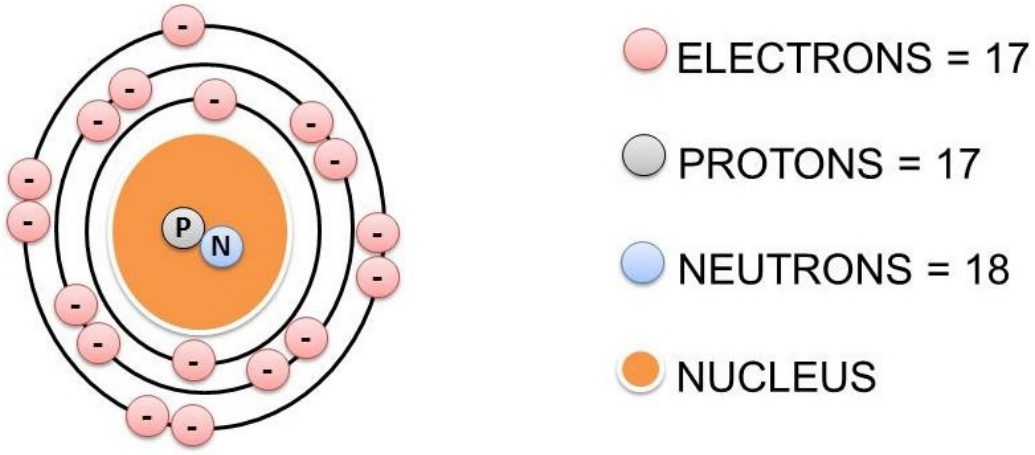
*** OSHA PEL**
The current **OSHA** permissible exposure limit (**PEL**) for chlorine is 1 ppm (3 milligrams per cubic meter ($mg/m^{(3)}$)) as a ceiling limit. A worker's exposure to chlorine shall at no time exceed this ceiling level [29 CFR 1910.1000, Table Z-1].

*** NIOSH REL**
The National Institute for Occupational Safety and Health (**NIOSH**) has established a recommended exposure limit (**REL**) for chlorine of 0.5 ppm ($mg/m^{(3)}$) as a TWA for up to a 10-hour workday and a 40-hour workweek and a short-term exposure limit (**STEL**) of 1 ppm (3 $mg/m^{(3)}$)[NIOSH 1992].

*** ACGIH TLV**
The American Conference of Governmental Industrial Hygienists (**ACGIH**) has assigned chlorine a threshold limit value (**TLV**) of 0.5 ppm (1.5 $mg/m^{(3)}$) as a TWA for a normal 8-hour workday and a 40-hour workweek and a **STEL** of 1 ppm (2.9 $mg/m^{(3)}$) for periods not to exceed 15 minutes. Exposures at the STEL concentration should not be repeated more than four times a day and should be separated by intervals of at least 60 minutes [ACGIH 1994, p. 15].

*** Rationale for Limits**
The NIOSH limits are based on the risk of severe eye, mucous membrane and skin irritation [NIOSH 1992]. The ACGIH limits are based on the risk of eye and mucous membrane irritation [ACGIH 1991, p. 254].

Chlorine's Atomic Structure



Isotopes

Isotope	Half Life
Cl-35	Stable
Cl-36	301000.0 years
Cl-37	Stable
Cl-38	37.2 minutes



Top photograph, this blue device prevents the liquid from being pulled and freezing the lines. Bottom photograph, the application of an ammonia mist to detect a chlorine gas leak.



Chlorine Basics

Chlorine is one of 90 natural elements, the basic building blocks of our planet. To be useful, an element must be relatively abundant or have extremely desirable properties. Chlorine has both characteristics. As a result -- over the course of many decades of careful research and development -- scientists have learned to use chlorine and the products of chlorine chemistry to make drinking water safe, destroy life-threatening germs, produce life-saving drugs and medical equipment, shield police and fire fighters in the line of duty, and ensure a plentiful food supply.

In 1774, in his small experimental laboratory, Swedish pharmacist Carl Wilhem Scheele released a few drops of hydrochloric acid onto a piece of manganese dioxide. Within seconds, a greenish-yellow gas arose. Although he had no idea at the time, he had just discovered chlorine.

The fact that the greenish-yellow gas was actually an element was only recognized several decades later by English chemist Sir Humphrey Davy. Until that time, people were convinced that the gas was a compound of oxygen. Davy gave the element its name on the basis of the Greek word khloros, for greenish-yellow. In 1810 he suggested the name "*chloric gas*" or "*chlorine*."

One of the most effective and economical germ-killers, chlorine also destroys and deactivates a wide range of dangerous germs in homes, hospitals, swimming pools, hotels, restaurants, and other public places. Chlorine's powerful disinfectant qualities come from its ability to bond with and destroy the outer surfaces of bacteria and viruses. First used as a germicide to prevent the spread of "child bed fever" in the maternity wards of Vienna General Hospital in Austria in 1846, chlorine has been one of society's most potent weapons against a wide array of life-threatening infections, viruses, and bacteria for 150 years.

When the first men to set foot on the moon returned to earth (Apollo 11 mission: 24.7.69) a hypochlorite solution was chosen as one of the disinfectants for destroying any possible moon germs.

What Happens to Chlorine When it Enters the Environment?

- When released to air, chlorine will react with water to form hypochlorous acid and hydrochloric acid, which are removed from the atmosphere by rainfall.

- Chlorine is slightly soluble in water. It reacts with water to form hypochlorous acid and hydrochloric acid. The hypochlorous acid breaks down rapidly. The hydrochloric acid also breaks down; its breakdown products will lower the pH of the water (makes it more acidic).

- Since chlorine is a gas it is rarely found in soil. If released to soil, chlorine will react with moisture forming hypochlorous acid and hydrochloric acid. These compounds can react with other substances found in soil.

- Chlorine does not accumulate in the food chain.

Disinfectant Qualities

Restaurants and meat and poultry processing plants rely on chlorine bleach and other chlorine-based products to kill harmful levels of bacteria such as *Salmonella* and *E. coli* on food preparation surfaces and during food processing. Chlorine is so important in poultry processing that the US Department of Agriculture requires an almost constant chlorine rinse for much of the cutting equipment. In fact, no proven economical alternative to chlorine disinfection exists for use in meat and poultry processing facilities.

Properties

Because it is highly reactive, chlorine is usually found in nature bound with other elements like sodium, potassium, and magnesium. When chlorine is isolated as a free element, chlorine is a greenish yellow gas, which is 2.5 times heavier than air. It turns to a liquid state at -34°C (-29°F), and it becomes a yellowish crystalline solid at -103°C (-153°F). Chemists began experimenting with chlorine and chlorine compounds in the 18th century. They learned that chlorine has an extraordinary ability to extend a chemical bridge between various elements and compounds that would not otherwise react with each other. Chlorine has been especially useful in studying and synthesizing organic compounds -- compounds that have at least one atom of the element carbon in their molecular structure. All living organisms, including humans, are composed of organic compounds.

Chlorine is one of the most abundant chemical elements on Earth. It is ubiquitous in soils, minerals, plants and animals. Seawater is a huge reservoir of dissolved chlorine weathered from the continents and transported to the oceans by Earth's rivers.

Chlorine is also one of the most useful chemical elements. Each chemical element has its own set of unique properties and chlorine is known as a very reactive element--so reactive, in fact, that it is usually found combined with other elements in the form of compounds. More than 3,500 naturally occurring chlorinated organic (associated with living organisms) compounds alone have been identified.

Chlorine's chemical properties have been harnessed innovatively for good use. For example, this element plays a huge role in public health. Chlorine-based disinfectants are capable of removing a wide variety of disease-causing germs from drinking water and wastewater as well as from hospital and food production surfaces. Additionally, chlorine plays an important role in the manufacture of thousands of products we depend upon every day, including such diverse items as cars, computers, pharmaceuticals and military flak jackets. As the ninth largest chemical produced in the U.S. by volume, chlorine is truly a "workhorse chemical."

Released From the Salt of the Earth

Chlorine is produced industrially from the compound sodium chloride, one of the many salts found in geologic deposits formed from the slow evaporation of ancient seawater. When electricity is applied to a brine solution of sodium chloride, chlorine gas (Cl2), caustic soda (NaOH) and hydrogen gas (H_2) are generated according to the following reaction:

Salt	+	Water	→	Chlorine gas	+	Caustic soda	+	Hydrogen gas
$2\ NaCl$	+	$2\ H_2O$	→	Cl_2	+	$2\ NaOH$	+	H_2

Co-Products

As the reaction demonstrates, chlorine gas cannot be produced without producing caustic soda, so chlorine and caustic soda are known as "co-products," and their economics are inextricably linked. Caustic soda, also called "alkali," is used to produce a wide range of organic and inorganic chemicals and soaps. In addition, the pulp and paper, alumina and textiles industries use caustic soda in their manufacturing processes. Thus, the "chlor-alkali" industry obtains two very useful chemicals by applying electrical energy to sea salt.



Definitions

Chlorine Gas Feed Room

A chlorine gas feed room, for the purposes of this document, is a room that contains the chlorinator(s) and active cylinder(s) used to apply chlorine gas at a water or wastewater facility.

Chlorine Gas Storage Room

A chlorine gas storage room, for the purposes of this document, is a room other than a chlorine gas feed room, in which full, partial, or empty chlorine gas cylinders or ton containers are stored at a water or wastewater facility.

Gas Chlorinator

A gas chlorinator is a device used to meter and control the application rate of chlorine gas into a liquid. There is the danger of the gas escaping at a water or wastewater treatment facility. The gas chlorinator should be isolated from a water or wastewater treatment plant.

Chlorine Cabinet

A chlorine cabinet is a pre-assembled or factory built unit that contains the equipment used to apply chlorine gas at a water or wastewater treatment facility. It is isolated from a water or wastewater treatment plant.



Top photograph, a view of the top of a 150 gas cylinder. Bottom, always work in pairs when working around Chlorine. Here the hoist is being used to move the container.



Chemical Equations, Oxidation States, and Balancing of Equations

Before we breakdown chlorine and other chemicals, let's start with this review of basic chemical equations.

Beginning
The common chemical equation could be A + B --> C + D. This is chemical A + chemical B, the two reacting chemicals will go to products C + D, etc.

Oxidation
The term "oxidation" originally meant a reaction in which oxygen combines chemically with another substance, but its usage has long been broadened to include any reaction in which electrons are transferred.

Oxidation and reduction always occur simultaneously (redox reactions), and the substance which gains electrons is termed the oxidizing agent. For example, cupric ion is the oxidizing agent in the reaction: Fe (metal) + Cu++ --> Fe++ + Cu (metal); here, two electrons (negative charges) are transferred from the iron atom to the copper atom; thus the iron becomes positively charged (is oxidized) by loss of two electrons, while the copper receives the two electrons and becomes neutral (is reduced).

Electrons may also be displaced within the molecule without being completely transferred away from it. Such partial loss of electrons likewise constitutes oxidation in its broader sense and leads to the application of the term to a large number of processes, which at first sight might not be considered to be oxidation. Reaction of a hydrocarbon with a halogen, for example, CH_4 + 2 Cl --> CH_3Cl + HCl, involves partial oxidation of the methane; halogen addition to a double bond is regarded as an oxidation.

Dehydrogenation is also a form of oxidation; when two hydrogen atoms, each having one electron, are removed from a hydrogen-containing organic compound by a catalytic reaction with air or oxygen, as in oxidation of alcohol to aldehyde.

Oxidation Number
The number of electrons that must be added to or subtracted from an atom in a combined state to convert it to the elemental form; i.e., in barium chloride ($BaCl_2$) the oxidation number of barium is +2 and of chlorine is -1. Many elements can exist in more than one oxidation state.

Now, let us look at some common ions. An ion is the reactive state of the chemical, and is dependent on its place within the periodic table.

Have a look at the "periodic table of the elements". It is arranged in columns of elements, there are 18 columns. You can see column one, H, Li, Na, K, etc. These all become ions as H^+, Li^+, K^+, etc. The next column, column 2, Be, Mg, Ca etc. become ions Be^{2+}, Mg^{2+}, Ca^{2+}, etc. Column 18, He, Ne, Ar, Kr are inert gases. Column 17, F, Cl, Br, I, ionize to a negative F^-, Cl^-, Br^-, I^-, etc.

What you now need to do is memorize the table of common ions, both positive ions and negative ions.

Table of Common Ions

Positive Ions

Valency 1		Valency 2		Valency 3	
lithium	Li^+	magnesium	Mg_2^+	aluminum	Al_3^+
sodium	Na^+	calcium	Ca_2^+	iron III	Fe_3^+
potassium	K^+	strontium	Sr_2^+	chromium	Cr_3^+
silver	Ag^+	barium	Ba_2^+		
hydronium	H_3O^+	copper II	Cu_2^+		
(or hydrogen)	H^+	lead II	Pb_2^+		
ammonium	NH_4^+	zinc	Zn_2^+		
copper I	Cu^+	manganese II	Mn_2^+		
mercury I	Hg^+	iron II	Fe_2^+		
		tin II	Sn_2^+		

Negative Ions

Valency 1		Valency 2		Valency 3	
fluoride	F^-	oxide	O_2^-	phosphate	PO_4^{3-}
chloride	Cl^-	sulfide	S_2^-		
bromide	Br^-	carbonate	CO_3^{2-}		
iodide	I^-	sulfate	SO_4^{2-}		
hydroxide	OH^-	sulfite	SO_3^{2-}		
nitrate	NO_3^-	dichromate	$Cr_2O_7^-$		
bicarbonate	HCO_3^-	chromate	CrO_4^{2-}		
bisulphate	HSO_4^-	oxalate	$C_2O_4^{2-}$		
nitrite	NO_2^-	thiosulfate	$S_2O_3^{2-}$		
chlorate	ClO_3^-	tetrathionate	$S_4O_6^{2-}$		
permanganate	MnO_4^-	monohydrogen phosphate	HPO_4^{2-}		
hypochlorite	OCl^-				
dihydrogen phosphate	$H_2PO_4^-$				

Positive ions will react with negative ions, and vice versa. This is the start of our chemical reactions. For example:

$Na^+ + OH^- \rightarrow NaOH$ (sodium hydroxide)

$Na^+ + Cl^- \rightarrow NaCl$ (salt)

$3H^+ + PO_4^{3-} \rightarrow H_3PO_4$ (phosphoric acid)

$2Na^+ + S_2O_3^{2-} \rightarrow Na_2S_2O_3$

You will see from these examples, that if an ion of one (+), reacts with an ion of one (-) then the equation is balanced. However, an ion like PO_4^{3-} (phosphate) will require an ion of 3+ or an ion of one (+) (but needs three of these) to neutralize the 3- charge on the phosphate. So, what you are doing is balancing the charges (+) or (-) to make them zero, or cancel each other out.

For example, since aluminum exists in its ionic state as Al^{3+}, it will react with many negatively charged ions; for example: Cl^-, OH^-, SO_4^{2-}, PO_4^{3-}.

Let us do these examples and balance them.
$Al^{3+} + Cl^- \rightarrow AlCl$ **(incorrect)**
$Al^{3+} + 3Cl^- \rightarrow AlCl_3$ **(correct)**

How did we work this out?
Al^{3+} has three positives (3+)
Cl^- has one negative (-)
It will require **3 negative charges** to cancel out the **3 positive charges** on the aluminum (Al^{3+}).

When the **left hand side** of the equation is written, to balance the number of chlorine's (Cl^-) required, the number 3 is placed in front of the ion concerned, in this case Cl^-, becomes $3Cl^-$.

On the **right hand side** of the equation, where the ions have become a compound (a chemical compound), the number is transferred to after the relevant ion, Cl_3.

Another example:
$Al^{3+} + SO_4^{2-} \rightarrow AlSO_4$ (**incorrect**)
$2Al^{3+} + 3SO_4^{2-} \rightarrow Al_2(SO_4)_3$ (**correct**)

Let me give you an easy way of balancing:
Al is 3+
SO_4 is 2-
Simply transpose the number of positives (or negatives) for each ion, to the other ion, by placing this value of one ion, in front of the other ion. That is, Al^{3+} the 3 goes in front of the SO_4^{2-} as $3SO_4^{2-}$, and SO_4^{2-}, the 2 goes in front of the Al^{3+} to become $2Al^{3+}$. Then on the **right hand side** of the equation, this same number (now in front of each ion on the **left side** of the equation), is placed after each "ion" entity.

Let us again look at:
$Al^{3+} + SO_4^{2-} \rightarrow AlSO_4$ **(incorrect)**
$Al^{3+} + SO_4^{2-} \rightarrow Al_2(SO_4)_3$ **(correct)**
Put the three from the Al in front of the SO_4^{2-} and the 2 from the SO_4^{2-} in front of the Al^{3+}.
Equation becomes:
$2Al^{3+} + 3SO_4^{2-} \rightarrow Al_2(SO_4)_3$. You simply place the valency of one ion, as a whole number, in front of the other ion, and vice versa.

Remember to encase the SO_4 in brackets. **Why?** Because we are dealing with the sulfate ion, SO_4^{2-}, and it is this ion that is 2- charged (not just the O_4), so we have to ensure that the "ion" is bracketed. Now to check, the 2 times $3^+ = 6^+$, and 3 times $2^- = 6^-$. We have equal amounts of positive ions, and equal amounts of negative ions.

Another example:
NaOH + HCl --> ?
Na is Na^+, OH is OH^-, so this gave us NaOH. Originally, the one positive canceled the one negative.

HCl is $H^+ + Cl^-$, this gave us HCl.

Reaction is going to be the Na^+ reacting with a negatively charged ion. This will have to be the chlorine, Cl^-, because at the moment the Na^+ is tied to the OH^-. **So:** $Na^+ + Cl^-$ --> NaCl
The H+ from the HCl will react with a negative (-) ion this will be the OH^- from the NaOH.
So: $H^+ + OH^-$ --> H_2O (water).

The complete reaction can be written:
NaOH + HCl --> NaCl + H_2O. We have **equal amounts** of all atoms **each side** of the equation, so the equation is **balanced**.
or
$Na^+OH^- + H^+Cl^-$ --> $Na^+Cl^- + H^+OH^-$

Something More Difficult:
$Mg(OH)_2 + H_3PO_4$ --> ? (equation on left **not** balanced)
Mg^{2+} $2OH^- + 3H^+PO_4^{3-}$ --> ? (equation on left **not** balanced), so let us rewrite the equation in **ionic form**.

The Mg^{2+} **needs to react with a negatively charged ion**, this will be the PO_4^{3-},
so: $3Mg^{2+} + 2PO_4^{3-}$ --> $Mg_3(PO_4)_2$
(**Remember** the **swapping** of the positive or negative charges on the ions in the **left side** of the equation, and placing it in front of each ion, and then placing this number after each ion on the **right side** of the equation)

What is left is the H^+ from the H_3PO_4 and this will react with a negative ion, we only have the OH^- from the $Mg(OH)_2$ left for it to react with.
$6H^+ + 6OH^-$ --> $6H_2O$

Where did I get the 6 from? When I balanced the Mg^{2+} with the PO_4^{3-}, the equation became $3Mg^{2+} + 2PO_4^{3-}$ --> $Mg_3(PO_4)_2$

Therefore, I must have required $3Mg(OH)_2$ to begin with, and $2H_3PO_4$, (because we originally had $(OH)_2$ attached to the Mg, and H_3 attached to the PO_4. I therefore have $2H_3$ reacting with $3(OH)_2$. We have to write this, on the **left side** of the equation, as $6H^+ + 6OH^-$ because we need it in ionic form.
The equation becomes:
$6H^+ + 6OH^-$ --> $6H_2O$

The full equation is now balanced and is:
$3Mg(OH)_2 + 2H_3PO_4$ --> $Mg_3(PO_4)_2 + 6H_2O$
I have purposely split the equation into segments of reactions. This is showing you which ions are reacting with each other. Once you get the idea of equations you will not need this step.

The balancing of equations is simple. You need to learn the valency of the common ions (see tables). The rest is pure mathematics; you are balancing valency charges, positives versus

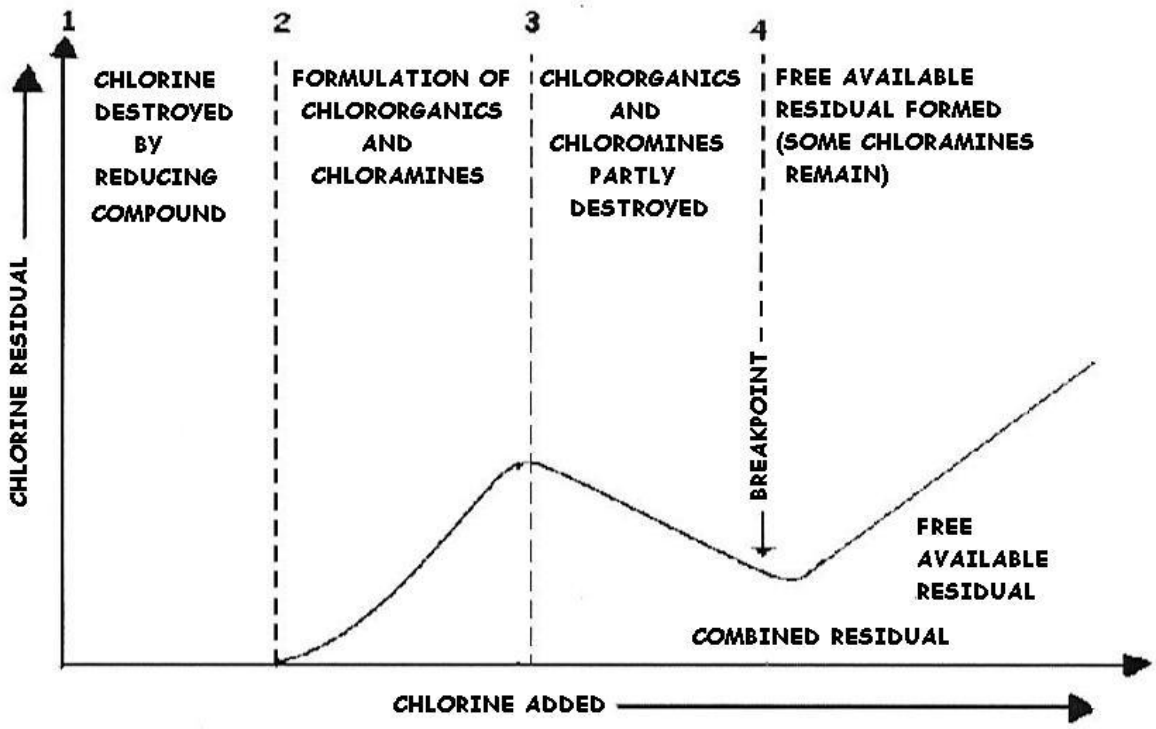
negatives. You have to have the **same number** of **negatives**, or **positives**, each side of the equation, and the **same number** of **ions** or **atoms** each side of the equation.

If one ion, example Al^{3+}, (3 positive charges) reacts with another ion, example OH^- (one negative ion) then we require 2 more negatively charged ions (in this case OH^-) to counteract the 3 positive charges the Al^{3+} contains.

Take my earlier hint, place the 3 from the Al^{3+} in front of the OH^-, now reads $3OH^-$, place the 1 from the hydroxyl OH^- in front of the Al^{3+}, now stays the same, Al^{3+} (the 1 is **never** written in chemistry equations).

$Al^{3+} + 3OH^- \rightarrow Al(OH)_3$

The 3 is simply written in front of the OH^-, a recognized ion, there are no brackets placed around the OH^-. On the right hand side of the equation, all numbers in front of each ion on the left hand side of the equation are placed after each same ion on the right side of the equation. Brackets are used in the right side of the equation because the result is a compound. Brackets are also used for compounds (reactants) in the left side of equations, as in $3Mg(OH)_2 + 2H_3PO_4 \rightarrow ?$





Hard to tell, but these are one ton chlorine gas containers. Notice the five gallon bucket of motor oil in the bottom photograph. Also notice that this photograph is the only eye wash station that we found during our inspection of 10 different facilities. Do you have an eye wash and emergency shower?



Chemistry of Chlorination

Chlorine can be added as sodium hypochlorite, calcium hypochlorite or chlorine gas. When any of these is added to water, chemical reactions occur as these equations show:

Cl 2 + H 2 O → HOCl + HCl
(chlorine gas) (water) (hypochlorous acid) (hydrochloric acid)

CaOCl + H 2 O → 2HOCl + Ca(OH)
(calcium hypochlorite) (water) (hypochlorous acid) (calcium hydroxide)

NaOCl + H 2 O → HOCl + Na(OH)
(sodium hypochlorite) (water) (hypochlorous acid) (sodium hydroxide)

All three forms of chlorine produce hypochlorous acid (HOCl) when added to water. Hypochlorous acid is a weak acid but a strong disinfecting agent. The amount of hypochlorous acid depends on the pH and temperature of the water. Under normal water conditions, hypochlorous acid will also chemically react and break down into a hypochlorite. ion

(OCl -): HOCl H + + OCl – Also expressed HOCl → H + + OCl –
(hypochlorous acid) (hydrogen) (hypochlorite ion)
The hypochlorite ion is a much weaker disinfecting agent than hypochlorous acid, about 100 times less effective.

Let's now look at how pH and temperature affect the ratio of hypochlorous acid to hypochlorite ions. As the temperature is decreased, the ratio of hypochlorous acid increases. Temperature plays a small part in the acid ratio. Although the ratio of hypochlorous acid is greater at lower temperatures, pathogenic organisms are actually harder to kill. All other things being equal, higher water temperatures and a lower pH are more conducive to chlorine disinfection.

Types of Residual

If water were pure, the measured amount of chlorine in the water should be the same as the amount added. But water is not 100% pure. There are always other substances (interfering agents) such as iron, manganese, turbidity, etc., which will combine chemically with the chlorine.

This is called the ***chlorine demand.*** Naturally, once chlorine molecules are combined with these interfering agents, they are not capable of disinfection. It is free chlorine that is much more effective as a disinfecting agent.

So let's look now at how free, total and combined chlorine are related. When a chlorine residual test is taken, either a total or a free chlorine residual can be read.

Total residual is all chlorine that is available for disinfection.

Total chlorine residual = free + combined chlorine residual.

Free chlorine residual is a much stronger disinfecting agent. Therefore, most water regulating agencies will require that your daily chlorine residual readings be of free chlorine residual.

Break-point chlorination is where the chlorine demand has been satisfied, and any additional chlorine will be considered ***free chlorine*.**

Residual Concentration/Contact Time (CT) Requirements

Disinfection to eliminate fecal and coliform bacteria may not be sufficient to adequately reduce pathogens such as Giardia or viruses to desired levels. Use of the ***"CT"*** disinfection concept is recommended to demonstrate satisfactory treatment, since monitoring for very low levels of pathogens in treated water is analytically very difficult.

The CT concept, as developed by the United States Environmental Protection Agency (Federal Register, 40 CFR, Parts 141 and 142, June 29, 1989), uses the combination of disinfectant residual concentration (mg/L) and the effective disinfection contact time (in minutes) to measure effective pathogen reduction. The residual is measured at the end of the process, and the contact time used is the T10 of the process unit (time for 10% of the water to pass).

CT = Concentration (mg/L) x Time (minutes)

The effective reduction in pathogens can be calculated by reference to standard tables of required CTs.

Required Giardia/Virus Reduction
All surface water treatment systems shall ensure a minimum reduction in pathogen levels:
3-log reduction in Giardia; and 4-log reduction in viruses.

These requirements are based on unpolluted raw water sources with Giardia levels of = 1 cyst/100 L, and a finished water goal of 1 cyst/100,000 L (equivalent to 1 in 10,000 risk of infection per person per year). Higher raw water contamination levels may require greater removals as shown on Table 4.1.

TABLE 4.1
Level of Giardia Reduction
Raw Water Giardia Levels*
Recommended Giardia Log Reduction
< 1 cyst/100 L 3-log
1 cyst/100 L - 10 cysts/100 L 3-log - 4-log
10 cysts/100 L - 100 cysts/100 L 4-log - 5-log
> 100 cysts/100 L > 5-log
*Use geometric means of data to determine raw water Giardia levels for compliance.

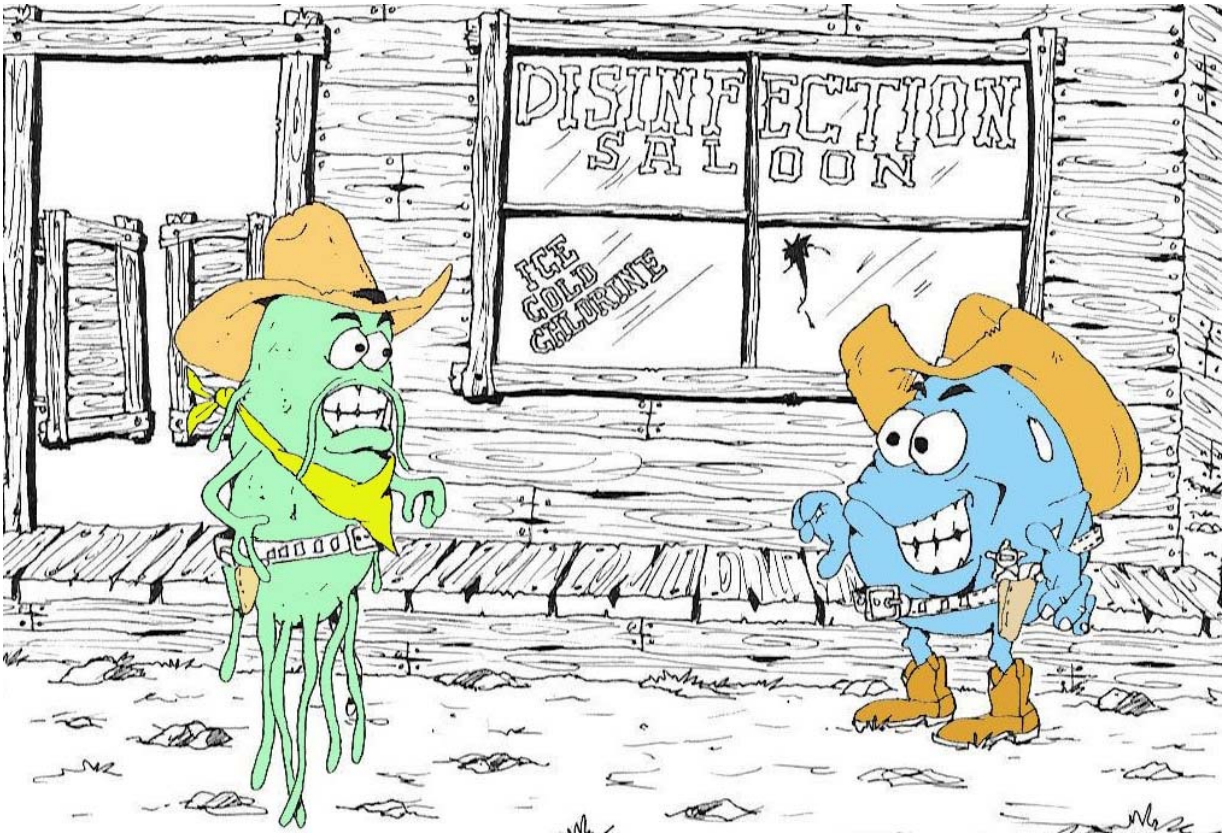
Required CT Value
Required CT values are dependent on pH, residual concentration, temperature, and the disinfectant used. The tables attached to Appendices A and B shall be used to determine the required CT.

Calculation and Reporting of CT Data

Disinfection CT values shall be calculated daily, using either the maximum hourly flow and the disinfectant residual at the same time, or by using the lowest CT value if it is calculated more frequently. Actual CT values are then compared to required CT values.

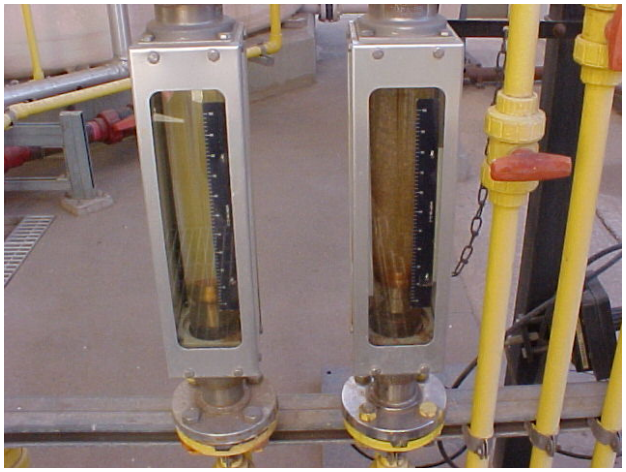
Results shall be reported as a reduction Ratio, along with the appropriate pH, temperature, and disinfectant residual. The reduction Ratio must be greater than 1.0 to be acceptable.

Users may also calculate and record actual log reductions.
Reduction Ratio = CT actual divide by CT required.



Chlorinator Components

A. **Ejector**
B. **Check Valve Assembly**
C. **Rate Valve**
D. **Diaphragm Assembly**
E. **Interconnection Manifold**
F. **Rotometer Tube and Float**
G. **Pressure Gauge**
H. **Gas Supply**



Chlorine measurement devices or Rotometers.



Chlorine Safety Information: There is a fusible plug on every chlorine tank. This metal plug will melt at 158 to 165° F. This is to prevent a build-up of excessive pressure and the possibility of cylinder rupture due to fire or high temperatures.

Chlorine Review

Chlorine Demand: The minimum amount of chlorine needed to react in a water purification system; used as a monitoring measurement by system operators.

Chlorine Residual: The concentration of chlorine in the water after the chlorine demand has been satisfied. The concentration is normally expressed in terms of total chlorine residual, which includes both the free and combined or chemically bound chlorine residuals.

Combined Chlorine Residual: The amount of chlorine used up in a water purification system; used as a monitoring measurement by system operators. Combined chlorine is defined as the residual chlorine existing in water in chemical combination with ammonia or organic amines which can be found in natural or polluted waters. Ammonia is sometimes deliberately added to chlorinated public water supplies to provide inorganic chloramines.

Free Chlorine: Free chlorine is defined as the concentration of residual chlorine in water present as dissolved gas (Cl_2), hypochlorous acid (HOCl), and/or hypochlorite ion (OCl-). The three forms of free chlorine exist together in equilibrium.

$$Cl_2 + H_2O \quad HOCl + H^+ + Cl^-$$

$$HOCl \quad H^+ + OCl^-$$

Their relative proportions are determined by the pH value and temperature. Regardless of whether pre-chloration is practiced or not, a free chlorine residual of at least 10 mg/L should be maintained in the clear well or distribution reservoir immediately downstream from the point of post-chlorination and .2 mg/L in the distribution system to guard against backflow.

Total Chlorine Residual: The total of free residual and combined residual chlorine in a water purification system; used as a monitoring measurement by system operators. Total chlorine is the sum of free and combined chlorine. When chlorinating most potable water supplies, total chlorine is essentially equal to free chlorine since the concentration of ammonia or organic nitrogen compounds (needed to form combined chlorine) will be very low. When chloramines are present in the municipal water supply, then total chlorine will be higher than free chlorine.

Pre-chlorination: The addition of chlorine at the plant headworks or prior to other water treatment or groundwater production processes and mainly used for disinfection and control of tastes, odors, and aquatic growths.

Post-chlorination: The addition of chlorine after a process or adding chlorine downstream to meet a demand in the system.

Breakpoint chlorination: Breakpoint chlorination means adding Cl_2 to the water until the Cl_2 demand is satisfied. Until all the microorganisms are killed.

What is the process of chlorination called as a treatment process and how does it differ from sterilization?
Chlorination: A method of water disinfection where gaseous, liquid, or dissolved chlorine is added to a water supply system. Water which has been treated with chlorine is effective in preventing the spread of disease. The chlorination of public drinking supplies was originally met with resistance, as people were concerned about the health effects of the practice. The use of chlorine has greatly reduced the prevalence of waterborne disease as it is effective against almost all bacteria and viruses, as well as amoeba. Sterilization kills everything.

What are the physical properties of chlorine, what hazards does it present, what advantages does it have over most other disinfectants, and how does it react with bacteria?
Physical and chemical properties of chlorine: A yellowish green, nonflammable and liquefied gas with an unpleasant and irritating smell. Can be readily compressed into a clear, amber-colored liquid, a noncombustible gas, and a strong oxidizer. Solid chlorine is about 1.5 times heavier than water and gaseous chlorine is about 2.5 times heavier than air. Atomic number of chlorine is 17. Cl is the elemental symbol and Cl2 is the chemical formula.

Chlorine reacts with bacteria as if it was very corrosive and burns the skin or covering killing the bacteria.

What is the purpose of a fusible plug, at what temperature does it melt, and where is it located on 150-lb. and 1-ton cylinders?
Fusible plug is a safety device that melts. If the temperature of a full Cl2 cylinder is increased by 50^{o} F or 30^{o} C, a rupture may occur. It will melt at 158 to 165 degrees F. It is found on the side of a 1 ton container and on top of the 150 pound cylinder and is located in the valve below the valve seat.

What is the correct procedure to follow in changing a chlorine cylinder and what item should always be replaced with a new one in doing so?
Hook up the chlorinator to the container or cylinder with the chlorine valve turned off. Use the gas side not the liquid if using a 1 ton container. Remove the cylinder valve outlet cap and check the valve face or damage. Clean with wire brush if necessary. If the valve face is smooth, clean proceed with hooking up the cylinder. Check the inlet face of the chlorinator and clean if necessary. Place a new lead gasket on the chlorinator inlet, place the chlorinator on the cylinder valve, install the yoke clamp and slowly tighten the yoke clamp until the two faces are against the lead gasket. Tighten the yoke, compressing the gasket one half to three quarters turn, do not over tighten. Replace the lead gasket with every change out.

How, when and where should chlorine residuals be taken and what information do they provide? The sample must be taken within the distribution system of your PWS. If you take it before the distribution system you will not get an accurate reading. The sample must be taken at the same tap that you take the Bac-t sample.

Chlor-Alkali Membrane Process

The electrolysis occurs in a cell containing electrodes submerged in solutions called electrolytes. One electrode is referred to as the anode and is submerged in a salt water solution. The second electrode is the cathode and is submerged in a sodium hydroxide (caustic soda) solution. A membrane is used to keep the two different solutions from mixing. This particular method of producing chlorine is called the chlor-alkali membrane process.

When a low voltage direct current (DC) power supply is applied to the electrodes in the cell, the sodium and chlorine ions in the brine are attracted in opposite directions to the polarized electrodes. The sodium ion passes across an ion selective membrane leaving the chlorine ion to combine with a second chlorine ion, which makes a chlorine gas bubble at the anode (electrode).

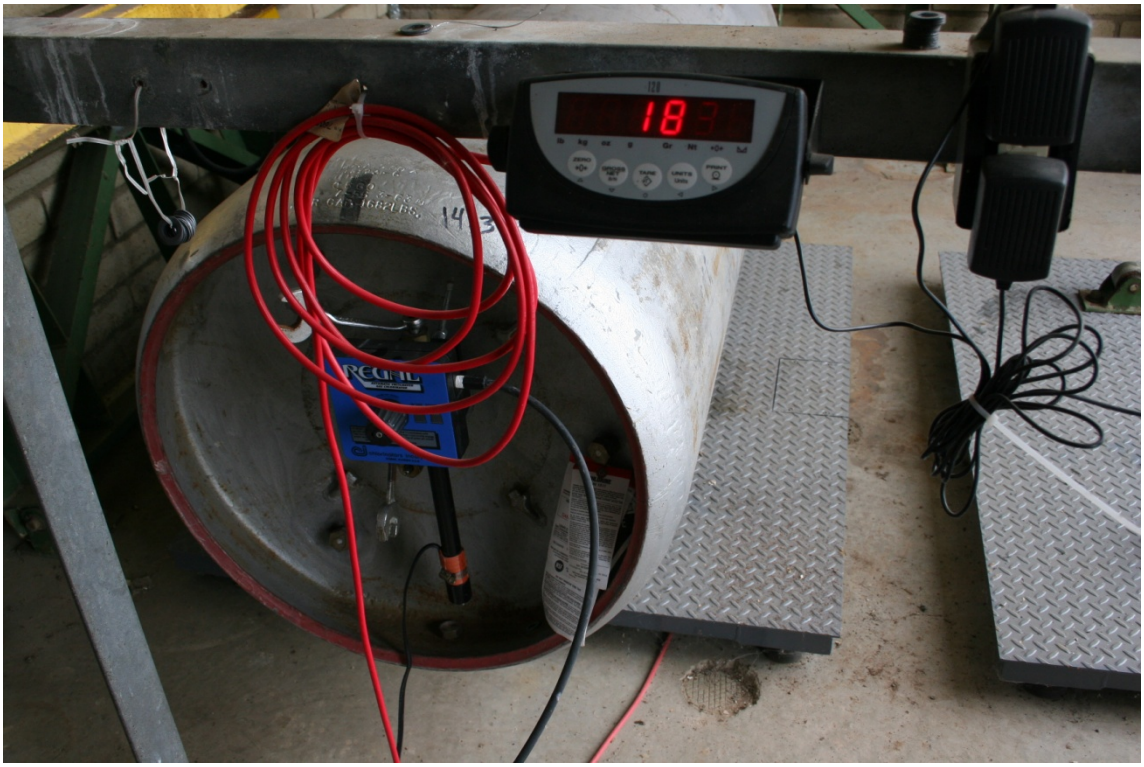
When the sodium crosses the membrane, it combines with a hydroxyl ion at the cathode (electrode) making sodium hydroxide, or caustic soda (NaOH). The hydroxyl ion originates from the dissolution of water at the cathode where hydrogen gas also develops. The membrane in the cell keeps the two solutions separate; otherwise, the chlorine gas bubble would immediately combine with the caustic soda forming sodium hypochlorite, or bleach. This process, which uses a membrane to separate the two solutions, is called the chlor-alkali process. The chemical equation for the chlor-alkali process is illustrated in the following equation:

2NaCl + 2H2O + electric current (2NaOH + Cl2- +- H2)





Top photograph, adjusting the Chlorine leak alarm sensor. Bottom photograph, Chlorine container weight scales.



Chlorine's Effectiveness

The effectiveness of chlorination depends on the chlorine demand of the water, the concentration of the chlorine solution added, the time that chlorine is in contact with the organism, and water quality. These effects can be summarized in the following manner:

- As the concentration of the chlorine increases, the required contact time to disinfect decreases.
- Chlorination is more effective as water temperature increases.
- Chlorination is less effective as the water's pH increases (becomes more alkaline).
- Chlorination is less effective in cloudy (turbid) water.
- When chlorine is added to the water supply, part of it combines with other chemicals in water (like iron, manganese, hydrogen sulfide, and ammonia) and is not available for disinfection. The amount of chlorine that reacts with the other chemicals plus the amount required to achieve disinfection is the **chlorine demand** of the water.



The safest way to be sure that the amount of chlorine added is sufficient is to add a little more than is required. This will result in a free chlorine residual that can be measured easily. This chlorine residual must be maintained for several minutes depending on chlorine level and water quality. Table 4 lists the free chlorine residual level needed for different contact times, water temperatures and pH levels.

Kits are available for measuring the chlorine residual by looking for a color change after the test chemical is added. The test is simple and easy for a homeowner to perform. If chlorination is required for the water supply, the chlorine residual should be tested regularly to make sure the system is working properly. The kit should specify that it measures the free chlorine residual and not the total chlorine. Once chlorine has combined with other chemicals it is not effective as a disinfectant. If a test kit does not distinguish between free chlorine and chlorine combined with other chemicals, the test may result in an overestimation of the chlorine residual.

Chlorine will kill bacteria in water, but it takes some time (Table 4) . The time needed depends on the concentration of chlorine. Two methods of chlorination are used to disinfect water: **simple chlorination** and **superchlorination**.

Table 4. Necessary chlorine residual to disinfect water for various contact times, water temperatures and pH			
Water Temp. 50 degrees F			
Contact time (minutes)	**Necessary chlorine residual (mg/l)**		
	pH 7	**pH 7.5**	**pH 8**
40	0.2	0.3	0.4
30	0.3	0.4	0.5
20	0.4	0.6	0.8
10	0.8	1.2	1.6
5	1.6	2.4	3.2
2	4.0	6.0	8.0
1	8.0	12.0	16.0
Water Temp. 32 - 40 degrees F			
Contact time (minutes)	**Necessary chlorine residual (mg/l)**		
	pH 7	**pH 7.5**	**pH 8**
40	0.3	0.5	0.6
30	0.4	0.6	0.8
20	0.6	0.9	1.2
10	1.2	1.8	2.4
5	2.4	3.6	4.8
2	6.0	9.0	12.0
1	12.0	18.0	24.0

Example: ***What is the necessary chlorine residual for well water with pH 7.5?***

The well water is 38 degrees F when it enters the house. The pump delivers 7 gallons per minute and after the chlorine is added it is held in a 100 gallon holding tank.

1. Contact time (from Table 5) - gallons per minute for 50 gallon tank = 5 minutes
2. Multiply by 2 for a 100 gallon tank = 10 minutes.
3. Necessary chlorine residual (from Table 4)- for water at 38 degrees F and pH 7.5 = **1.8 mg/l.**

Simple chlorination involves maintaining a low level of free residual chlorine at a concentration between 0.30 to .5 mg/l for at least 30 minutes. The residual is measured at the faucet most distant from the where chlorine is added to the water supply.

To ensure the proper contact time of at least 30 minutes, a holding tank can be installed (Table 5). Pressure tanks, while often thought to be sufficient, are usually too small to always provide 30 minutes of contact time.

Table 5. Available contact time from a 50-gallon holding tank	
Water flow rate (gallons per minute)	**Holding time (minutes)**
5	7
7	5
10	3.5

Another way to maintain necessary contact time is to run the chlorinated water through a coil of pipe (Table 6).

Table 6. Available contact time from 1000 feet of 1-1/4 inch pipe	
Water flow rate (gallons per minute)	**Holding time (minutes)**
5	9.2
7	6.6
10	4.6

When the water cannot be held for at least 30 minutes before it is used, super chlorination is an alternative. For **superchlorination**, a chlorine solution is added to the water to produce a chlorine residual of between 3.0 and 5.0 mg/l, which is about ten times stronger than for simple chlorination.

The necessary contact time for this concentration is reduced to less than five minutes (Table 4). The water will have a very strong chlorine smell. If this is not desirable, the chlorine can be removed just before it is used with a carbon filter (Note: may not be currently allowed under your Department of Health for private water supplies).

Oxidation Chemistry

Oxidation chemistry has long been an accepted and effective part of many water treatment programs. Oxidizing chemicals used in today's water treatment programs include: chlorine, chlorine dioxide, bromine, bromine/chlorine releasing compounds, ozone and hydrogen peroxide.

Oxidizing microbiocides are often found at the forefront of many cooling water treatment programs. In large volume or once-through cooling systems they are usually the primary biocide and often are the most cost-effective programs available to a plant. When selecting these economical and versatile chemicals, several factors should be considered before a technically sound program is implemented. Environmental and regulatory impact, system pH, process contamination, and equipment capital and maintenance expense all play a role in the decision-making process.

The primary killing mechanism these types of microbiocides use is oxidizing protein groups within a microorganism. Proteins are the basic components of essential cellular enzymes that are necessary for life-sustaining cellular processes such as respiration. The destruction of these proteins deprives the cell of its ability to carry out fundamental life functions and quickly kills it. One oxidant is chlorine dioxide, which appears to provide an additional killing mechanism. Chlorine dioxide is able to diffuse readily through hydrophobic lipid layers of an organism, allowing it to react with cellular amino acids, which directly inhibits protein synthesis. Since amino acids are the basic building blocks of all cellular proteins, destruction of these molecules has a devastating effect on the microorganism.



Staff shall be familiar with the locations of the chemical feed building as indicated by a posted site plan. Self-contained breathing apparatus (SCBA) and personal protective equipment should be facing the chemical feed building. Emergency repair kits “B” and “C” should be stored on site close to the chemical feed building.



Chlorine scrubber

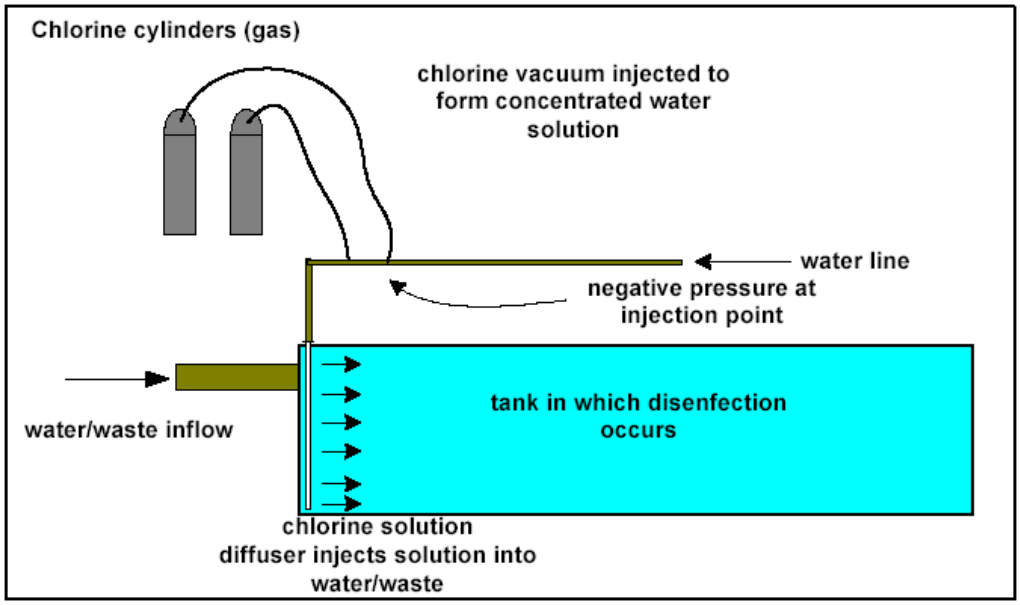
Chlorine Gas Section

Chlorine Gas

Background: Chlorine gas is a pulmonary irritant with intermediate water solubility that causes acute damage in the upper and lower respiratory tract. Chlorine gas was first used as a chemical weapon at Ypres, France in 1915. Of the 70,552 American soldiers poisoned with various gasses in World War I, 1843 were exposed to chlorine gas. Approximately 10.5 million tons and over 1 million containers of chlorine are shipped in the U.S. each year.



Chlorine is the most common chemical used to disenfect water and wastewater. It is added as a gas to most large installations. At very small facilities sodium hypochlorite (bleach) is added as a powder (tablets).



Chlorine is a yellowish-green gas at standard temperature and pressure. It is extremely reactive with most elements. Because its density is greater than that of air, the gas settles low to the ground. It is a respiratory irritant, and it burns the skin. Just a few breaths of it are fatal. Cl2 gas does not occur naturally, although Chlorine can be found in a number of compounds.

Chlorine gas is likely the most widely used oxidizing microbiocide. It has traditionally been the biocide of choice in many cooling water treatment systems. It is a strong oxidizer that is relatively easy to feed and is quite inexpensive. Upon introduction into the water stream, chlorine hydrolyzes into hypochlorous acid (HOCl) and hydrochloric acid (HCl).

This hydrolization provides the active toxicant, HOCl, which is pH-dependent. In alkaline cooling systems, it readily dissociates to form the hypochlorite ion (OCl-). This dissociation phenomenon is important to remember when working with systems that will operate at a higher pH. In alkaline conditions, OCl- becomes the predominant species and lacks the biocidal efficacy of the non-dissociated form. Considerably more HOCl is present at a pH of 7.0 than at pH 8.5.

It is also widely known that chlorine is non-selective, making it very sensitive to contamination from either cooling water makeup or from in-plant process leaks. Ammonia, organic acids and organic compounds, sulfides, iron and manganese all easily react with HOCl. The amount of chlorine needed to react with these contamination species is referred to as chlorine demand and it must be satisfied before active HOCl is available to provide a free chlorine residual.

The combination of high chlorine demand in process-contaminated systems and the dissociation process in alkaline systems creates the need for greater chlorine feed to obtain the same microbial efficacy. This results in a higher concentration of HCl in the cooling system. Since HCl removes alkalinity, pH depression and system corrosion could occur. In low pH water the passive metal oxide layers protecting the metal may resolubulize, exposing the surface to corrosion. At free mineral acidity (pH <4.3), many passivating inhibitors become ineffective, and corrosion will proceed rapidly. Increased chloride may also have a negative impact on system corrosion. The chloride ion (Cl^-) can damage or penetrate the passive oxide layer, leading to localized damage of the metal surface.

High chlorine concentrations have also been shown to directly attack traditional organic-based corrosion inhibitors. When these inhibitors are "deactivated," the metal surface would then be susceptible to corrosion. Process Safety Management (PSM) guidelines dictated by the U.S. Occupational Safety and Health Administration (OSHA), discharge problems related to chlorinated organic compounds such as trihalomethane (THM), dezincification of admiralty brass and delignification of cooling tower wood are other significant concerns associated with the use of chlorine.

Pathophysiology

Chlorine is a greenish-yellow, noncombustible gas at room temperature and atmospheric pressure. The intermediate water solubility of chlorine accounts for its effect on the upper airway and the lower respiratory tract.

Exposure to chlorine gas may be prolonged because its moderate water solubility may not cause upper airway symptoms for several minutes. In addition, the density of the gas is greater than that of air, causing it to remain near ground level and increasing exposure time.



The odor threshold for chlorine is approximately 0.3-0.5 parts per million (ppm); however, distinguishing toxic air levels from permissible air levels may be difficult until irritative symptoms are present.

Mechanism of Activity

The mechanisms of the above biological activity are poorly understood and the predominant anatomic site of injury may vary, depending on the chemical species produced. Cellular injury is believed to result from the oxidation of functional groups in cell components, from reactions with tissue water to form hypochlorous and hydrochloric acid, and from the generation of free oxygen radicals.

Although the idea that chlorine causes direct tissue damage by generating free oxygen radicals was once accepted, this idea is now controversial. The cylinders on the right contain chlorine gas.

The gas comes out of the cylinder through a gas regulator. The cylinders are on a scale that operators use to measure the amount used each day. The chains are used to prevent the tanks from falling over. Chlorine gas is stored in vented rooms that have panic bar equipped doors. Operators have the equipment necessary to reduce the impact of a gas leak, but rely on trained emergency response teams to contain leaks.

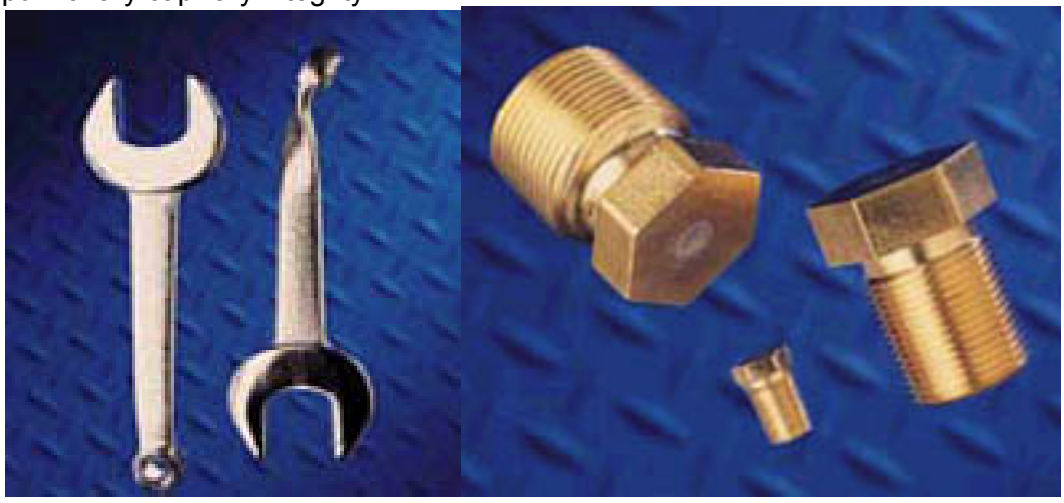
Solubility Effects
Hydrochloric acid is highly soluble in water. The predominant targets of the acid are the epithelia of the ocular conjunctivae and upper respiratory mucus membranes. Hypochlorous acid is also highly water soluble with an injury pattern similar to hydrochloric acid. Hypochlorous acid may account for the toxicity of elemental chlorine and hydrochloric acid to the human body.

Early Response to Chlorine Gas
Chlorine gas, when mixed with ammonia, reacts to form chloramine gas. In the presence of water, chloramines decompose to ammonia and hypochlorous acid or hydrochloric acid. The early response to chlorine exposure depends on the (1) concentration of chlorine gas, (2) duration of exposure, (3) water content of the tissues exposed, and (4) individual susceptibility.

Immediate Effects
The immediate effects of chlorine gas toxicity include acute inflammation of the conjunctivae, nose, pharynx, larynx, trachea, and bronchi. Irritation of the airway mucosa leads to local edema secondary to active arterial and capillary hyperemia. Plasma exudation results in filling the alveoli with edema fluid, resulting in pulmonary congestion.

Pathological Findings
Pathologic findings are nonspecific. They include severe pulmonary edema, pneumonia, hyaline membrane formation, multiple pulmonary thromboses, and ulcerative tracheobronchitis.

The hallmark of pulmonary injury associated with chlorine toxicity is pulmonary edema, manifested as hypoxia. Noncardiogenic pulmonary edema is thought to occur when there is a loss of pulmonary capillary integrity.



Chlorine Gas Cylinder Wrenches and Fusible Plugs.



Simple DPD Chlorine Field Test Kit.



Using DPD Method for Chlorine Residuals

N, N – diethyl-p-phenylenediame



Small portable chlorine measuring kit. The redder the mixture the "hotter" or stronger the chlorine in solution.

Measuring Chlorine Residual

Chlorine residual is the amount of chlorine remaining in water that can be used for disinfection. A convenient, simple and inexpensive way to measure chlorine residual is to use a small portable kit with pre-measured packets of chemicals that are added to water.

(Make sure you buy a test kit using the ***DPD method***, and not the outdated orthotolodine method.)

Chlorine test kits are very useful in adjusting the chlorine dose you apply. You can measure what chlorine levels are being found in your system (especially at the far ends).

Free chlorine residuals need to be checked and recorded daily. These results should be kept on file for a health or regulatory agency inspection during a regular field visit.

The most accurate method for determining chlorine residuals to use the laboratory amperometric titration method.

Amperometric Titration

The chlorination of water supplies and polluted waters serves primarily to destroy or deactivate disease-producing microorganisms. A secondary benefit, particularly in treating drinking water, is the overall improvement in water quality resulting from the reaction of chlorine with ammonia, iron, manganese, sulfide, and some organic substances.

Chlorination may produce adverse effects. Taste and odor characteristics of phenols and other organic compounds present in a water supply may be intensified. Potentially carcinogenic chloro-organic compounds such as chloroform may be formed.

Combined chlorine formed on chlorination of ammonia- or amine-bearing waters adversely affects some aquatic life. To fulfill the primary purpose of chlorination and to minimize any adverse effects, it is essential that proper testing procedures be used with a foreknowledge of the limitations of the analytical determination.

Chlorine applied to water in its molecular or hypochlorite form initially undergoes hydrolysis to form free chlorine consisting of aqueous molecular chlorine, hypochlorous acid, and hypochlorite ion. The relative proportion of these free chlorine forms is pH- and temperature-dependent. At the pH of most waters, hypochlorous acid and hypochlorite ion will predominate.



Free chlorine reacts readily with ammonia and certain nitrogenous compounds to form combined chlorine. With ammonia, chlorine reacts to form the chloramines: monochloramine, dichloramine, and nitrogen trichloride.

The presence and concentrations of these combined forms depend chiefly on pH, temperature, initial chlorine-to-nitrogen ratio, absolute chlorine demand, and reaction time. Both free and combined chlorine may be present simultaneously. Combined chlorine in water supplies may be formed in the treatment of raw waters containing ammonia or by the addition of ammonia or ammonium salts.

Chlorinated wastewater effluents, as well as certain chlorinated industrial effluents, normally contain only combined chlorine. Historically the principal analytical problem has been to distinguish between free and combined forms of chlorine.

Hach's AutoCAT 9000™ Automatic Titrator is the newest solution to hit the disinfection industry – a comprehensive, benchtop chlorine-measurement system that does it all: calibration, titration, calculation, real-time graphs, graphic print output, even electrode cleaning. More a laboratory assistant than an instrument, the AutoCAT 9000 gives you:

- High throughput, performs the titration and calculates concentration, all automatically.
- Forward titration, USEPA-accepted methods for free and total chlorine and chlorine dioxide with chlorite.
- Back titration, USEPA-accepted method for total chlorine in wastewater.
- Accurate, yet convenient: the easiest way to complete ppb-level amperometric titration.

Sodium Hypochlorite Section

Physical Properties - Sodium Hypochlorite
Description: Clear greenish yellow liquid.
Warning properties: Chlorine odor; inadequate warning of hazardous concentrations.
Molecular weight: 74.44 daltons
Boiling point (760 mm Hg): Decomposes above 40ºC (HSDB 2001)
Freezing point: 6ºC (21ºF)
Specific gravity: 1.21 (14% NAOCl solution) (water=1)
Water solubility: 29.3 g/100 g at 32ºF (0ºC)
Flammability: Not flammable

Alternative Names
Bleach; Clorox; Carrel-Dakin solution

Incompatibilities
Calcium or sodium hypochlorite react explosively or form explosive compounds with many common substances such as ammonia, amines, charcoal, or organic sulfides

Introduction
The world's most universal and reliable means of water and wastewater disinfection is chlorination. Two fundamental methods include gas chlorination (Cl2) and liquid chlorination (NaOCl) otherwise known as Sodium Hypochlorite. Sodium hypochlorite (NaOCl) is a solution made from reacting chlorine with a sodium hydroxide solution. These two reactants are the major co-products from most chlor-alkali cells. Sodium hypochlorite has a variety of uses and is an excellent disinfectant/antimicrobial agent. Sodium hypochlorite also significantly increases the pH of the water. When sodium hypochlorite is used, it must be counterbalanced by a strong acid like sodium bisulfate or muriatic acid to keep the pH within the ideal range.

The hypochlorite form of chlorine has been used since 1850. The most widely used form of hypochlorite is the liquid, sodium hypochlorite (NaOCl), with more than 150 tons per day consumed in the United States. Sodium hypochlorite application in cooling water is essentially the same as with gas chlorine; HOCl is produced as the active toxicant. The HOCl is equally susceptible to process contamination, has the same chlorine demand as gas chlorine and displays the same tendency to dissociate.

Sodium hypochlorite differs from chlorine gas in two respects: method of feed and hydrolization properties. Sodium hypochlorite can either be gravity-fed or applied with a metering pump. The latter is generally recognized as a consistently more accurate method. The second difference, in hydrolysis, lies in the end products. The NaOCl reaction with water liberates sodium hydroxide (NaOH).

The addition of NaOH differs in that it tends to add alkalinity to the water. In large concentrations it may artificially elevate pH, leading to precipitation of calcium carbonate. While NaOCl eliminates low pH corrosion as a concern, the use of large quantities in contaminated systems still introduces a high concentration of the chloride ion, which can be very aggressive to cooling system metals. Many of the other problems associated with chlorine remain present with sodium hypochlorite.

When was Sodium Hypochlorite Discovered?
Sodium hypochlorite has a long history. Around 1785 the Frenchman Berthollet developed liquid bleaching agents based on sodium hypochlorite. The Javel company introduced this product and called it 'liqueur de Javel'. At first, it was used to bleach cotton. Because of its specific characteristics it soon became a popular compound. Hypochlorite can remove stains from clothes at room temperature. In France, sodium hypochlorite is still known as 'eau de Javel'.

Characteristics of Sodium hypochlorite
Sodium hypochlorite is a clear, slightly yellowish solution with a characteristic odor.

Sodium hypochlorite has a relative density of is 1,1 (5,5% watery solution).

As a bleaching agent for domestic use it usually contains 5% sodium hypochlorite (with a pH of around 11, it is irritating). If it is more concentrated, it contains a concentration 10-15% sodium hypochlorite (with a pH of around 13, it burns and is corrosive).

Sodium hypochlorite is unstable. Chlorine evaporates at a rate of 0,75 gram active chlorine per day from the solution. Then heated sodium hypochlorite disintegrates. This also happens when sodium hypochlorite comes in contact with acids, sunlight, certain metals and poisonous and corrosive gasses, including chlorine gas. Sodium hypochlorite is a strong oxidator and reacts with flammable compounds and reductors. Sodium hypochlorite solution is a weak base that is inflammable. These characteristics must be kept in mind during transport, storage and use of sodium hypochlorite.

pH value When Sodium Hypochlorite is Added to Water
Due to the presence of caustic soda in sodium hypochlorite, the pH of the water is increased. When sodium hypochlorite dissolves in water, two substances form, which play a role in oxidation and disinfection. These are hypochlorous acid (HOCl) and the less active hypochlorite ion (OCl^-). The pH of the water determines how much hypochlorous acid is formed. While sodium hypochlorite is used, acetic acid (HCl) is used to lower the pH. Sulfuric acid (H_2SO_4) can be used as an alternative for acetic acid. Less harmful gasses are produced when sulfuric acid is used. Sulfuric acid is a strong acid that strongly reacts with bases and is very corrosive.

How Can Sodium Hypochlorite be produced?
Sodium hypochlorite can be produced in two ways:
- By dissolving salt in softened water, which results in a concentrated brine solution. The solution is electrolyzed and forms a sodium hypochlorite solution in water. This solution contains 150 g active chlorine (Cl_2) per liter. During this reaction the explosive hydrogen gas is also formed.
- By adding chlorine gas (Cl_2) to caustic soda (NaOH). When this is done, sodium hypochlorite, water (H_2O) and salt (NaCl) are produced according to the following reaction:
$Cl_2 + 2NaOH \rightarrow NaOCl + NaCl + H_2O$

Applications of Sodium Hypochlorite
Sodium hypochlorite is used on a large scale; for example agriculture, chemical industries, paint- and lime industries, food industries, glass industries, paper industries, pharmaceutical industries, synthetics industries and waste disposal industries all use it. In the textile industry sodium hypochlorite is used to bleach textile. It is sometimes added to industrial waste water--this is done to reduce odors.

Hypochlorite neutralizes sulphur hydrogen gas (SH) and ammonia (NH3). It is also used to detoxify cyanide baths in metal industries. Hypochlorite can be used to prevent algae and shellfish growth in cooling towers. In water treatment, hypochlorite is used to disinfect water. In households, hypochlorite is used frequently for the purification and disinfection of the house.

How does Sodium Hypochlorite Disinfection Work?
By adding hypochlorite to water, hypochlorous acid (HOCl) is formed:
$NaOCl + H2O \rightarrow HOCl + NaOH$

Hypochlorous acid is divided into hydrochloric acid (HCl) and oxygen (O). The oxygen atom is a very strong oxidator.

Sodium hypochlorite is effective against bacteria, viruses and fungi. Sodium hypochlorite disinfects the same way as chlorine does.

There are various ways to use sodium hypochlorite. For on-site salt electrolysis, a solution of salt (NaCl) in water is applied. Sodium (Na+) and chloride (Cl-) ions are produced.
$4NaCl \rightarrow 4Na+ + 4Cl-$

Subsequently, chlorine and hydroxide react to form hypochlorite:
$OH- + Cl2 \rightarrow HOCl + Cl-$

Salt Electrolysis System
The advantage of the salt electrolysis system is that no transport or storage of sodium hypochlorite is required. When sodium hypochlorite is stored for a long time, it becomes inactive. Another advantage of the onsite process is that chlorine lowers the pH and no other acid is required to lower pH.

The hydrogen gas that is produced is explosive and as a result ventilation is required for explosion prevention. This system is slow and a buffer of extra hypochlorous acid needs to be used. The maintenance and purchase of the electrolysis system is much more expensive than sodium hypochlorite.

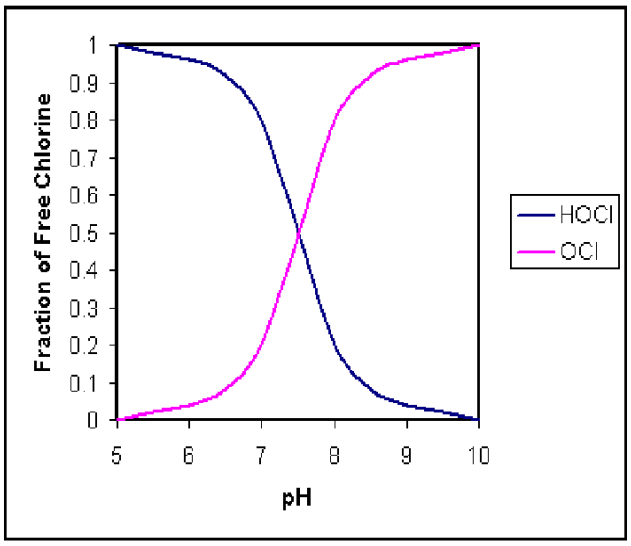
When sodium hypochlorite is used, acetic or sulphuric acid are added to the water. An overdose can produce poisonous gasses. If the dosage is too low, the pH becomes too high and can irritate the eyes.

Because sodium hypochlorite is used both to oxidize pollutions (urine, sweat, cosmetics) and to remove pathogenic microorganisms, the required concentration of sodium hypochlorite depends on the concentrations of these pollutions. Especially the amount of organic pollution helps determine the required concentration. If the water is filtered before sodium hypochlorite is applied, less sodium hypochlorite is needed.

Theory
Disinfection with chlorine is very popular in water and wastewater treatment because of its low cost, ability to form a residual, and its effectiveness at low concentrations. Although it is used as a disinfectant, it is a dangerous and potentially fatal chemical if used improperly.

Despite the fact the disinfection process may seem simple, it is actually a quite complicated process. Chlorination in wastewater treatment systems is a fairly complex science which requires knowledge of the plant's effluent characteristics.

When free chlorine is added to the wastewater, it takes on various forms depending on the pH of the wastewater. It is important to understand the forms of chlorine which are present because each has a different disinfecting capability. The acid form, HOCL, is a much stronger disinfectant than the hypochlorite ion, OCL-. The graph below depicts the chlorine fractions at different pH values (Drawing by Erik Johnston).



Ammonia present in the effluent can also cause problems as chloramines are formed, which have very little disinfecting power. Some methods to overcome the types of chlorine formed are to adjust the pH of the wastewater prior to chlorination or to simply add a larger amount of chlorine. An adjustment in the pH would allow the operators to form the most desired form of chlorine, hypochlorus acid, which has the greatest disinfecting power.

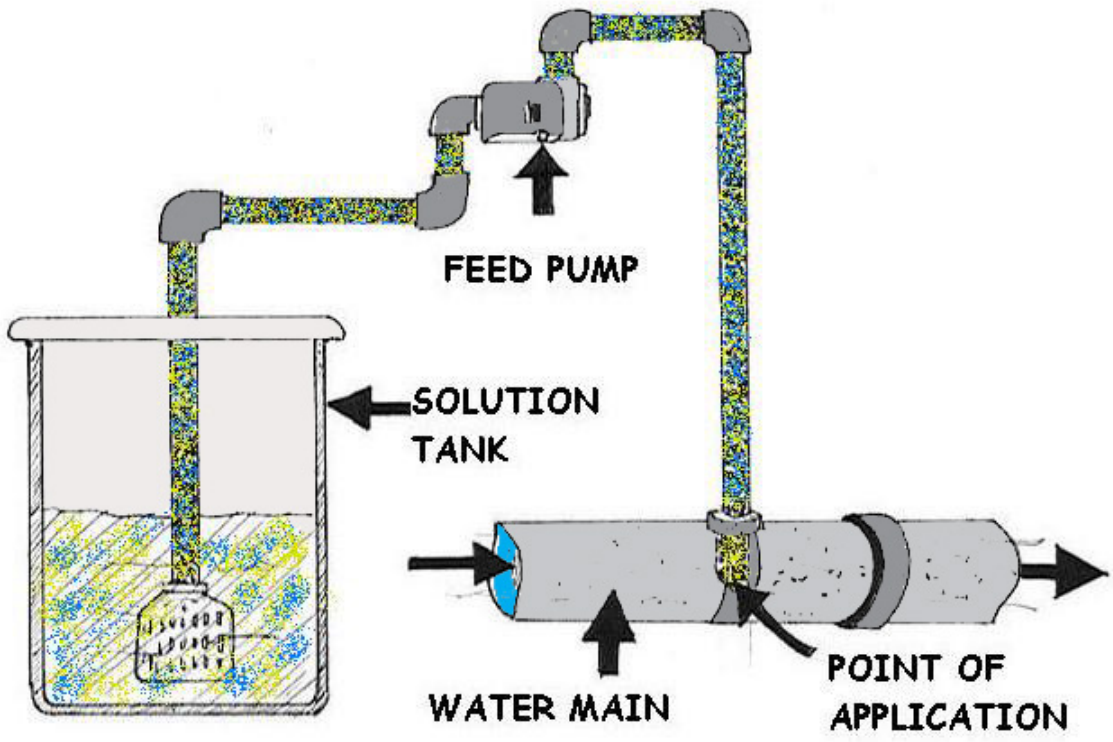
Adding larger amounts of chlorine would be an excellent method to combat the chloramines because the ammonia present would bond to the chlorine but further addition of chlorine would stay in the hypochlorus acid or hypochlorite ion state.

a) Chlorine gas, when exposed to water reacts readily to form hypochlorus acid, HOCl, and hydrochloric acid. Cl2 + H_2O -> HOCl + HCl

b) If the pH of the wastewater is greater than 8, the hypochlorus acid will dissociate to yield hypochlorite ion. HOCl <-> H^+ + OCl^-- If however, the pH is much less than 7, and then HOCl will not dissociate.

c) If ammonia is present in the wastewater effluent, then the hypochlorus acid will react to form one three types of chloramines depending on the pH, temperature, and reaction time.

Recommendations for Preparing/Handling/Feeding Sodium Hypochlorite Solutions



As a result of the pressures brought to bear by Health and Safety requirements, some users of gas have chosen to seek alternative forms of disinfectants for their water and wastewater treatment plants. One of these alternative forms is sodium hypochlorite (**NaOCl**)). This is often purchased commercially at 10 to 15% strength.

The handling and storage of NaOCl presents the plant with a new and sometimes unfamiliar, set of equipment installation configurations and operating conditions.

Product Stability The oxidizing nature of this substance means that it should be handled with extreme care. As NaOCl is relatively unstable, it degrades over time.

There are Three Ways in Which NaOCl Solutions Degrade

• Chlorate-forming reaction due to age, temperature, light and minor reduction in pH.
• Oxygen-producing reaction that occurs when metals, such as iron, copper or nickel, or metal oxides are brought into contact with the solution.
• Chlorine-producing reaction when solution pH falls below 6.

There are Many Factors that Affect the Stability of a NaOCl Solution

• Initial solution strength.
• pH solution.
• Temperature of the solution.
• Exposure of the solution to sunlight.

Exposure

There is no threshold value for to sodium hypochlorite exposure. Various health effects occur after exposure to sodium hypochlorite. People are exposed to sodium hypochlorite by inhalation of aerosols. This causes coughing and a sore throat. After swallowing sodium hypochlorite the effects are stomach ache, a burning sensation, coughing, diarrhea, a sore throat and vomiting. Sodium hypochlorite on skin or eyes causes redness and pain. After prolonged exposure, the skin can become sensitive. Sodium hypochlorite is poisonous for water organisms. It is mutagenic and very toxic when it comes in contact with ammonium salts.

Routes of Exposure
Inhalation
Hypochlorite solutions can liberate toxic gases such as chlorine. Chlorine's odor or irritant properties generally provide adequate warning of hazardous concentrations. However, prolonged, low-level exposures, such as those that occur in the workplace, can lead to olfactory fatigue and tolerance of chlorine's irritant effects. Chlorine is heavier than air and may cause asphyxiation in poorly ventilated, enclosed, or low-lying areas.

Children exposed to the same levels of gases as adults may receive a larger dose because they have greater lung surface area/body weight ratios and higher minute volumes/weight ratios. Children may be more vulnerable to corrosive agents than adults because of the smaller diameter of their airways. In addition, they may be exposed to higher levels than adults in the same location because of their short stature and the higher levels of chlorine found nearer to the ground.

Skin/Eye Contact
Direct contact with hypochlorite solutions, powder, or concentrated vapor causes severe chemical burns, leading to cell death and ulceration. Because of their relatively larger surface area/weight ratio, children are more vulnerable to toxicants affecting the skin.

Ingestion
Ingestion of hypochlorite solutions causes vomiting and corrosive injury to the gastrointestinal tract. Household bleaches (3 to 6% sodium hypochlorite) usually cause esophageal irritation, but rarely cause strictures or serious injury such as perforation. Commercial bleaches may contain higher concentrations of sodium hypochlorite and are more likely to cause serious injury. Metabolic acidosis is rare, but has been reported following the ingestion of household bleach. Pulmonary complications resulting from aspiration may also be seen after ingestion.

Sources/Uses
Sodium and calcium hypochlorite are manufactured by the chlorination of sodium hydroxide or lime. Sodium and calcium hypochlorite are used primarily as oxidizing and bleaching agents or disinfectants. They are components of commercial bleaches, cleaning solutions, and disinfectants for drinking water and waste water purification systems and swimming pools.

Sodium Hypochlorite as a Disinfectant has the Following Advantages:
It can be easily stored and transported when it is produced on-site. Dosage is simple; transport and storage of sodium hypochlorite are safe. Sodium hypochlorite is as effective as chlorine gas for disinfection. Sodium hypochlorite produces residual disinfectant.

Disadvantages

Sodium hypochlorite is a dangerous and corrosive substance. While working with sodium hypochlorite, safety measures have to be taken to protect workers and the environment.

Sodium hypochlorite should not come in contact with air, because that will cause it to disintegrate. Both sodium hypochlorite and chlorine do not deactivate Giardia Lambia and Cryptosporidium. The regulation for sodium hypochlorite is the same as the regulation considering chlorine.

Household bleaches usually contain sodium hypochlorite in a 3% to 6% solution. Some sodium hydroxide (lye) is added to keep the pH high to avoid decomposition. If the solution is made more acidic, sodium hypochlorite will dissociate, producing chlorine gas and oxygen. It is made by bubbling chlorine gas through a solution of sodium hydroxide. In the environment, it breaks down into water, oxygen, and table salt.

Conditions that tend to increase gassing in Sodium Hypochlorite Solutions are:
* Elevated temperatures
* High concentration solution
* Exposure to sunlight or UV rays
* Reduction in pressure
* Cavitation
* Poor piping conditions
* Contact with metallic impurities
* Contact with organic impurities
* Age of solution
* Quality of solution

Reciprocating Piston Metering Pumps
When handling sodium hypochlorite and acids, be certain to wear gloves and a face shield for protection. Sodium hypochlorite is introduced to treated water by a chemical feeder (pump.) Chemical feeders tend to clog often, so it's important to clean the feeder regularly. Sodium Hypochlorite is subject to degradation within the piping and pump systems as it releases oxygen gas and results in crystallization of the residual. If the oxygen gas or vapor is allowed to build up within the piping and reagent head in sufficient volume, a typical reciprocating piston metering pump, used for accurately feeding chlorine to the process, will not function properly as gas in the pump head is compressed, minimizing the discharge check valve to open upon discharge stroke of the pump. Consequently, this effect could require that the pump be re-primed for operation. Reciprocating piston metering pumps or diaphragm metering pumps have been historically preferred in the dispensing of Sodium Hypochlorite because of their superior ability to accurately dose chemicals into a process stream with great precision and repeatability at a constant pressure. Additionally, the diaphragm metering pump is sealless and leak proof by design with negligible maintenance and simple commissioning.

Traditionally, the diaphragm metering pump industry has promoted the use of degas valves on the discharge port of the pump which diverts gas back to the suction supply source of the bleach. This method has been widely accepted and successful in many applications. However, the small diameter ports in the valve system tend to plug and require continuous flushing or cleaning through human intervention since the system is open to atmosphere on the discharge side of the orifice. Additionally, an external bypass piping system and degas valve assembly require additional costs and maintenance while presenting more opportunities for undesired chlorine leak paths.



A ten minute emergency air escape pack. We suggest that any one that utilizes chlorine gas purchase several of these type devices and station these around the facility and in your work vehicle.

Troubleshooting Hypochlorination Problems

Problem
1. Chemical feed pump won't run.
2. Low chlorine residual at POE.
2. Low chlorine residual at POE.
3. Chemical feed pump won't prime.
4. Loss of prime

Possible Causes
1A. No power.
1B. Electrical problem with signal from well pump or flow sensor.
1C. Motor failure.
2A. Improper procedure for running chlorine residual test or expired chemical reagents.
2B. Pump not feeding an adequate quantity of chlorine.
2C. Change in raw water quality.
2D. Pump **air bound**.
2E. Chlorine supply tank empty.
2F. Reduced effectiveness of chlorine solution.
2G. Damaged suction or discharge lines. (cracks or crimps)
2H. Connection at point of **injection** clogged or leaking.
3A. Speed and stroke setting inadequate.
3B. Suction lift too high due to feed pump relocation.
3C. Discharge pressure too high.
3D. Suction fitting clogged.
3E. Trapped air in suction line.
3F. Suction line not submerged in solution.
4A. Solution tank empty.
4B. Air leaks in suction fittings.
4C. Foot valve not in vertical position.
4D. Air trapped in suction tubing.

Possible Solutions
1A. Check to see if plug is securely in place.
Insure that there is power to the outlet and control systems.
1B. Check pump motor starter. Bypass flow sensor to determine if pump will operate manually.
1C. Check manufacturer's information.
2A Check expiration date on **chemical reagents**. Check test procedure as described in test kit manual. Speed or stroke setting too low.
2B. Damaged **diaphragm** or suction leak.
2C. Test raw water for constituents that may cause increased chlorine demand. (i.e. iron, manganese, etc.)
2D. Check foot valve.
2E. Fill supply tank.
2F. Check date that chlorine was received. Sodium hypochlorite solution may lose effectiveness after 30 days. If that is the case, the feed rate must be increased to obtain the desired residual.
2G. Clean or repair lines with problems.
2H. Flush line and connection with mild acid such as **Acetic** or **Muriatic**. Replace any damaged parts that may be leaking.
3A. Check manufacturers' recommendations for proper settings to prime pump.

3B. Check maximum suction lift for pump and relocate as necessary.
3C. Check well pump discharge pressure.
Check pressure rating on chemical feed pump.
3D. Clean or replace screen.
3E. Insure all fittings are tight.
3F. Add chlorine solution to supply tank.
4A. Fill tank.
4B. Check for cracked fittings.
4C. Adjust foot valve to proper position.
4D. Check connections and fittings.



Small Chlorine solution tank.

Shock Chlorination — Well Maintenance

Shock chlorination is a relatively inexpensive and straightforward procedure used to control bacteria in water wells. Many types of bacteria can contaminate wells, but the most common are iron and sulfate-reducing bacteria.

Although not a cause of health problems in humans, bacteria growth will coat the inside of the well casing, water piping and pumping equipment, creating problems such as:

- Reduced well yield
- Restricted water flow in distribution lines
- Staining of plumbing fixtures and laundry
- Plugging of water treatment equipment
- ***"Rotten egg"*** odor.

Bacteria may be introduced during drilling of a well or when pumps are removed for repair and laid on the ground. However, iron and sulfate-reducing bacteria (as well as other bacteria) can exist naturally in groundwater.

A well creates a direct path for oxygen to travel into the ground where it would not normally exist. When a well is pumped, the water flowing in will also bring in nutrients that enhance bacterial growth.

Note: All iron staining problems are not necessarily caused by iron bacteria. The iron naturally present in the water can be the cause.

Ideal Conditions for Iron Bacteria
Water wells provide ideal conditions for iron bacteria. To thrive, iron bacteria require 0.5-4 mg/L of dissolved oxygen, as little as 0.01 mg/L dissolved iron and a temperature range of 5 to 15°C. Some iron bacteria use dissolved iron in the water as a food source.



Signs of Iron and Sulfate-Reducing Bacteria
There are a number of signs that indicate the presence of iron and sulfate-reducing bacteria. They include:

- Slime growth
- Rotten egg odor
- Increased staining.

Slime Growth
The easiest way to check a well and water system for iron bacteria is to examine the inside surface of the toilet flush tank. If you see a greasy slime or growth, iron bacteria are probably present. Iron bacteria leave this slimy by-product on almost every surface the water is in contact with.

Rotten Egg Odor
Sulfate-reducing bacteria can cause a rotten egg odor in water. Iron bacteria aggravate the problem by creating an environment that encourages the growth of sulfate-reducing bacteria in the well. Sulfate-reducing bacteria prefer to live underneath the slime layer that the iron bacteria form.

Some of these bacteria produce hydrogen sulfide as a by-product, resulting in a "***rotten egg***" or sulfur odor in the water. Others produce small amounts of sulfuric acid which can corrode the well casing and pumping equipment.

Increased Staining Problems
Iron bacteria can concentrate iron in water sources with low iron content. It can create a staining problem where one never existed before or make an iron staining problem worse as time goes by.

Use the following checklist to determine if you have an iron or sulfate-reducing bacteria problem. The first three are very specific problems related to these bacteria. The last two problems can be signs of other problems as well.

Checklist to Determine an Iron or Sulfate-Reducing Bacteria Problem
- Greasy slime on inside surface of toilet flush tank
- Increased red staining of plumbing fixtures and laundry
- Sulfur odor
- Reduced well yield
- Restricted water flow

Mixing a Chlorine Solution
Add a half gallon of bleach to a clean pail with about 3 gallons of water. This is generally sufficient to disinfect a 4 inch diameter well 100 feet deep or less. For wells greater than 100 feet deep or with a larger casing diameter, increase the amount of bleach proportionately.

If you have a dug well with a diameter greater than 18 inches, use 2 to 4 gallons of bleach added directly to the well. Please note that many dug wells are difficult or impossible to disinfect due to their unsanitary construction.

Shock Chlorination — Well Maintenance

Shock Chlorination Method
Shock chlorination is used to control iron and sulfate-reducing bacteria and to eliminate fecal coliform bacteria in a water system. To be effective, shock chlorination must disinfect the following:
- The entire well depth
- The formation around the bottom of the well
- The pressure system
- Some water treatment equipment
- The distribution system.

To accomplish this, a large volume of super chlorinated water is siphoned down the well to displace all the water in the well and some of the water in the formation around the well.

Effectiveness of Shock Chlorination
With shock chlorination, the entire system (from the water-bearing formation, through the well-bore and the distribution system) is exposed to water which has a concentration of chlorine strong enough to kill iron and sulfate reducing bacteria. Bacteria collect in the pore spaces of the formation and on the casing or screened surface of the well.

To be effective, you must use enough chlorine to disinfect the entire cased section of the well and adjacent water-bearing formation.

The procedure described below does not completely eliminate iron bacteria from the water system, but it will hold it in check.

To control the iron bacteria, you may have to repeat the procedure each spring and fall as a regular maintenance procedure. If your well has never been shock chlorinated or has not been done for some time, it may be necessary to use a stronger chlorine solution, applied two or three times, before you notice a significant improvement in the water.

You might also consider hiring a drilling contractor to thoroughly clean and flush the well before chlorinating in order to remove any buildup on the casing.

In more severe cases, the pump may have to be removed and chemical solutions added to the well and vigorous agitation carried out using special equipment. This is to dislodge and remove the bacterial slime. This should be done by a drilling contractor.

Shock Chlorination Procedure for Small Drilled Wells

A modified procedure is also provided for large diameter wells.

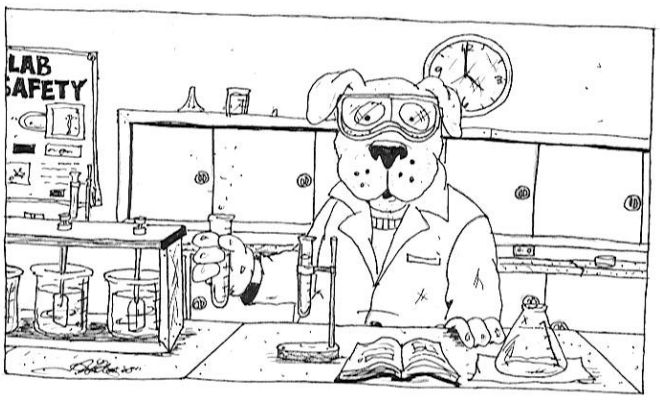
Caution: If your well is low yielding or tends to pump any silt or sand, you must be very careful using the following procedure because over pumping may damage the well.

When pumping out the chlorinated solution, monitor the water discharge for sediment.

Follow these steps to shock chlorinate your well.

Store sufficient water to meet farm and family needs for 8 to 48 hours.

Pump the recommended amount of water (see Amount of Chlorine Required to Obtain a Chlorine Concentration of 1000 PPM) into clean storage. A clean galvanized stock tank or pickup truck box lined with a 4 mil thick plastic sheet is suitable. The recommended amount of water to use is twice the volume of water present in the well casing. To measure how much water is in the casing, subtract the non-pumping water level from the total depth of the well.



12% industrial sodium hypochlorite and 70% high test hypochlorite are available from:
• Water treatment suppliers
• Drilling contractor
• Swimming pool maintenance suppliers
• Dairy equipment suppliers
• Some hardware stores.

Amount of Chlorine required to obtain a Chlorine Concentration of 1000 PPM. Since a dry chemical is being used, it should be mixed with water to form a chlorine solution before placing it in the well.

Calculate the amount of chlorine that is required. Mix the chlorine with the previously measured water to obtain a 1000 ppm chlorine solution.

Calculating Amount of Chlorine Example
If your casing is 6 in. and you are using 12% industrial sodium hypochlorite, you will require .091 L per ft. of water in the casing. If you have 100 ft. of water in the casing, you will use 0.091 L x 100 ft. = 9.1 L of 12% chlorine.
Calculate the amount of chlorine you will need for your well.

Casing diameter_____ Chlorine strength_____

L needed per 1 ft. of water_____ x _____ ft. of water in casing = _____ L of chlorine.

Caution: Chlorine is corrosive and can even be deadly.
If your well is located in a pit, you must make sure there is proper ventilation during the chlorination procedure. Well pits are no longer legal to construct. Use a drilling contractor who has the proper equipment and experience to do the job safely.

Shock Chlorination — Well Maintenance
Siphon this solution into the well.
Open each hydrant and faucet in the distribution system (including all appliances that use water such as dishwasher, washing machine, furnace humidifier) until the water coming out has a chlorine odor. This will ensure all the plumbing fixtures are chlorinated.

Allow the hot water tank to fill completely. Consult your water treatment equipment supplier to find out if any part of your water treatment system should be bypassed to prevent damage.

Leave the chlorine solution in the well and distribution system for 8 to 48 hours. The longer the contact time, the better the results.

- Open an outside tap and allow the water to run until the chlorine odor is greatly reduced. Make sure to direct the water away from sensitive plants or landscaping.
- Flush the chlorine solution from the hot water heater and household distribution system. The small amount of chlorine in the distribution system will not harm the septic tank.

Backwash and regenerate any water treatment equipment.

If you have an old well that has not been routinely chlorinated, consider hiring a drilling contractor to thoroughly clean the well prior to chlorinating. Any floating debris should be removed from the well and the casing should be scrubbed or hosed to disturb the sludge buildup.

Modified Procedure for Large Diameter Wells
Due to the large volume of water in many bored wells the above procedure can be impractical. A more practical way to shock chlorinate a bored well is to mix the recommended amount of chlorine right in the well. The chlorinated water is used to force some of the chlorine solution into the formation around the well. Follow these steps to shock chlorinate a large diameter bored well.

Pump 200 gal. (1000 L) of water into a clean storage tank at the well head.

Mix 20 L of 5 1/4% domestic chlorine bleach (or 8 L of 12% bleach or 1.4 kg of 70% calcium hypochlorite) into the 200 gal. of stored water.

Calculate the amount of chlorine you require per foot of water in the casing and add directly into the well. (Note that the 70% hypochlorite powder should be dissolved in water to form a solution before placing in the well.)

Circulate chlorine added to the water in the well by hooking a garden hose up to an outside faucet and placing the other end back down the well. This circulates the chlorinated water through the pressure system and back down the well. Continue for at least 15 minutes.

Siphon the 200 gal. bleach and water solution prepared in Steps 1 and 2 into the well. Complete the procedure as described in Steps 5 to 9 for drilled wells.

Don't mix acids with chlorine. This is dangerous.

Calculating Water and Chlorine Requirements for Shock Chlorination
Complete the following table using your own figures to determine how much water and chlorine you need to shock chlorinate your well.

Casing Volume of 5 1/4% 12% Industrial **1**70%
Diameter Water Needed Domestic Sodium High Test
Chlorine Bleach Hypochlorite
Imperial gal. needed per Dry weight
1 ft. of water L per 1 ft. (30 cm) L per 1 ft. (30 cm) per 1 ft. (30 cm)
(in) (mm) in the casing of water of water of water
4 (100) _____ft. x 1.1 gal. =_____ _____ft. x 0.095 L =_____ _____ft. x 0.042 L =_____ _____ft. x 7.2 g =_____
6 (150) _____ft. x 2.4 gal. =_____ _____ft. x 0.21 L =_____ _____ft. x 0.091 L =_____ _____ft. x 15.6 g =_____
8 (200) _____ft. x 4.2 gal. =_____ _____ft. x 0.36 L =_____ _____ft. x 0.16 L =_____ _____ft. x 27.3 g =_____
24 (600)**2** extra 200 gal. _____ft. x 1.7 L =_____ _____ft. x 0.74 L =_____ _____ft. x 127 g =_____
36 (900)**2** extra 200 gal. _____ft. x 3.8 L =_____ _____ft. x 1.7 L =_____ _____ft. x 286 g =_____

What Should I do if My Well Water is Contaminated with Bacteria?

First, don't panic'! Bacterial contamination is very common. Studies have found that over 40 percent of private water supplies are contaminated with coliform bacteria. Spring water supplies are the most frequently contaminated, with over 70 percent containing coliform bacteria.

Improving protection of a well or spring from the inflow of surface water is an important option to consider if the supply is contaminated with bacteria. It is important to remember that the groundwater is not necessarily contaminated in these cases; rather the well is acting to funnel contaminants down into the groundwater. Although well pits were the common method of construction several years ago, they are no longer considered sanitary construction.

A properly protected well is evidenced by the well casing extending above the surface of the ground and the ground sloping away from the well to prevent water from collecting around the casing. A properly protected spring is developed underground and the water channeled to a sealed spring box. At no time should the water be exposed to the ground surface.

Keeping the plumbing system clean is an important part of maintaining a sanitary water supply. Anytime work is performed on the plumbing or pump, the entire water system should be disinfected with chlorine. Simply pulling the pump out of the well, setting it on the grass to work on it, and returning it to the well is enough to contaminate the well with bacteria.



The procedure for cleaning and sanitizing a well or spring with chlorine is called **shock chlorination**. Concentrations of chlorine ranging from 50 to 200 mg/1 are used in the shock chlorination process. This is 100 to 400 times the amount of chlorine found in "***city water***." The highly chlorinated water is held in the pipes for 12 to 24 hours before it is flushed out and the system is ready to be used again.

Periodic shock chlorination also may be effective in reducing an **iron bacteria** problem. The amount of chlorine needed to shock chlorinate a water system is determined by the amount of water standing in the well.

Calcium Hypochlorite Section ($CaCl_2O_2$)



Physical Properties - Calcium Hypochlorite
Description: White powder, pellets or flat plates
Warning properties: Chlorine odor; inadequate warning of hazardous concentrations
Molecular weight: 142.98 daltons
Boiling point (760 mm Hg): Decomposes at 100ºC (HSDB 2001)
Freezing point: Not applicable
Specific gravity: 2.35 (water = 1)
Water solubility: 21.4% at 76ºF (25ºC)
Flammability: Not flammable

There are two forms of calcium hypochlorite: powder and tablets. Tablets range in size from 5 mg about the size of an Aspirin to 3 inch tablets. Synonyms of calcium hypochlorite include Losantin, hypochlorous acid, calcium salt, BK powder, Hy-Chlor, chlorinated lime, lime chloride, chloride of lime, calcium oxychloride, HTH, mildew remover X-14, perchloron, and pittchlor.

Calcium hypochlorite is generally available as a white powder, pellets, or flat plates; sodium hypochlorite is usually a greenish yellow, aqueous solution. Although not flammable, they may react explosively.

Calcium hypochlorite decomposes in water to release chlorine and oxygen; sodium hypochlorite solutions can react with acids or ammonia to release chlorine or chloramine. Odor may not provide an adequate warning of hazardous concentrations.

Toxic
Both hypochlorites are toxic by the oral and dermal routes and can react to release chlorine or chloramine which can be inhaled. The toxic effects of sodium and calcium hypochlorite are primarily due to the corrosive properties of the hypochlorite moiety. Systemic toxicity is rare, but metabolic acidosis may occur after ingestion.

Description
Solid chlorine stands alone as the safest form of chlorine disinfection. Requiring only minimal safety equipment for handling, users can breathe easy knowing our tablets are safe for both people and the environment. The elimination of costly scrubbers, containment, or hazard response capability, guarantees lower initial costs and reduced operating expense. Calcium hypochlorite is generally available as a white powder, pellets, or flat plates. It decomposes readily in water or when heated, releasing oxygen and chlorine. It has a strong chlorine odor, but odor may not provide an adequate warning of hazardous concentrations. Calcium hypochlorite is not flammable, but it acts as an oxidizer with combustible material and may react explosively with ammonia, amines, or organic sulfides. Calcium hypochlorite should be stored in a dry, well-ventilated area at a temperature below 120ºF (50ºC) separated from acids, ammonia, amines, and other chlorinating or oxidizing agents.

Chlorine Tablet Feeder
These feed systems are low maintenance and an extremely effective means to treat water or wastewater. Dry tablet feeder may or may not have mechanical components and most require no electricity. The dry tablet feeding system is a good alternative to liquid bleach and potential gas hazards. With no chlorine gas cylinders to handle, chlorine releases are non existent. Process safety Management and Risk Management Program compliance worries disappear.

Chlorine Tablet Feeder Capacities: range - 1,500 to 200,000 (GPD)

Chlorine tablets are stable for 3 years or more.

If a tablet produces 1000 PPM in a liter of water when first off the press, the tablet will produce 1000 PPM plus. This guarantees the activity will be at least 100% 3 years later and probably for much longer than that. In fact, tablets have been stored for 6 years at 6% C and 42% C and still contained the specified levels of available chlorine. Sodium hypochlorite liquid, on the other hand, is inherently unstable and degrades with age until all the active strength disappears. This degradation accelerates in conditions of high temperature or strong sunlight.





These two different tablet chlorinator feeding systems are installed as a sidestream (see the clear plastic line) to the mainstream water flow or directly in the well casing. Using a flow meter or timed device, a chlorine tablet is dropped or delivered inside the well casing or to another location in the distribution system. Sometimes, the chlorinated balance is piped to an integrated solution tank. Then the resulting concentrated chlorine solution is pumped into a pressurized line or holding tank. By mixing chlorinated water from the solution tank with unchlorinated water from the main stream, a controllable level of available chlorine is achieved.



Accuracy
Because of their stability, chlorine tablets are an accurate dose, always yielding the stated level of available chlorine in water or very slightly over, never under. Liquid chlorine strengths vary so widely and are mostly unknown (the container usually says "less than 5%") that it is impossible to make up accurate in-use solutions without access to laboratory equipment.

Storage and Distribution
In recent years, concern regarding the safety hazards associated with liquid chlorine has grown to such an extent that several major cities now restrict transportation of chlorine within their boundaries. Tablets, on the other hand, are easy and convenient to store and transport. One pallet containing 600 jars each of 200 tablets is equivalent to 120,000 x 1 liter in use bleach solutions of 1,000 PPM active chlorine concentration.

Liquid chlorine is bulky, heavy and prone to leakage and spillage. Chlorine tablets are compact, economical and safe to ship and can even be sent by airfreight.

Effectiveness
Both chlorine tablets and liquid Sodium hypochlorite produce Hypochlorous Acid (HOCl) and Hypochlorite ion (OCl-) in solution. It has been postulated by Ortenzio and Stuart in 1959 and again by Trueman in 1971 that Hypochlorous Acid is the predominantly active species whilst Hypochlorite ion has little activity due to its negative charge impeding penetration of the cell wall and membrane. The ratio of Hypochlorous Acid to Hypochlorite ion increases with acidity. Chlorine tablets have a pH of 6.7 and liquid hypochlorite a pH of between 9 and 12. Ergo; tablets have a greater disinfection capacity and are less prone to inactivation due to soiling.

Safety
Chlorine tablets in dry form will not leak or splash and do not damage clothing. Liquid chlorine can affect eyes, skin and mucous membranes; it is easily splashed and rots clothing.

Corrosion
Chlorine tablets are much less corrosive than liquid chlorine, which is highly corrosive to most metals

Comparison
The final very important comparison to be made between Sodium hypochlorite (NaOCL) and Sodium dichloroisocyanurate (NaDCC) is their neutralization by organic matter. They are both prone to this but by using horse serum, it has been shown (Coates 1988) that the degree of neutralization is directly proportional to the concentration of serum present. However, the degree of neutralization of Naocl disinfectant is much greater than that of NaDCC disinfectant and the disparity increases with the concentration of serum. Hence, where there is a high concentration of organic material present, NaDCC will be very much more effective than NaOCL.

The degree of inactivation of NaOCL and NaDCC solutions by different concentrations of horse serum demonstrates that NaDCC solutions are less prone to inactivation by serum than are NaOCL solutions. For example, in 30% serum it required only 4000 PPM av. Cl of NaDCC as opposed to 17000 PPM av Cl of NaOCL to exhibit similar bactericidal activity.

System Sizing
To determine the correct system for your application, some specific information is required:

What form of chlorination is used now? ___ Gas ___ Liquid Bleach ___ Granular

Source water temperature _____ ___ Other (specify: _____)

Is chlorination performed ___ intermittently or ___ continuously?

What is the current consumption? _____ LBS or GALS/DAY

What is the system pressure to be treated?_____ PSI

What is the system flow rate to be treated?_____ GPM

What is the final desired chlorine concentration?_____ PPM

Dose Rate Math

_____ System Flow Rate (GPM)

x _____ Tablets Demand (PPM)

x 0.0005 Conversion Factor

Total _____ = LBS/HR Tablets Required

System Selection
Compare the LBS/HR of chlorine requirement above with the following system capacity and delivery characteristics. An additional factor that needs to be considered is how frequently the unit must be refilled in light of the volume of tablets that the feeder holds.

Health Effects
* Hypochlorite powder, solutions, and vapor are irritating and corrosive to the eyes, skin, and respiratory tract. Ingestion and skin contact produces injury to any exposed tissues. Exposure to gases released from hypochlorite may cause burning of the eyes, nose, and throat; cough as well as constriction and edema of the airway and lungs can occur.
* Hypochlorite produces tissue injury by liquefaction necrosis. Systemic toxicity is rare, but metabolic acidosis may occur after ingestion.

Acute Exposure
The toxic effects of sodium and calcium hypochlorite are primarily due to the corrosive properties of the hypochlorite moiety. Hypochlorite causes tissue damage by liquefaction necrosis. Fats and proteins are saponified, resulting in deep tissue destruction. Further injury is caused by thrombosis of blood vessels. Injury increases with hypochlorite concentration and pH. Symptoms may be apparent immediately or delayed for a few hours. Calcium hypochlorite decomposes in water releasing chlorine gas.

Sodium Hypochlorite Solutions
Sodium hypochlorite solutions liberate the toxic gases chlorine or chloramine if mixed with acid or ammonia (this can occur when bleach is mixed with another cleaning product). Thus, exposure to hypochlorite may involve exposure to these gases.

Children do not always respond to chemicals in the same way that adults do. Different protocols for managing their care may be needed.

Gastrointestinal
Pharyngeal pain is the most common symptom after ingestion of hypochlorite, but in some cases (particularly in children), significant esophagogastric injury may not have oral involvement. Additional symptoms include dysphagia, stridor, drooling, odynophagia, and vomiting. Pain in the chest or abdomen generally indicates more severe tissue damage. Respiratory distress and shock may be present if severe tissue damage has already occurred. In children, refusal to take food or drink liquid may represent odynophagia.

Ingestion of hypochlorite solutions or powder can also cause severe corrosive injury to the mouth, throat, esophagus, and stomach, with bleeding, perforation, scarring, or stricture formation as potential sequelae.

Dermal
Hypochlorite irritates the skin and can cause burning pain, inflammation, and blisters. Damage may be more severe than is apparent on initial observation and can continue to develop over time. Because of their relatively larger surface area/body weight ratio, children are more vulnerable to toxins affecting the skin.

Ocular
Contact with low concentrations of household bleach causes mild and transitory irritation if the eyes are rinsed, but effects are more severe and recovery is delayed if the eyes are not rinsed. Exposure to solid hypochlorite or concentrated solutions can produce severe eye injuries with necrosis and chemosis of the cornea, clouding of the cornea, iritis, cataract formation, or severe retinitis.

Respiratory
Ingestion of hypochlorite solutions may lead to pulmonary complications when the liquid is aspirated. Inhalation of gases released from hypochlorite solutions may cause eye and nasal irritation, sore throat, and coughing at low concentrations. Inhalation of higher concentrations can lead to respiratory distress with airway constriction and accumulation of fluid in the lungs (pulmonary edema). Patients may exhibit immediate onset of rapid breathing, cyanosis, wheezing, rales, or hemoptysis. Pulmonary injury may occur after a latent period of 5 minutes to 15 hours and can lead to reactive airways dysfunction syndrome (RADS), a chemical irritant-induced type of asthma.

Children may be more vulnerable to corrosive agents than adults because of the smaller diameter of their airways. Children may also be more vulnerable to gas exposure because of increased minute ventilation per kg and failure to evacuate an area promptly when exposed.

Metabolic
Metabolic acidosis has been reported in some cases after ingestion of household bleach.

Potential Sequelae
Exposure to toxic gases generated from hypochlorite solutions can lead to reactive airways dysfunction syndrome (RADS), a chemical irritant-induced type of asthma. Chronic complications following ingestion of hypochlorite include esophageal obstruction, pyloric stenosis, squamous cell carcinoma of the esophagus, and vocal cord paralysis with consequent airway obstruction.

Chronic Exposure
Chronic dermal exposure to hypochlorite can cause dermal irritation.

Carcinogenicity
The International Agency for Research on Cancer has determined that hypochlorite salts are not classifiable as to their carcinogenicity to humans.

Reproductive and Developmental Effects
No information was located regarding reproductive or developmental effects of calcium or sodium hypochlorite in experimental animals or humans. Calcium and sodium hypochlorite are not included in Reproductive and Developmental Toxicants, a 1991 report published by the U.S. General Accounting Office (GAO) that lists 30 chemicals of concern because of widely acknowledged reproductive and developmental consequences.

Sources/Uses
Sodium and calcium hypochlorite are manufactured by the chlorination of sodium hydroxide or lime. Sodium and calcium hypochlorite are used primarily as oxidizing and bleaching agents or disinfectants. They are components of commercial bleaches, cleaning solutions, and disinfectants for drinking water and waste water purification systems and swimming pools.



Chlorine-Based Disinfectants Chloramines

This process involves the addition of ammonia and chlorine compounds to a water filtration plant. When properly controlled, the mixture forms chloramines. They are commonly used to maintain a residual in the distribution system following treatment with a stronger disinfectant, such as free chlorine.

Chloramine Advantages

- Persistent residual.
- Taste and odor minimization.
- Lower levels of trihalomethane (THM) and haloacetic acid (HAA) formation.
- Effective disinfection of biofilms in the distribution system.

Chloramine Disadvantages

- Produces disinfection by-products (DBPs), including nitrogen-based compounds and chloral hydrate, which may be regulated as a DBP in the future. There is limited information on the toxicity of chloramine DBPs. In an analysis of the health effects of alternatives, Bull states that "there is little information on which to base an estimate of the health hazard that chloramine poses."
- Presents problems to individuals on dialysis machines. Chloramine residuals in tap water can pass through membranes in dialysis machines and directly induce oxidant damage to red blood cells.
- Causes eye irritation. Exposure to high levels of chloramine may result in eye irritation.
- Requires increased dosage and contact time (higher CT values, *i.e.,* concentration X time).
- Has questionable value as viral and parasitic biocide.
- Can promote growth of algae in reservoirs and an increase in distribution system bacteria due to residual ammonia.
- Can produce HAAs.
- Provides weaker oxidation and disinfection capabilities than free chlorine.

Chloramine Section

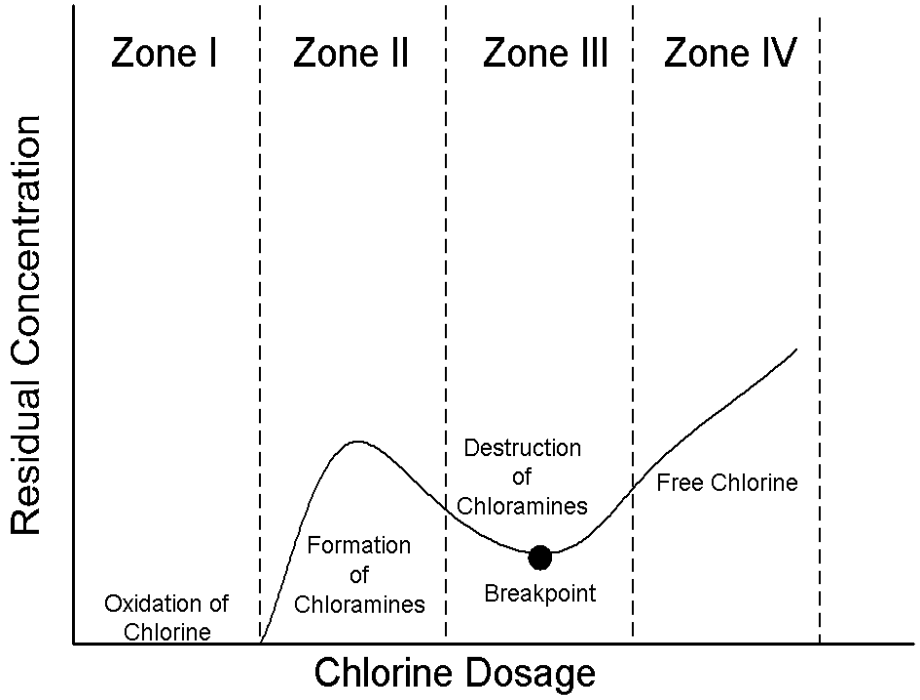
Monochloramine and dichloramine are formed in the pH range of 4.5 to 8.5, however, monochloramine is most common when the pH is above 8. When the pH of the wastewater is below 4.5, the most common form of chloramine is trichloramine which produces a very foul odor. The equations for the formation of the different chloramines are as follows: (Reynolds & Richards, 1996)

Monochloramine: $NH_3 + HOCl \rightarrow NH_2Cl + H_2O$
Dichloramine: $NH_2Cl + 2HOCl \rightarrow NHCl2 + 2H_2O$
Trichloramine: $NHCl2 + 3HOCl \rightarrow NHCl_3 + 3H_2O$

Chloramines are an effective disinfectant against bacteria but not against viruses. As a result, it is necessary to add more chlorine to the wastewater to prevent the formation of chloramines and form other stronger forms of disinfectants.
d) The final step is that additional free chlorine reacts with the chloramine to produce hydrogen ion, water, and nitrogen gas which will come out of solution. In the case of the monochloramine, the following reaction occurs:
$2NH_2Cl + HOCl \rightarrow N_2 + 6HCl + H_2O$

Thus, added free chlorine reduces the concentration of chloramines in the disinfection process. Instead the chlorine that is added is allowed to form the stronger disinfectant, hypochlorus acid.

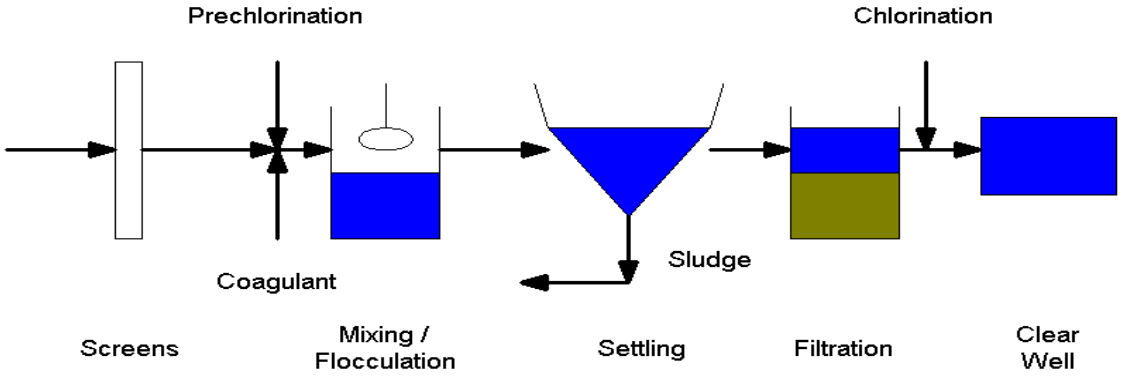
Perhaps the most important stage of the water or wastewater treatment process is the disinfection stage. This stage is most critical because it has the greatest effect on public health as well as the health of the world's aquatic systems. It is important to realize that wastewater treatment is not a cut and dry process but requires in depth knowledge about the type of wastewater being treated and its characteristics to obtain optimum results.



The graph shown on the last page depicts the chlorine residual as a function of increasing chlorine dosage with descriptions of each zone given below (Drawing by Erik Johnston, adapted from Reynolds and Richards, 1996).
· Zone I: Chlorine is reduced to chlorides.
· Zone II: Chloramines are formed.
· Zone III: Chloramines are broken down and converted to nitrogen gas which leaves the system (Breakpoint).
· Zone IV: Free residual.
Therefore, it is very important to understand the amount and type of chlorine that must be added to overcome the difficulties in the strength of the disinfectant which results from the water or wastewater's characteristics.

Water Treatment

The following is a schematic of a water treatment plant (Drawing by Matt Curtis).



In water treatment, pre-chlorination is utilized mainly in situations where the inflow is taken from a surface water source such as a river, lake, or reservoir. Chlorine is usually added in the rapid mixing chamber and effectively prevents the majority of algal growth. Algae is a problem in water treatment plants because it builds up on the filter media and increases the head which means that the filters need to be backwashed more frequently. In addition, the algal growth on the filter media causes taste and odor problems in the treated water.

Post Chlorination

Post chlorination is almost always done in water treatment, but can be replaced with chlorine dioxide or chloramines. In this stage chlorine is fed to the drinking water stream which is then sent to the chlorine contact basin to allow the chlorine a long enough detention time to kill all viruses, bacteria, and protozoa that were not removed and rendered inactive in the prior stages of treatment.

Drinking water requires a large addition of chlorine because there must be a residual amount of chlorine in the water that will carry through the system until it reaches the tap of the user. After post chlorination, the water is retained in a clear well prior to distribution.

Chlorine Production Section

Faraday's laws states that one coulomb of electricity deposits 0.00111801 grams (g) of silver, or 1 ampere of electric current deposits 0.00111801 g of silver in one second.

Faraday's second law states that the quantity of electricity that liberates one gram equivalent weight (e.w.) of an element is the same for all elements. Since the equivalent weight of silver is 107.880, it takes one faraday, or 96,493 coulombs (107.88 e.w. / 0.00111801 g), to liberate 1 gram equivalent weight of any element.

The 1986 recommended value for one faraday is 96,485.309 coulomb. Being consistent with Faraday's laws, one faraday (96,485.3 coulomb) of electricity liberates 1.008 gram of hydrogen and 35.457 grams of chlorine in the chlor-alkali process. Since there are 86,400 seconds in each day (60 sec/min x 60 min/hour x 24 hour/day) and 454 grams in each pound of element, 14.3 amperes of current are required to liberate one pound of chlorine gas during a 24 hour period:

454 g/lb	x	96,485.3 coulomb	=	14.3 amperes
35.457 g Cl		86,400 sec/day		

Coulomb (C)

The SI unit of electric charge. One coulomb is the amount of charge accumulated in one second by a current of one ampere. Electricity is actually a flow of charged particles, such as electrons, protons, or ions. The charge on one of these particles is a whole-number multiple of the charge *e* on a single electron, and one coulomb represents a charge of approximately 6.241 506 x 10^{18} *e*. The coulomb is named for a French physicist, Charles-Augustin de Coulomb (1736-1806), who was the first to measure accurately the forces exerted between electric charges.

Considering typical current efficiencies of 95 percent, the actual electrochemical reaction requires roughly 15 amperes of direct current to produce one pound of chlorine gas during a 24-hour period: 14.3 amperes / 0.95 (efficiency factor) = 15 amperes

The chlorine gas is vacuum swept from the chlorine cell by a Venturi ejector. The chlorine mixes with the ejector water to form hypochlorous acid and/or hypochlorite ion depending on the water pH.

Industrial Uses

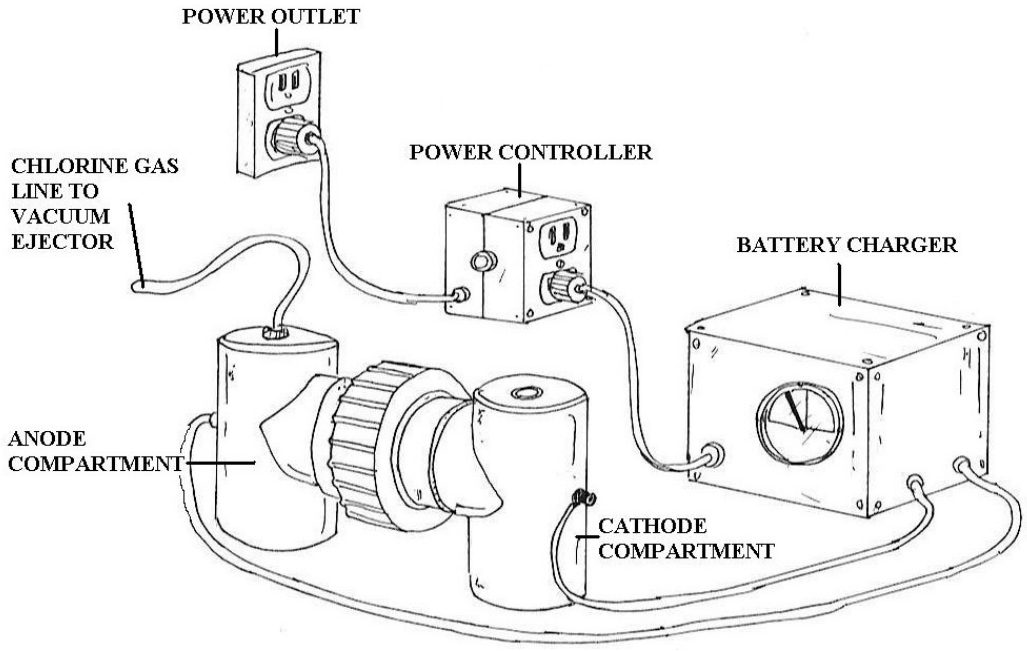
In addition to water treatment chemicals, chlorine is used to make plastics such as PVC (polyvinyl chloride) and polyurethanes, pulp and paper treatment chemicals, solvents and a large number of chemicals.

The most common industrial use of chlorine is the manufacture of a versatile plastic known as polyvinyl chloride, or PVC. PVC is a polymer, meaning on a microscopic level many small units of the same types of atoms are bound together to form long chains, similar to the linking of multiple paper clips. One use of PVC is as lightweight, durable pipes for safe drinking water delivery. PVC pipes resist the pitting and corrosion common in metal pipes which often develop a slimy build-up of disease-causing microbes known as "biofilm." Biofilms can be destroyed by elevated levels of chlorine disinfectant. With so many varied and valuable uses, chlorine chemistry is truly an indispensable asset to modern life.

Chlorine Generator Process
The chlorine generator is as simple as a battery. There are no moving parts; however, the chlorine generator does require operation and maintenance. On this page you will discover:

- Process Components
- Process Installation
- System Operation
- Dose Control
- Salt Addition
- Sodium Hydroxide Dilution
- System Maintenance

Process Components
The chlorine generator requires a cell, DC power supply (battery charger, battery, solar power), power controller, energy source (power outlet, generator), and a pressurized water supply to operate the Venturi ejector.



Cell: The cell includes the anode and cathode compartments that are hydraulically isolated by an ion selective membrane located between the two cell compartments. The anode compartment contains the anode (electrode), salt, saltwater electrolyte, and chlorine. Chlorine gas generated from the anode compartment is swept under vacuum by the Venturi ejector into the water supply. The cathode compartment contains the cathode (electrode), sodium hydroxide (caustic soda) electrolyte, and hydrogen.

The hydrogen produced from the cathode compartment is vented to the outside atmosphere. The two cell compartments are joined together by a union pipe fitting that also holds the ion selective membrane between the union flanges. Please note that the use of a union pipe fitting in the cell configuration is patented and subject to royalty fees.

DC Power Supply
The DC power supply can be any DC battery charger of adequate size to handle the needed chlorine demand. See our power supply sizing page for determining the size of power supply needed.

Power Controller
The power controller is simply a common dimmer switch (used to dim lights) that the power supply is plugged into to adjust the voltage input to the power supply. Like dimming your lights, the power controller will "dim" your chlorine production to the desired chlorine level.

Energy Source
The energy source can basically be a 120 VAC power outlet you plug the Power Controller into.

Pressurized Water Supply
The water passes through a Venturi creating a vacuum that is applied to the anode compartment of the cell. The Venturi ejector also includes a flow switch connected to a relay that operates the Power Controller. This safety feature ensures that flow is going through the Venturi ejector before chlorine is generated. The discharge from the vacuum ejectors is highly chlorinated water in the form of hypochlorous acid and/or hypochlorite ion.

Process Installation
Provided the plumbing for the system is complete (existing vacuum ejector, or simply using a garden hose connected to the ejector); it should not take longer than 30 minutes to an hour to have your chlorine generator completely operational. The installation includes the following steps:

- Remove components from the box, check contents for any missing or broken parts
- Soak the membrane in warm water
- Install the membrane on the cell flange
- Add salt and water to the anode compartment
- Add water and dry sodium hydroxide (i.e. Draino) to the cathode compartment
- Connect water supply to Venturi ejector
- Connect the vacuum tubing from the anode compartment to the Venturi ejector
- Clamp red (positive) power clamp from power supply to anode
- Clamp black (negative) power clamp from power supply to cathode
- Turn on power supply switch
- Plug power supply into power controller
- Plug power controller into power circuit
- Operate Venturi ejector and energize power circuit, adjust power controller to desired chlorine level.

System Operation

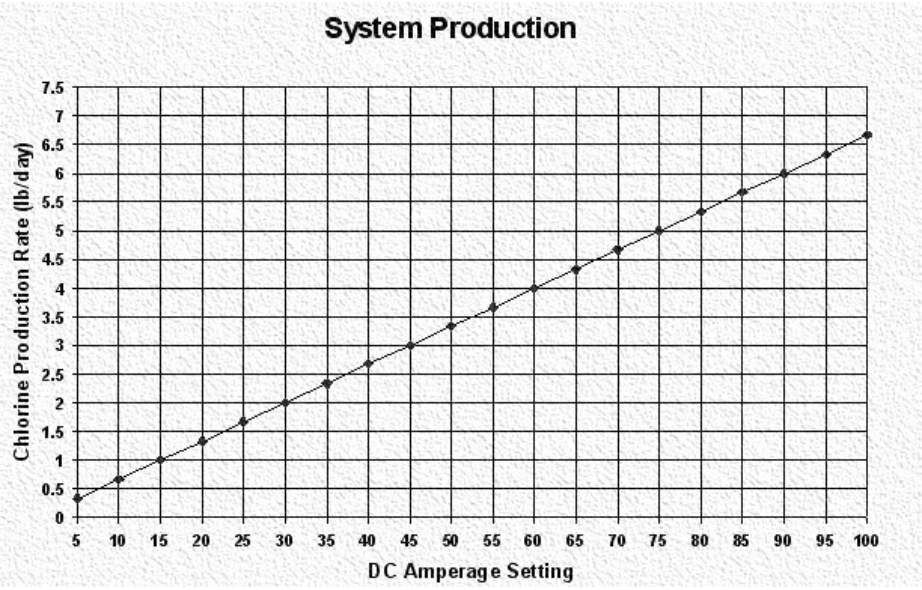
The system operation includes the control of the system, addition of salt and water to the anode compartment, periodic dilution of the sodium hydroxide in the cathode compartment, and occasional cleaning of the cell membrane. There are several ways the chlorine generator can be operated. The simplest way is to plug the power controller into a power outlet that is only energized at times when the generator is needed for chlorine production. This on/off operation procedure can be accomplished by installing a power control relay on the power outlet circuit. Nearly all municipal well installations include this type of circuit typically used for a hypochlorination pump.

The power controller includes a flow switch that ensures operation of the chlorine generator only when there is flow through the Venturi ejector. Having the pool filter and water supply fill line on the vacuum ejector will allow the chlorine generator to operate at any moment when water is moving into the pool.

At a booster pump station having multiple pumps, a chlorine generator for each pump circuit will supply the step chlorine dosage needed depending on the number of pumps operating. This operational procedure eliminates the need for an electronic logic controlled loop and/or pacing valve systems.

The chlorine generator can be controlled in an automatic mode associated with a chlorine demand change. The automatic mode requires an electronic input signal (4-20 mA) associated with the demand change that controls an optional EP1 Series - SCR Power.

Dose Control
Chlorine output is adjusted by the power input of the process. Every 15 amps of direct current (DC) provide a chlorine production rate of 1 pound per day (24 hours). The graph below illustrates the equivalent chlorine production at the desired amperage setting.



Note: With time, the membrane accumulates calcium and other mineral deposits that increase the resistance between the electrodes. The increased resistance causes a reduced amperage output and a corresponding reduced chlorine output. The system needs periodic membrane cleaning to recover the desired amperage output. A water softener system can be added to the system water supply to reduce the amount of calcium, thus increasing the service life of the membrane.

Connecting your power supply (battery charger) into the power controller will allow you to manually adjust the voltage supply to your battery charger, thus controlling the DC amperage output to the cell. The power controller provided with each cell includes a 600 watt dimmer switch to manually adjust the input voltage to the battery charger. Adjustment of the dimmer switch will increase or decrease the voltage output of your battery charger to the desired amperage setting. For example, a chlorine output of 0.5 lbs per day is desired for a 50 gpm well. Based on amperage conversions, approximately 8 amperes of DC power is needed for the well. The operator would adjust the dimmer switch to achieve a power output of 8 DC amperes for the cell.

Salt Addition

For every 50 lb bag of water softener salt, approximately 30 lbs of chlorine is made. The amount of salt that can be added to the cell depends on the shape of the salt pellets; however, a typical amount of salt added in each cycle is roughly 12 lbs. Twelve pounds of salt in the anode compartment will generate 7 lbs of chlorine considering that not all the salt is used in each cycle. The frequency of salt addition depends on the operating cycle. For example:

A 150 gpm municipal well operating a total of 6 hours per day (54,000 gpd) using a 1.5 lb/day (22 amperes) chlorine dosage rate (0.5 mg/l chlorine residual w/ a 0.35 mg/l chlorine demand) will need to have salt added every 18 days (7 lbs/cell / [1.5 lb/day * 6 hr / 24 hr]).

Salt replenishment in the anode compartment requires the drainage of the brine, flushing the anode compartment with water, and addition of new salt and water to the cell. Adding of salt to the cell without flushing and cleaning is not recommended for several reasons. First, the anode compartment contains residual chlorine gas that will be displaced when salt is added. The amount of chlorine gas in this space is small (0.02 lbs); however, this amount of chlorine gas is irritating, especially if in a confined space. Second, the brine contains concentrated mineral impurities that will foul the membrane at a more rapid rate if it is not removed.

Replenishing the Salt Consists of:

- Turn off the power supply to the cell.
- Add roughly 1 cup of sodium hydroxide to the anode compartment. The sodium hydroxide will neutralize the residual chlorine in the brine and make a salt saturated hypochlorite solution.
- Drain the brine solution to waste and flush out the cell removing all the residual matter in the bottom of the cell.
- Add new salt and water to the anode compartment (it is desirable to use softened water to reduce the mineral fouling of the membrane).
- Place system back into service.

Sodium Hydroxide Dilution

Safety: Please note that sodium hydroxide is corrosive and irritating to the skin. If sodium hydroxide touches the skin, wash with water immediately to prevent chemical burn. Wear protective clothing such as rubber gloves and goggles when handling sodium hydroxide.

For every 50 lb bag of water softener salt, approximately 36 gallons of 18 percent sodium hydroxide solution is made. The actual amount of sodium hydroxide produced is dependent upon the level and frequency of dilution. Assuming a 7 lb chlorine cycle per cell, the amount of sodium hydroxide produced from the cell is approximately 8.5 gallons. Using the same 18-day operational cycle as discussed above, approximately one-half gallon of sodium hydroxide solution is produced every day of operation.

Dilution of sodium hydroxide in the cathode compartment requires the removal of approximately one-half gallon of sodium hydroxide and the addition of dilution water to 4-inches from the top of the cathode compartment (Note: more sodium hydroxide is produced than water added for dilution). It is desirable to use softened water for the dilution to reduce the mineral fouling of the membrane.

Maintenance of the sodium hydroxide solution within the optimum range (10-18 percent) provides extended life of the membrane. Daily testing of the sodium hydroxide solution with a typical battery hydrometer will verify the need to dilute the sodium hydroxide. The following table illustrates the specific gravity and concentration of sodium hydroxide at a temperature of 60 degrees F (15.5 degrees C):

% NaOH	Specific Gravity
2	1.023
4	1.045
6	1.067
10	1.090
12	1.112
14	1.134
16	1.156
18	1.178
20	1.201
22	1.223

Dilution of the Sodium Hydroxide Consists of:

- Turn off the power supply to the cell.
- Removal of 1/2 gallon of solution (or more if operating the cell at higher rates or longer periods of time), and dispose/store as desired (this could be disposal down a sanitary drain if solution is not needed; however, sodium hydroxide is needed for pH adjustment in the pool, CIP cleaning for diaries, lift station cleaning in sewer systems, and/or pH adjustment of water for lead and copper corrosion control in municipal drinking water).
- Add dilution water (preferably softened water) to a level of 4-inches from the top of the cathode compartment.
- place system back into service.

- check small amount of solution daily with a hydrometer.

System Maintenance
The chlorine generator has no moving parts and requires minimal maintenance. The system maintenance involves the periodic cleaning of the membrane. The salt and water added to the chlorine generator contain calcium and other minerals that accumulate on the surface of the membrane. These mineral deposits increase the electrical resistance across the membrane eventually reducing the amperage to the cell, thus reducing the chlorine production. Using the same 18-day operational cycle as discussed above, you may achieve two to four months of cell operation before needing to clean the cell membrane (depends on the dilution water quality) Operating the cell at 1 lb/day for 24 hours/day may require membrane cleaning every month (again, depending on the dilution water quality).

Cleaning the Membrane Involves the Following:
- Turn off the power supply to the cell.
- Remove brine and salt from anode compartment as described above.
- Draining and storage of sodium hydroxide from the cathode compartment.
- Flushing the interior of both compartments with water to remove all loose deposits.
- Encrusted mineral deposits on the membrane can be removed by one of two methods.
    - The membrane removal and replacement method requires the removal of the membrane from the union fitting and replacement with a cleaned membrane. The membrane removed from the cell is then cleaned in a weak hydrochloric acid solution (muriatic or pool acid) to dissolve the mineral deposits. After cleaning, observe the condition of the membrane and discard if pin-holes are observed in the membrane. Otherwise, store membrane in a water solution for the next cleaning cycle.
    - The insitu cleaning method involves the addition of water to top of the horizontal pipe connecting the anode and cathode compartments. Addition of 1 cup of muriatic acid to each cell compartment and agitate cell. After five minutes, drain the cell and flush with water.
- Restore sodium hydroxide to the cathode chamber and salt and water to the anode chamber.
- Reconnect power to cell and resume operation.

Replacement Items
Items that wear and need eventual replacement include the vacuum tubing, rubber gasket/o-ring, membrane, and the anode. The anode has an expected life of five years based on a chlorine rate of 1 lb/day under moderate usage. The membrane has an anticipated life of one year depending on the frequency and dilution of the sodium hydroxide (see above). The rubber gasket in the cathode compartment may also need to be replaced every few years as needed.

The vacuum tubing should be checked annually and replace when cracks are observed. Use chlorine compatible tubing such as polyethylene tubing when replacing.

Conclusions

- Chlorine is one of nature's most common chemical elements.
- Electricity applied to salt solutions enables the chlor-alkali industry to harness chlorine captured in salt deposits of ancient oceans.
- Chlorine's chemical properties make it an extremely effective disinfectant and essential component in the chemical manufacture of literally thousands of vital products used every day.
- Pairs of substances that chlorine will react explosively or form explosive compounds with are acetylene and ether, turpentine and ammonia and hydrogen and finely divided metals.
- Monochloramine, dichloramine, and trichloramine are known as combined available chlorine.
- The chlorine pressure reducing valve should be located downstream of the evaporator when using an evaporator.
- Chlorine is added to the effluent before the contact chamber for complete mixing. What is the reason for not adding it directly to the chamber? The chamber has very little mixing due to low velocities.
- The two main chemical species formed by chlorine in water and the name that are they are known collectively are HOCl and OCl-; free available chlorine.
- When chlorine gas is added to water, it rapidly hydrolyzes. The chemical equation that best describes this reaction is $C_{l2} + H_2O$ --> H+ + Cl- + HOCl.
- Yoke-type connectors should be used on a chlorine cylinder's valve; always assume the threads on the valve may be worn.
- Excessive chlorine can kill the aerobic organisms in the secondary treatment plant. Take precaution when applying chlorine in the sewer line near a wastewater treatment plant to control hydrogen sulfide production and anaerobic bacteria.
- When replacing the connection from a chlorine cylinder to a chlorinator always use a new, approved gasket on the connector and follow the manufacturer’s instructions.
- Safety precautions when using chlorine gas: In addition to protective clothing and goggles, chlorine gas should be used only in a well-ventilated area so that any leaking gas cannot concentrate.
- Several symptoms of chlorine exposure: Burning of eyes, nose, and mouth, coughing, sneezing, choking, nausea and vomiting; headaches and dizziness; fatal pulmonary edema, pneumonia, and skin blisters.
- Approved method for storing a chlorine cylinder: Secure each cylinder in an upright position, attach the protective bonnet over the valve and firmly secure each cylinder.
- Emergency procedures in the case of a large uncontrolled chlorine leak: Notify local emergency response team, warn and evacuate people in adjacent areas, be sure that no one enters the leak area without adequate self-contained breathing equipment.

Chlorination Equipment Requirement Section

For all water treatment facilities, chlorine gas under pressure shall not be permitted outside the chlorine room. A chlorine room is where chlorine gas cylinders and/or ton containers are stored. Vacuum regulators shall also be located inside the chlorine room. The chlorinator, which is the mechanical gas proportioning equipment, may or may not be located inside the chlorine room.

For new and upgraded facilities, from the chlorine room, chlorine gas vacuum lines should be run as close to the point of solution application as possible. Injectors should be located to minimize the length of pressurized chlorine solution lines. A gas pressure relief system shall be included in the gas vacuum line between the vacuum regulator(s) and the chlorinator(s) to ensure that pressurized chlorine gas does not enter the gas vacuum lines leaving the chlorine room.

The gas pressure relief system shall vent pressurized gas to the atmosphere at a location that is not hazardous to plant personnel; vent line should be run in such a manner that moisture collecting traps are avoided. The vacuum regulating valve(s) shall have positive shutdown in the event of a break in the downstream vacuum lines.

As an alternative to chlorine gas, it is permissible to use hypochlorite with positive displacement pumping. Anti-siphon valves shall be incorporated in the pump heads or in the discharge piping.

Capacity
The chlorinator shall have the capacity to dose enough chlorine to overcome the demand and maintain the required concentration of the "***free***" or "***combined***" chlorine.

Methods of Control
A chlorine feed system shall be automatic proportional controlled, automatic residual controlled, or compound loop controlled. In the automatic proportional controlled system, the equipment adjusts the chlorine feed rate automatically in accordance with the flow changes to provide a constant pre-established dosage for all rates of flow. In the automatic residual controlled system, the chlorine feeder is used in conjunction with a chlorine residual analyzer which controls the feed rate of the chlorine feeders to maintain a particular residual in the treated water.

In the compound loop control system, the feed rate of the chlorinator is controlled by a flow proportional signal and a residual analyzer signal to maintain particular chlorine residual in the water.

Manual chlorine feed systems may be installed for groundwater systems with constant flow rates.

Standby Provision
As a safeguard against malfunction and/or shut-down, standby chlorination equipment having the capacity to replace the largest unit shall be provided. For uninterrupted chlorination, gas chlorinators shall be equipped with an automatic changeover system. In addition, spare parts shall be available for all chlorinators.

Weigh Scales
Scales for weighing cylinders shall be provided at all plants using chlorine gas to permit an accurate reading of total daily weight of chlorine used. At large plants, scales of the recording and indicating type are recommended. As a minimum, a platform scale shall be provided. Scales shall be of corrosion-resistant material.



Securing Cylinders
All chlorine cylinders shall be securely positioned to safeguard against movement. Tag the cylinder "***empty***" and store upright and chained.

Ton containers may not be stacked.

Chlorine Leak Detection
Automatic chlorine leak detection and related alarm equipment shall be installed at all water treatment plants using chlorine gas. Leak detection shall be provided for the chlorine rooms. Chlorine leak detection equipment should be connected to a remote audible and visual alarm system and checked on a regular basis to verify proper operation.



Leak detection equipment shall not automatically activate the chlorine room ventilation system in such a manner as to discharge chlorine gas. During an emergency, if the chlorine room is unoccupied, the chlorine gas leakage shall be contained within the chlorine room itself in order to facilitate a proper method of clean-up.

Consideration should also be given to the provision of caustic soda solution reaction tanks for absorbing the contents of leaking one-ton cylinders where such cylinders are in use.

Chlorine leak detection equipment may not be required for very small chlorine rooms with an exterior door (e.g., floor area less than $3m^2$).

You can use a spray solution of ammonia or a rag soaked with ammonia to detect a small Cl_2 leak. If there is a leak, the ammonia will create a white colored smoke, Ammonium chloride.

Safety Equipment
The facility shall be provided with personnel safety equipment including the following: Respiratory equipment; safety shower, eyewash, gloves, eye protection; protective clothing; cylinder and/or ton repair kits.

Respiratory equipment shall be provided which has been approved under the Occupational Health and Safety Act, General Safety Regulation - Selection of Respiratory Protective Equipment. Equipment shall be in close proximity to the access door(s) of the chlorine room.

Chlorine Room Design Requirements
Where gas chlorination is practiced, the gas cylinders and/or the ton containers up to the vacuum regulators shall be housed in a gas-tight, well illuminated, corrosion resistant and mechanically ventilated enclosure. The chlorinator may or may not be located inside the chlorine room. The chlorine room shall be located at the ground floor level.

Ventilation
Gas chlorine rooms shall have entirely separate exhaust ventilation systems capable of delivering one (1) complete air change per minute during periods of chlorine room occupancy only. The air outlet from the room shall be 150 mm above the floor and the point of discharge located to preclude contamination of air inlets to buildings or areas used by people. The vents to the outside shall have insect screens.

Air inlets should be louvered near the ceiling, the air being of such temperature as to not adversely affect the chlorination equipment. Separate switches for fans and lights shall be outside the room at all entrance or viewing points, and a clear wire-reinforced glass window shall be installed in such a manner as to allow the operator to inspect from the outside of the room.

Heating
Chlorine rooms shall have separate heating systems, if a forced air system is used to heat the building. The hot water heating system for the building will negate the need for a separate heating system for the chlorine room. The heat should be controlled at approximately 15^{o}C.

Cylinders or containers shall be protected to ensure that the chlorine maintains its gaseous state when entering the chlorinator.

Access
All access to the chlorine room shall only be from the exterior of the building. Visual inspection of the chlorination equipment from inside may be provided by the installation of glass window(s) in the walls of the chlorine room. Windows should be at least 0.20 m2 in area, and be made of clear wire reinforced glass.

There should also be a ***'panic bar'*** on the inside of the chlorine room door for emergency exit.

Storage of Chlorine Cylinders
If necessary, a separate storage room may be provided to simply store the chlorine gas cylinders, with no connection to the line. The chlorine cylinder storage room shall have access either to the chlorine room or from the plant exterior, and arranged to prevent the uncontrolled release of spilled gas.

The chlorine gas storage room shall have provision for ventilation at thirty air changes per hour. Viewing glass windows and a panic button on the inside of the door should also be provided.

In very large facilities, entry into the chlorine rooms may be through a vestibule from outside.

Scrubbers
For facilities located within residential or densely populated areas, consideration shall be given to provide scrubbers for the chlorine room.



Chlorine Demand
Chlorine combines with a wide variety of materials. These side reactions complicate the use of chlorine for disinfecting purposes. Their demand for chlorine must be satisfied before chlorine becomes available to accomplish disinfection. The amount of chlorine required to react on various water impurities before a residual is obtained. Also, it means the amount of chlorine required to produce a free chlorine residual of 0.1 mg/l after a contact time of fifteen minutes as measured by iodmetic method of a sample at a temperature of twenty degrees in conformance with Standard methods.

Chlorine Questions and Answer Review
Downstream from the point of post chlorination, what should the concentration of a free chlorine residual be in a clear well or distribution reservoir? 0.5 mg/L.

True or False. Even brief exposure to 1,000 ppm of Cl2 can be fatal. True

How does one determine the ambient temperature in a chlorine room? Use a regular thermometer because ambient temperature is simply the air temperature of the room.

How is the effectiveness of disinfection determined? From the results of coliform testing.

How often should chlorine storage ventilation equipment be checked? Daily.

Chlorine Health Hazard Section

Signs and Symptoms of Exposure
1. Acute exposure: Acute exposure to low levels of chlorine results in eye, nose, and throat irritation, sneezing, excessive salivation, general excitement, and restlessness. Higher concentrations causes difficulty in breathing, violent coughing, nausea, vomiting, cyanosis, dizziness, headache, choking, laryngeal edema, acute tracheobronchitis, chemical pneumonia. Contact with the liquid can result in frostbite burns of the skin and eyes [Genium 1992].
2. Chronic exposure: Chronic exposure to low levels of chlorine gas can result in a dermatitis known as chloracne, tooth enamel corrosion, coughing, severe chest pain, sore throat, hemoptysis and increased susceptibility to tuberculosis [Genium 1992].

Inhalation
Immediately remove the exposed person upwind from the contaminated area and contact the poison control center. Inhalation can cause coughing, sneezing, shortness of breath, sensation of tightness in the chest, as well as severe restlessness or anxiety, nausea, and vomiting. The nose and throat may become irritated; a stinging and burning sensation may be experienced. Immediate fatalities can occur as a result of suffocation. Delayed fatalities can occur as a result of pulmonary edema (fluid in the lungs). For this reason, rest and immediate attention after inhalation is important. Persons with known cardiovascular or lung problems should not risk chlorine exposure. If breathing has stopped, give artificial respiration; if breathing is difficult, give oxygen if equipment and trained personnel are available. If exposed person is breathing, place in a comfortable position and keep person warm and at rest until medical assistance becomes available.

Eye/Skin Contact
Liquid and concentrated gas could produce severe burns and injury on contact.
Eye
Pour a gentle stream of warm water through the affected eye for at least 15 minutes. Contact the poison control center, emergency room or physician right away as further treatment will be necessary.
Skin
Run a gentle stream of water over the affected area for 15 minutes. A mild soap may be used if available. Contact the poison control center, emergency room or physician right away as further treatment will be necessary.

Chronic
Repeated exposures can result in a loss of ability to detect the odor of chlorine. Long term exposures may cause damage to teeth and inflammation or ulceration of the nasal passages.

Ingestion
Not applicable for gas. Liquid could produce severe burns and injury on contact.

Pre-hospital Management
* Rescue personnel are at low risk of secondary contamination from victims who have been exposed only to gases released from hypochlorite solutions. However, clothing or skin soaked with industrial-strength bleach or similar solutions may be corrosive to rescuers and may release harmful gases.
* Ingestion of hypochlorite solutions may cause pain in the mouth or throat, dysphagia, stridor, drooling, odynophagia, and vomiting. Hypochlorite irritates the skin and can cause burning pain,

inflammation, and blisters. Acute exposure to gases released from hypochlorite solutions can cause coughing, eye and nose irritation, lacrimation, and a burning sensation in the chest. Airway constriction and noncardiogenic pulmonary edema may also occur.
* There is no specific antidote for hypochlorite poisoning. Treatment is supportive.

Hot Zone
Rescuers should be trained and appropriately attired before entering the Hot Zone. If the proper equipment is not available, or if rescuers have not been trained in its use, assistance should be obtained from a local or regional HAZMAT team or other properly equipped response organization.

Rescuer Protection
Hypochlorite is irritating to the skin and eyes and in some cases may release toxic gases.

Respiratory Protection: Positive-pressure, self-contained breathing apparatus (SCBA) is recommended in response to situations that involve exposure to potentially unsafe levels of chlorine gas.

Skin Protection: Chemical-protective clothing should be worn due to the risk of skin irritation and burns from direct contact with solid hypochlorite or concentrated solutions.

ABC Reminders
Quickly establish a patient airway, ensure adequate respiration and pulse. If trauma is suspected, maintain cervical immobilization manually and apply a cervical collar and a backboard when feasible.

Victim Removal
If victims can walk, lead them out of the Hot Zone to the Decontamination Zone. Victims who are unable to walk may be removed on backboards or gurneys; if these are not available, carefully carry or drag victims to safety.

Consider appropriate management in victims with chemically-induced acute disorders, especially children who may suffer separation anxiety if separated from a parent or other adult.

Decontamination Zone
Victims exposed only to chlorine gas released by hypochlorite who have no skin or eye irritation do not need decontamination. They may be transferred immediately to the Support Zone. All others require decontamination as described below.

Rescuer Protection
If exposure levels are determined to be safe, decontamination may be conducted by personnel wearing a lower level of protection than that worn in the Hot Zone (described above).

ABC Reminders
Quickly establish a patient airway, ensure adequate respiration and pulse. Stabilize the cervical spine with a collar and a backboard if trauma is suspected. Administer supplemental oxygen as required. Assist ventilation with a bag-valve-mask device if necessary.

Basic Decontamination
Rapid decontamination is critical. Victims who are able may assist with their own decontamination. Remove and double-bag contaminated clothing and personal belongings. Flush exposed skin and hair with copious amounts of plain tepid water. Use caution to avoid hypothermia when decontaminating victims, particularly children or the elderly. Use blankets or warmers after decontamination as needed.

Irrigate exposed or irritated eyes with saline, Ringer's lactate, or D5W for at least 20 minutes. Eye irrigation may be carried out simultaneously with other basic care and transport. Remove contact lenses if it can be done without additional trauma to the eye. If a corrosive material is suspected or if pain or injury is evident, continue irrigation while transferring the victim to the support zone.

In Cases of Ingestion, Do Not Induce Emesis or Offer Activated Charcoal.
Victims who are conscious and able to swallow should be given 4 to 8 ounces of water or milk; if the victim is symptomatic, delay decontamination until other emergency measures have been instituted. Dilultants are contraindicated in the presence of shock, upper airway obstruction, or in the presence of perforation.

Consider appropriate management of chemically contaminated children at the exposure site. Provide reassurance to the child during decontamination, especially if separation from a parent occurs.

Transfer to Support Zone
As soon as basic decontamination is complete, move the victim to the Support Zone.

Support Zone
Be certain that victims have been decontaminated properly (see Decontamination Zone above). Victims who have undergone decontamination or have been exposed only to vapor pose no serious risks of secondary contamination to rescuers. In such cases, Support Zone personnel require no specialized protective gear.

ABC Reminders
Quickly establish a patient airway, ensure adequate respiration and pulse. If trauma is suspected, maintain cervical immobilization manually and apply a cervical collar and a backboard when feasible. Administer supplemental oxygen as required and establish intravenous access if necessary. Place on a cardiac monitor, if available.

Additional Decontamination
Continue irrigating exposed skin and eyes, as appropriate.
In cases of ingestion, do not induce emesis or offer activated charcoal.
Victims who are conscious and able to swallow should be given 4 to 8 ounces of water or milk; if the victim is symptomatic, delay decontamination until other emergency measures have been instituted. Dilutants are contraindicated in the presence of shock, upper airway obstruction, or in the presence of perforation.

Advanced Treatment
In cases of respiratory compromise, secure airway and respiration via endotracheal intubation. Avoid blind nasotracheal intubation or use of an esophageal obturator: only use direct visualization to intubate. When the patient's condition precludes endotracheal intubation, perform cricothyrotomy if equipped and trained to do so.

Treat patients who have bronchospasm with an aerosolized bronchodilator such as albuterol. Consider racemic epinephrine aerosol for children who develop stridor. Dose 0.25-0.75 mL of 2.25% racemic epinephrine solution in water, repeat every 20 minutes as needed cautioning for myocardial variability.

Patients who are comatose, hypotensive, or having seizures or who have cardiac arrhythmias should be treated according to advanced life support (ALS) protocols.

Transport to Medical Facility
Only decontaminated patients or those not requiring decontamination should be transported to a medical facility. "Body bags" are not recommended.

Report to the base station and the receiving medical facility the condition of the patient, treatment given, and estimated time of arrival at the medical facility.

If a chemical has been ingested, prepare the ambulance in case the victim vomits toxic material. Have ready several towels and open plastic bags to quickly clean up and isolate vomitus.

Multi-Casualty Triage
Consult with the base station physician or the regional poison control center for advice regarding triage of multiple victims.

Patients who have ingested hypochlorite, or who show evidence of significant exposure to hypochlorite or chlorine (e.g., severe or persistent cough, dyspnea or chemical burns) should be transported to a medical facility for evaluation. Patients who have minor or transient irritation of the eyes or throat may be discharged from the scene after their names, addresses, and telephone numbers are recorded. They should be advised to seek medical care promptly if symptoms develop or recur.

Routes of Exposure
Exposure to chlorine can occur through inhalation, ingestion, and eye or skin contact [Genium 1992].

Summary of Toxicology
1. Effects on Animals: Chlorine is a severe irritant of the eyes, mucous membranes, skin, and lungs in experimental animals. The 1 hour LC(50) is 239 ppm in rats and 137 ppm in mice ()[Sax and Lewis 1989]. Animals surviving sublethal inhalation exposures for 15 to 193 days showed marked emphysema, which was associated with bronchiolitis and pneumonia [Clayton and Clayton 1982]. Chlorine injected into the anterior chamber of rabbits' eyes resulted in severe damage with inflammation, opacification of the cornea, atrophy of the iris, and injury to the lens [Grant 1986].

2. Effects on Humans: Severe acute effects of chlorine exposure in humans have been well documented since World War I when chlorine gas was used as a chemical warfare agent. Other severe exposures have resulted from the accidental rupture of chlorine tanks. These exposures

have caused death, lung congestion, and pulmonary edema, pneumonia, pleurisy, and bronchitis [Hathaway et al. 1991]. The lowest lethal concentration reported is 430 ppm for 30 minutes [Clayton and Clayton 1982].

Exposure to 15 ppm causes throat irritation, exposures to 50 ppm are dangerous, and exposures to 1000 ppm can be fatal, even if exposure is brief [Sax and Lewis 1989; Clayton and Clayton 1982]. Earlier literature reported that exposure to a concentration of about 5 ppm caused respiratory complaints, corrosion of the teeth, inflammation of the mucous membranes of the nose and susceptibility to tuberculosis among chronically-exposed workers.

However, many of these effects are not confirmed in recent studies and are of very dubious significance [ACGIH 1991]. A study of workers exposed to chlorine for an average of 10.9 years was published in 1970. All but six workers had exposures below 1 ppm; 21 had TWAs above 0.52 ppm.

No evidence of permanent lung damage was found, but 9.4 percent had abnormal EKGs compared to 8.2 percent in the control group. The incidence of fatigue was greater among those exposed above 0.5 ppm [ACGIH 1991]. In 1981, a study was published involving 29 subjects exposed to chlorine concentrations up to 2.0 ppm for 4- and 8-hour periods. Exposures of 1.0 ppm for 8 hours produced statistically significant changes in pulmonary function that were not observed at a 0.5 ppm exposure concentration. Six of 14 subjects exposed to 1.0 ppm for 8 hours showed increased mucous secretions from the nose and in the hypopharynx. Responses for sensations of itching or burning of the nose and eyes, and general discomfort were not severe, but were perceptible, especially at the 1.0 ppm exposure level [ACGIH 1991]. A 1983 study of pulmonary function at low concentrations of chlorine exposure also found transient decreases in pulmonary function at the 1.0 ppm exposure level, but not at the 0.5 ppm level [ACGIH 1991]. Acne (chloracne) is not unusual among persons exposed to low concentrations of chlorine for long periods of time. Tooth enamel damage may also occur [Parmeggiani 1983]. There has been one confirmed case of myasthenia gravis associated with chlorine exposure [NLM 1995].

Emergency Medical Procedures: [NIOSH to Supply]

- Rescue: Remove an incapacitated worker from further exposure and implement appropriate emergency procedures (e.g., those listed on the Safety Data Sheet required by OSHA's Hazard Communication Standard [29 CFR 1910.1200]).
- All workers should be familiar with emergency procedures, the location and proper use of emergency equipment, and methods of protecting themselves during rescue operations.

Exposure Sources and Control Methods

The following operations may involve chlorine and lead to worker exposures to this substance:

The Manufacture and Transportation of Chlorine

- Used as a chlorinating and oxidizing agent in organic and inorganic synthesis; in the manufacture of chlorinated solvents, automotive antifreeze and antiknock compounds, polymers (synthetic rubber and plastics), resins, elastomers, pesticides, refrigerants, and in the manufacture of rocket fuel.
- Used as a fluxing, purification, and extraction agent in metallurgy.
- Used as a bacteriostat, disinfectant, odor control, and demulsifier in treatment of drinking water, swimming pools, and in sewage.
- Used in the paper and pulp, and textile industries for bleaching cellulose for artificial fibers; used in the manufacture of chlorinated lime; used in detinning and dezincing iron; used to shrink-proof wool.
- Used in the manufacture of pharmaceuticals, cosmetics, lubricants, flameproofing, adhesives, in special batteries containing lithium or zinc, and in hydraulic fluids; use in the processing of meat, fish, vegetables, and fruit.
- Used as bleaching and cleaning agents, and as a disinfectant in laundries, dishwashers, cleaning powders, cleaning dairy equipment, and bleaching cellulose.

Methods that are effective in controlling worker exposures to chlorine, depending on the feasibility of implementation, are as follows: process enclosure, local exhaust ventilation, general dilution, ventilation and personal protective equipment.

Workers responding to a release or potential release of a hazardous substance must be protected as required by paragraph (q) of OSHA's Hazardous Waste Operations and Emergency Response Standard 29 CFR.

Good Sources of Information about Control Methods are as Follows:

1. ACGIH [1992]. Industrial ventilation--a manual of recommended practice. 21st ed. Cincinnati, OH: American Conference of Governmental Industrial Hygienists.
2. Burton DJ [1986]. Industrial ventilation--a self-study companion. Cincinnati, OH: American Conference of Governmental Industrial Hygienists.
3. Alden JL, Kane JM [1982]. Design of industrial ventilation systems. New York, NY: Industrial Press, Inc.
4. Wadden RA, Scheff PA [1987]. Engineering design for control of workplace hazards. New York, NY: McGraw-Hill.
5. Plog BA [1988]. Fundamentals of industrial hygiene. Chicago, IL: National Safety Council.



Chlorine Storage

Chlorine should be stored in a cool, dry, well-ventilated area in tightly sealed containers that are labeled in accordance with OSHA's Hazard Communication Standard [29 CFR 1910.1200].

Containers of chlorine should be protected from exposure to weather, extreme temperatures changes, and physical damage, and they should be stored separately from flammable gases and vapors, combustible substances (such as gasoline and petroleum products, hydrocarbons, turpentine, alcohols, acetylene, hydrogen, ammonia, and sulfur), reducing agents, finely divided metals, arsenic, bismuth, boron, calcium, activated carbon, carbon disulfide, glycerol, hydrazine, iodine, methane, oxomonosilane, potassium, propylene, silicon, hydrogen sulfide and water, carbon monoxide and sulfur dioxide, moisture, steam, and water.

Workers handling and operating chlorine containers, cylinders, and tank wagons should receive special training in standard safety procedures for handling compressed corrosive gases. All pipes and containment used for chlorine service should be regularly inspected and tested.

Empty containers of chlorine should have secured protective covers on their valves and should be handled appropriately.

Spills and Leaks



In the event of a spill or leak involving chlorine, persons not wearing protective equipment and fully-encapsulating, vapor-protective clothing should be restricted from contaminated areas until cleanup has been completed. The following steps should be undertaken following a spill or leak:

1. Notify safety personnel.
2. Remove all sources of heat and ignition.
3. Keep all combustibles (wood, paper, oil, etc.) away from the leak.
4. Ventilate potentially explosive atmospheres.
5. Evacuate the spill area at least 50 feet in all directions.
6. Find and stop the leak if this can be done without risk; if not, move the leaking container to an isolated area until gas has dispersed. The cylinder may be allowed to empty through a reducing agent such as sodium bisulfide and sodium bicarbonate.
7. Use water spray to reduce vapors; do not put water directly on the leak or spill area.



Chemical Spill Procedure Example

TOXIC CHEMICAL RELEASE: CHLORINE GAS, AMMONIA, AND LIQUID CHLORINE OR OTHER SUBSTANCE POSING IMMEDIATE HEALTH

DANGER: Evacuate the area. Close all fire doors. Contact the fire department or appropriate emergency response crew immediately. If the substance is liquid and a drain is in the area of the spill, contact the sewer department.

If it is safe for you to clean up the spill:
READ SAFETY DATA SHEET (SDS) FOR SPILLED CHEMICAL.

Read the section STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED.

Read the **WASTE DISPOSAL METHOD** listed.

LOCATE CHEMICAL SPILLS KIT:



Apply gloves and protective eyewear.

Use chemical pads located in the kit to soak up the spill.

Place contaminated pads and gloves in the disposal bag and seal.

IF THE CHEMICAL IS A HAZARDOUS CHEMICAL WASTE, write the name of the chemical on the chemical label, attach the label to the disposal bag and notify a licensed Hazardous Waste Hauler for pick up. All other chemicals can be placed in regular trash.

Follow the methods listed on the SDS for cleaning the contaminated area.

Replace items used from the Chemical Spill Kit.

Evacuation and Emergency Procedures

Leak Procedures

Minor Leak
Note: A minor leak is a small leak which can be discharged to the environment without danger or when the source of the leak can be readily controlled.

If you determine from outside the chlorine feed room that there is a minor leak, do the following:
1. Notify your supervisor.
2.Have your safety partner don SCBA and be watching you from outside the chlorine room.
3. Equip yourself with a SCBA.
4. Enter chlorine gas room.
Once Inside
5. Turn chlorine cylinder(s) OFF, leave water on.
6. Adjust feed rate to maximum to purge system.
7. Vacate room and remove air pack. Wait for 15 minutes, until chlorine pressure drops to zero or vacuum goes to maximum.
8. Do the Pre-Entry Check, put SCBA back on.
9. Crack open cylinder(s) and shut off right away.
10. Use ammonium hydroxide solution to find the leak.



11. Mark the leak.
12. Purge the system of gas as indicated on page 18, Section C (3), with the water still on.
13. Repair gently, using correct tools.
14. Start-up and re-check for leaks.
15. If no more leaks, place system back into service.
NOTE: If unable to repair the source of the leak, call it a Major Leak, and follow the appropriate emergency steps.
16. **Clean up:**
• remove air pack and recharge;
• air or launder clothes; and
• take a shower.
17. **Document the event completely**. Report the events which may have serious health or safety implications to the State or Federal Occupational Safety and Health Administration and/or Environmental Protection Agency (for Possible Air Violations and Toxic Releases). Also contact the local Fire Department and your Risk Management personnel.

Major Leak

If you determine from outside the chlorine gas feed or storage room that there is a major leak, you could have a real problem not only for your fellow workers but also for nearby residents and for the plant equipment! Workers can protect themselves with SCBA. Residents may have to be evacuated.

We recommend the following steps, if you discover a Major Leak at your facility.
1. Protect yourself at all times during the emergency, and make sure you will not be overcome by the leaking gas. Stay out of the chlorine gas room. Keep the SCBA ready. Chlorine gas escaping through the ventilation outlet may be collecting outside the chlorine gas room, so be careful outside as well.
2. Isolate the area.
3. Notify your supervisor.
4. Implement the Emergency Response Contingency Plan that has been established for your facility, in consultation with the Safety/Health Committee and/or Risk Management Department.
NOTE: The following steps should be customized as necessary.
5. Notify your Chlorep/Supplier, fire department, police, Spill Report Center, according to your facility's policy.
6. Follow directions given by Chlorep/Supplier.
7. Document the events. Take photographs. Measure the Chlorine in the air.
8. Notify the State or Occupational Safety and Health Administration and/or Environmental Protection Agency (for Possible Air Violations and Toxic Releases). Also contact the local Fire Department and your Risk Management personnel.



Emergency Response Contingency Plans

General Planning Considerations
This can be utilized as the alternative assignment.
1. The plan should be clear, concise and easy to use.
2. Include diagrams of the surrounding land use and occupancy (e.g. schools, residences, hospitals, businesses, etc.), with the approximate distances.
3. Include a diagram of the chlorine room layout. It should show equipment location, floor drainage direction, and show the north direction with an arrow. If a floor drain is installed, include drainage system details.
4. Prepare a complete telephone list of the current employees, persons, organizations or other necessary contacts, including 24-hour emergency contact telephone numbers. The list should be revised, updated and distributed periodically by an assigned person.
5. List the personal protective equipment available on-site and from the local fire department. Include phone number(s).
6. List the emergency equipment and supplies available 24 hours a day on-site and from local suppliers. Include phone number(s).
7. Refer to the Occupational Safety and Health Administration and/or Environmental Protection Agency for any assistance and advice.
8. Routinely set up an emergency chlorine leak safety exercise. Practice makes perfect.
When developing your detailed Emergency Response Contingency Plan, consider the following questions:
• Who may be affected by a potential incident? This is governed by site location, adjacent population, terrain, the amount of chemical stored at your facility and its potential for release.
• Is an emergency phone list of trained personnel available and updated periodically?
• When should outside emergency response agencies (chlorine supplier, CHLOREP team, government agency, etc.) be called? By whom?
• When should the news media be notified? By whom? What information should a statement include?
• Who should be contacted first, second, etc.? An emergency notification list should be developed and periodically updated. It should prioritize who is called, including your own utility personnel.
• Is there an evacuation procedure for employees at the facility? Was this reviewed in the last year?
• How do you notify the public (in close proximity to the facility) when to evacuate?
• Should barricades be set up to keep unauthorized personnel from the scene?
• Are proper chlorine leak detectors installed and functioning? Are the alarm systems routinely checked? Are audible and/or visual alarms observable from any approach to the contaminated area?
• Is the local fire department familiar with the facility and your chlorine emergency procedure?
• Does the treatment facility heating and air-conditioning system have to be shut down in a chlorine emergency at the facility?
• Should doors and windows in close proximity to the affected area be closed?
• Are the duty operator(s) familiar with emergency procedures?
• Are proper warning signs in place?
• Is a manual with chlorine emergency guidelines readily available?
• Is there proper documentation of training, equipment inspection, and incidents?
• Is emergency training adequate? Is the training instructor knowledgeable?
• Are personnel trained in the use of self-contained air packs and leak-repair kits? Is this equipment routinely inspected?

• Are medical examinations given to personnel who are trained in the use of self-contained air packs?
• Are chlorine Safety Data Sheet (SDS) and first-aid procedures readily available?
• Stopping a leak-who, when and how? Personnel must be trained to determine when it is best to stop the leak or when to spend their efforts in other areas such as evacuation, you often cannot do both. Who is going to help you stop the leak? Are they nearby or must they travel a great distance?
• Who determines when it is safe to return to evacuated neighborhoods?
• How can your facility be put back into operation? What are the most likely sources of help to put your facility back into operation? How does the emergency plan fit into your operational plan for equipment breakdowns?
• Should the facility designer be notified?
• What else should I plan for?

Emergency Phone Contacts

(To Be Posted Next To Chlorine Room Switches and Phone)

Name
Telephone

Supervisor:
Supervisor:
Operator:
Operator:
Operator:

Emergency Measures Organization (EMO) or Risk Management Team/Response Team
EMO Coordinator:

Fire Department:

Local Ambulance:

Local Hospital:

Fire Department

CHLORINE EMERGENCY RESPONSE: 24 hour collect call
Chlorine Supplier:
Chlorine Supplier:
CHLOREP TEAM:

CHLORINE INFORMATION:

Special Requirements

The U.S. Environmental Protection Agency (**EPA**) requirements for emergency planning, reportable quantities of hazardous releases, community right-to-know, and hazardous waste management may change over time. Users are therefore advised to determine periodically whether new information is available.

Emergency Planning Requirements
Employers owning or operating a facility at which there are 100 pounds or more of chlorine must comply with the EPA's emergency planning requirements [40 CFR Part 355.30].

Reportable Quantity Requirements for Hazardous Releases
A hazardous substance release is defined by the EPA as any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, including the abandonment or discarding of contaminated containers) of hazardous substances. In the event of a release that is above the reportable quantity for that chemical, employers are required to notify the proper Federal, State, and local authorities [40 CFR

The Reportable Quantity of Chlorine is 10 Pounds.
If an amount equal to or greater than this quantity is released within a 24-hour period in a manner that will expose persons outside the facility, employers are required to do the following:

Notify the National Response Center immediately at (800) or at (202) 426-2675 in Washington, D.C. [40 CFR 302.6]. Notify the emergency response commission of the State likely to be affected by the release [40 CFR 355.40]. Notify the community emergency coordinator of the local emergency planning committee (or relevant local emergency response personnel) of any area likely to be affected by the release [40 CFR 355.40].

Community Right-to-Know Requirements
Employers who own or operate facilities in SIC codes 20 to 39 that employ 10 or more workers and that manufacture 25,000 pounds or more of chlorine per calendar year or otherwise use 10,000 pounds or more of chlorine per calendar year are required by EPA [40 CFR Part 372.30] to submit a Toxic Chemical Release Inventory form (Form R) to the EPA reporting the amount of chlorine emitted or released from their facility annually.

Hazardous Waste Management Requirements
EPA considers a waste to be hazardous if it exhibits any of the following characteristics: ignitability, corrosivity, reactivity, or toxicity as defined in 40 CFR 261.21-261.24. Under the Resource Conservation and Recovery Act (**RCRA**) [40 USC 6901 et seq.], the EPA has specifically listed many chemical wastes as hazardous.

Although chlorine is not specifically listed as a hazardous waste under RCRA, the EPA requires employers to treat waste as hazardous if it exhibits any of the characteristics discussed above.

Providing detailed information about the removal and disposal of specific chemicals is beyond the scope of this guideline. The U.S. Department of Transportation, the EPA, and State and local regulations should be followed to ensure that removal, transport, and disposal of this substance are conducted in accordance with existing regulations.

To be certain that chemical waste disposal meets the EPA regulatory requirements, employers should address any questions to the RCRA hotline at (703) 412-9810 (in the Washington, D.C. area) or toll-free at (800) 424-9346 (outside Washington, D.C.). In addition, relevant State and local authorities should be contacted for information on any requirements they may have for the waste removal and disposal of this substance.



Example of a Chlorine Storage Room.

Chlorine Dioxide Section

Skin contact	Solutions are highly irritant
Skin Absorption	Gas may be absorbed, causing tissue and blood cell damage.
Eye Contact	Severe Irritant. Exposure may cause visual disturbance, i.e., seeing haloes around lights.
Inhalation	A severe respiratory irritant. May cause bronchiospasm and pulmonary edema, which may be delayed in onset. May also cause severe headache. All symptoms may be delayed and long-lasting. Long term exposure may cause bronchitis. An LC_{50} value of 500 ppm/ $15m^3$ (rat) is quoted in the literature.
Ingestion	Not applicable except for solutions, in which case the symptoms would be expected to parallel those for inhalation.
Exposure Limits	ACGIH 1992-93: TWA 0.1 ppm, STEL 0.3 ppm. Most legal limits are similar.
Irritancy	Severe
Sensitization	Information not available.
Carcinogenicity	Not listed by IARC or ACGIH.
Teratogenicity & Mutagenicity	No information is available.
Reproductive Toxicology	No information is available.
Toxicological Synergism	May have synergistic effects in conjunction with chlorine, other chlorine oxides, and chlorine fluorine compounds

The threshold limit value (TLV) established by the American Conference of Governmental Industrial Hygienists is 0.1 ppm. Two cases of poisoning (one fatal) resulted from exposure to less than 19 ppm while the victims were inside an empty bleach tank. Concentrations of 150 ppm were fatal to guinea pigs in 44 minutes. Characteristic acute effects from over exposure are coughing, eyes and nose watering and the development of a sore throat. Burns resulting from chlorine are severe since the decomposition produces Cl2.

More about Chlorine Dioxide

Chlorine dioxide is generated on-site at water treatment facilities. The popularity of chlorine dioxide as a water disinfectant increased in the 1970s when it was discovered that it did not promote THM formation. Chlorine dioxide (ClO_2), long used in the paper industry, has been an acceptable and effective alternative to chlorination in cooling systems. Chlorine dioxide is a yellow-green gas with an irritating odor not unlike chlorine. It cannot be compressed and shipped in a container, so it must be generated on site.

There are three proven methods of efficiently generating chlorine dioxide. The most common is the chlorine/chlorite or "one pump" method. ClO_2 generation uses sodium chlorite ($NaClO_2$) and chlorine gas. Chlorine gas is educted into a motive water stream in a ClO_2 generator forming HOCl and HCl. Sodium chlorite is pumped into the stream and allowed to react in a generating column to produce ClO_2.

A second, common method of generation uses NaOCl and HCl in place of chlorine gas. Also referred to as the "three pump" method of generation, this method is valuable to a facility that wants to eliminate gaseous chlorine.

A third, more recent method of generation uses sodium chlorate ($NaClO_3$) and sulfuric acid. This differs from the other two methods in that ClO_2 is generated in a vacuum and is then educted into the motive water stream.

Chlorine dioxide holds many advantages over chlorine in cooling water systems. ClO_2 is considerably more selective than chlorine in the presence of various compounds, which allows it to be more effective in contaminated systems. Table 2 lists a series of compounds for which chlorine would show a greater affinity than ClO_2. Under certain conditions ClO_2 may, in fact, be two-and-one-half times more reactive than chlorine. Under efficient ClO_2 generation, THMs are not formed and THM precursors are reduced. In one application, THM formation was reduced from 34 m g/l to 1 m g/l using ClO_2.

Chlorine dioxide does not hydrolyze in water as does chlorine and there is no dissociation of ClO_2. It remains fully active in a pH range far broader than chlorine or sodium hypochlorite. Since ClO_2 remains a gas in water, it does not have the corrosive tendencies of chlorine gas. Its selectivity generally allows for lower dosages compared to chlorine, limiting the amount of aggressive Cl^- available to attack passivated metal surfaces. Finally, ClO_2 is much less aggressive to traditional corrosion inhibitors.

Hypochlorous acid, whether formed from the dissolution of chlorine gas or sodium hypochlorite in water, has satisfactorily controlled microorganisms in cooling water systems. However, dissolution does yield a mineral acid or caustic soda which may adversely affect system pH, inhibitor passivation layers or metal surfaces.

Hypochlorous acid is heavily pH-dependent, because as system pH increases, there is a correspondingly rapid decrease in the concentration of the biocidally active species. It is also a non-specific oxidant which readily reacts with various organic and inorganic compounds that may be present in a cooling water system. Some of these reactions tend to yield undesirable by-products which are regulated or may be regulated in the future.

The effects of pH on hypochlorous acid and its reactivity with a variety of compounds both combine to vastly diminish its effectiveness in contaminated, high-pH cooling water systems. Conversely, chlorine dioxide remains completely pH-independent in the range where recirculating and once-through cooling systems are typically operated.

Since ClO_2 is a dissolved gas in water, there is no mineral acid or caustic soda formation as happens when using HOCl. Chlorine dioxide tends to be much less, if not totally non-reactive, with many organic and inorganic compounds.

Chlorine Dioxide Advantages

- Acts as an excellent virucide.
- Does not react with ammonia nitrogen to form chlorinated amines.
- Does not react with oxidizable material to form THMs; destroys up to 30% of THM precursors.
- Destroys phenols that cause taste and odor problems in potable water supplies.
- Forms fewer chlorinated DBPs such as THMs, HAAs and TOX.
- Disinfects and oxidizes effectively, including good disinfection of both *Giardia* and *Cryptosporidium*.
- Works at low dosage in post-disinfection step with no need of booster stations.
- Improves removal of iron and manganese by rapid oxidation and settling of oxidized compounds.
- Does not react with bromide to form bromate or brominated by-products.
- Has enhanced turbidity removal under certain conditions.

Chlorine Dioxide Disadvantages

- Reacts with natural organic matter and forms inorganic by-products. Chlorite ion, and to a lesser extent chlorate ion, are formed when chlorine dioxide is used.
- Requires on-site generation equipment and handling of chemicals.
- Occasionally poses unique odor and taste problems.

First Aid and Treatment

a) Remove the victim from the contaminated area at once. Loosen all constrictive clothing around the neck.

b) If breathing has stopped, apply artificial respiration.

c) Oxygen should be administered by an (external) Emergency Response Team in case of severe exposure.

d) Call a physician as soon as possible and keep patient warm and quiet.

e) If conscious, discourage coughing; essence of peppermint is sometimes given.

Reactive Chemical Hazards

- During preparation of gaseous ClO_2 decomposition can occur beyond 100 mm Hg partial pressure or above 100°C.

- Chlorine dioxide is incompatible with ammonia, mercury vapors, methane, phosphine and hydrogen sulfide.

- Chlorine dioxide gas is a highly unstable substance. Long stagnation of the vapors will result in an explosive decomposition. Vapors are reactive with most organics.

Phosphine

Phosphine is the common name for phosphorus hydride (PH^3), also known by the IUPAC name phosphane. It is a colorless, flammable gas with a boiling point of 88 °C at standard pressure. Pure phosphine is odorless, but "technical grade" phosphine has a highly unpleasant odor like garlic or rotting fish, due to the presence of substituted phosphine and diphosphine (P^2H^4).

Phosphine is highly toxic; it can easily kill in relatively low concentrations. Because of this, the gas is used for pest control by fumigation. For farm use, it is often sold in the form of aluminum phosphide pellets, which yield phosphine on contact with atmospheric water. These pellets also contain other chemicals which evolve ammonia which helps to reduce the potential for spontaneous ignition or explosion of the phosphine gas. They also contain other agents (e.g. methanethiol) to give the gas a detectable garlic smell to help warn against its presence in the atmosphere. Phosphine is also used as a dopant in the semiconductor industry.



Chlorine Dioxide Questions

1) Q: Is chlorine dioxide more expensive than chlorine?
A: Yes. Generally, chlorine dioxide is used only when chlorine is not capable of doing the job at hand, or when the use of chlorine creates unacceptable levels of by-products, such as THM or HAA.

2) Q: When applying chlorine dioxide for drinking water treatment, how do I ensure that I don't exceed the chlorite MCL?
A: To make sure that chlorite levels in drinking water treated with chlorine dioxide don't exceed the MCL, you should apply pure chlorine dioxide at a dose of no more than about 1.5ppm, depending on the particular water matrix being treated. (Generally, 50-70% of the applied chlorine dioxide "winds up" as chlorite.)

3) Q: What is the chlorite MCL for drinking water?
A: The chlorite MCL allowed in drinking water is 1.0 mg/l.

4) Q: What is the chlorate MCL for drinking water?
A: There is no MCL for chlorate for drinking water, due to insufficient toxicology data. However, the State of California has set an "advisory level" for chlorate of 0.8mg/l.

5) Q: What is the practical dosage limit for chlorine dioxide for drinking water treatment?
A: The practical dosage limit for chlorine dioxide in drinking is driven by compliance with the chlorite MCL, and is about 1.5mg/l unless chlorite is removed prior to the water leaving the plant.

6) Q: Will switching from chlorine gas to hypochlorite (bleach) help control disinfection byproducts (THM, HAA)?
A: Switching from chlorine gas to hypochlorite addresses risks associated with potential chlorine gas release; the chemistry of chlorine and hypochlorite in water are substantially the same, so far as DBP formation is concerned.

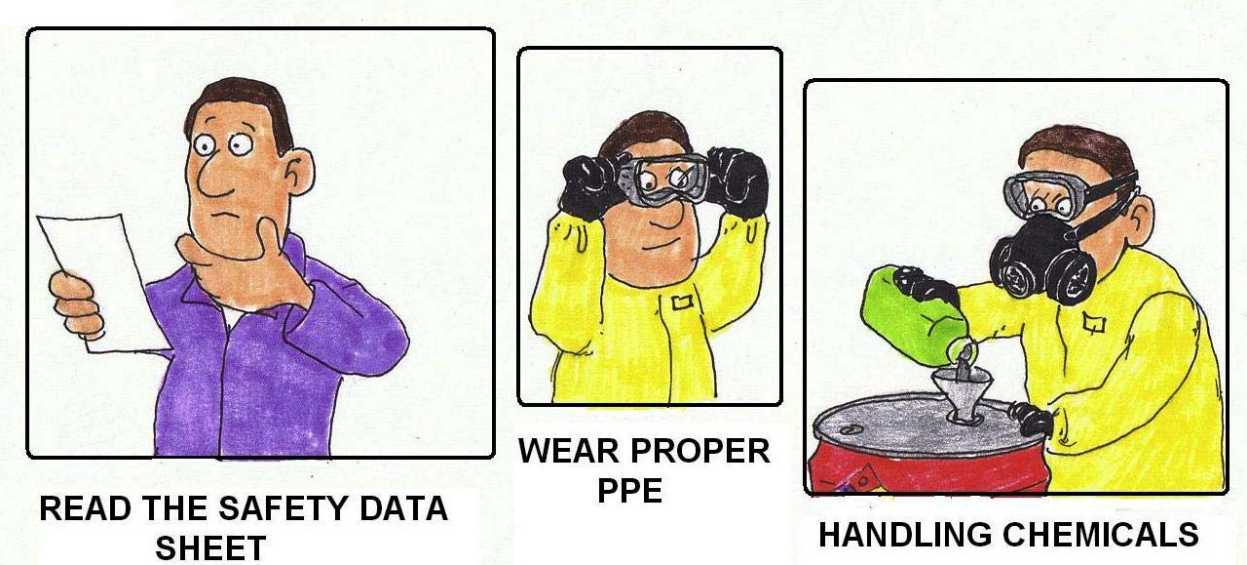
7) Q: Can chlorine dioxide kill Cryptosporidium?
A: Chlorine dioxide can kill Cryptosporidium far better than chlorine. However, a relatively high CxT (concentration x time) product is still required to get substantial Cryptosporidium kill with chlorine dioxide, especially in cold water. Only water treatment utilities with very long intake structures and low-demand raw water can expect to achieve significant Cryptosporidium reduction (1-2 logs) with chlorine dioxide alone.

8) Q: Can chlorine dioxide remove off-tastes and odors from drinking water?
A: Chlorine dioxide is effective at the removal of many off-tastes and odors associated with drinking water. However, chlorine dioxide is substantially ineffective in controlling certain "earthy-musty" odor causing compounds, such as MIB and Geosmin.

9) Q: Does chlorine dioxide form bromate ion when used to treat bromide-containing water?
A: Chlorine dioxide does not oxidize bromide ion to form bromate ion, unless the reaction is photolyzed. That is, some bromate ion may be formed in the presence of light.

10) Q: Does chlorine dioxide react with organics to produce trihalomethanes (THM) or haloacetic acids (HAA)?
A: In contrast to chlorine, chlorine dioxide does not react with organics (to any appreciable extent) to produce THM or HAA.

11) Q: **What is the typical chlorine dioxide dosage for drinking water treatment?**
A: The chlorine dioxide dosage for drinking water treatment depends on the particular application, as well as on the water matrix being treated. For example, a typical dosage for manganese removal might be 0.25-0.50ppm; for primary disinfection, a dose of 0.75 to 1.25ppm is more likely.



Chlorine Dioxide Testing Methods

Most tests for chlorine dioxide rely upon its oxidizing properties. Consequently, numerous test kits are readily available that can be adapted to measure chlorine dioxide. In addition, new methods that are specific for chlorine dioxide are being developed. The following are the common analytical methods for chlorine dioxide:

	DPD glycine	Chlorophenol Red	Direct Absorbance	Iodometric Titration	Amperometric Titration
Method Type:	Colorimetric	Colorimetric	Colorimetric	Titrimetric	Titrimetric
How It Works	Glycine removes Cl2; ClO_2 forms a pink color, whose intensity is proportional to the ClO_2 concentration.	ClO_2 bleaches chlorophenol red indicator. The degree of bleaching is proportional to the concentration of ClO_2.	The direct measurement of ClO_2 is determined between 350 and 450 nM.	Two aliquots are taken one is sparged with N_2 to remove ClO_2. KI is added to the other sample at pH7 and titrated to a colorless endpoint. The pH is lower to 2, the color allowed to reform and the titration continued. These titrations are repeated on the sparged sample.	
Range	0.5 to 5.0 ppm.	0.1 to 1.0 ppm	100 to 1000 ppm	> 1 ppm	< 1ppm
Interferences	Oxidizers	None	Color, turbidity	Oxidizers	
Complexity	Simple	Moderate	Simple	Moderate	High
Equipment Required	Spectrophotometer or Colorimeter			Titration equipment	Amperometric Titrator
EPA Status	Approved	Not approved	Not approved	Not approved	Approved
Recommendation	Marginal	Yes	Marginal	Yes	Marginal

Additional Drinking Water Methods (Non EPA) for Chemical Parameters

Method	Method Focus	Title	Order Number	Source
4500-Cl^- B	Chloride by Silver Nitrate Titration	Standard Methods for the Examination of Water and Wastewater, 18th & 19th Ed.	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl^- D	Chloride by Potentiometric Method	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl D	Chlorine Residual by Amperometric Titration (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl E	Chlorine Residual by Low Level Amperometric Titration (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl F	Chlorine Residual by DPD Ferrous Titration (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl G	Chlorine Residual by DPD Colorimetric Method (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl H	Chlorine Residual by Syringaldazine (FACTS) Method (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-Cl I	Chlorine Residual by Iodometric Electrode Technique (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-ClO_2 C	Chlorine Dioxide by the Amperometric Method I	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-ClO_2 D	Chlorine Dioxide by the DPD Method (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**
4500-ClO_2 E	Chlorine Dioxide by the Amperometric Method II (Stage 1 DBP use SM 19th Ed. only)	Standard Methods for the Examination of Water and Wastewater, 18th, 19th & 20th Editions	Included in Standard Methods	American Water Works Assn. **(AWWA)**

Alternative Disinfectants Chapter 5
Ultraviolet Disinfection

This process involves exposing water to ultraviolet (UV) radiation, which inactivates various microorganisms. The technique has enjoyed increased application in wastewater treatment but very limited application in potable water treatment.

The enormous temperatures on the sun create ultraviolet (**UV**) rays in great amounts, and this radiation is so powerful that all life on earth would be destroyed if these rays were not scattered by the atmosphere and filtered out by the layers of ozone gas that float some 20 miles above the earth.



This radiation can be artificially produced by sending strong electric currents through various substances. A sun lamp, for example, sends out UV rays that, when properly controlled, result in a suntan. Of course, too much will cause sunburn.

The UV lamp that can be used for the disinfection of water depends upon the low-pressure mercury vapor lamp to produce the ultraviolet energy. A mercury vapor lamp is one in which an electric arc is passed through an inert gas. This in turn will vaporize the mercury contained in the lamp; and it is a result of this vaporization that UV rays are produced.



The lamp itself does not come in to contact with water, the lamp is placed inside a quartz tube, and the water is in contact with the outside of the quartz tube. Quartz is used in this case since practically none of the UV rays are absorbed by the quartz, allowing all of the rays to reach the water. Ordinary glass cannot be used since it will absorb the UV rays, leaving little for disinfection.

The UV sterilizer will consist of a various number of lamps and tubes, depending upon the quantity of water to be treated. As water enters the sterilizer, it is given a tangential flow pattern so that the water spins over and around the quartz sleeves. In this way the microorganisms spend maximum time and contact with the outside of the quartz tube and the source of the UV rays. The basic design flow of water of certain UV units is in the order of 2.0 gpm for each inch of the lamp. Further, the units are designed so that the contact or retention time of the water in the unit is not less than 15 seconds.

UV disinfection transfers electromagnetic energy from a mercury arc lamp to a pathogen's DNA material, thus affecting its ability to replicate itself. UV's effectiveness depends on the characteristics of the wastewater, the intensity of the UV radiation being emitted, the length of time that the wastewater comes in contact with the UV radiation, and the arrangement of the UV reactor.

UV has the advantage of being effective at inactivating viruses and, because it's a physical process rather than a chemical process, there are no residual constituents remaining in the treated wastewater after exposure to UV. Also, the contact time for the wastewater with the UV source is the shortest of any of the disinfectant strategies, lasting no longer than 20 to 30 seconds. Disadvantages include the effects of turbidity in the water reducing the infiltration and therefore the effectiveness of UV and the need to provide an effective cleaning and replacement program for the UV components.

"If you just need pure disinfection you probably would tend towards UV rather than ozone". "The cost of the UV just for disinfection is usually less than ozone, and the amount of equipment needed is less. But every water treatment has to be looked at individually in order to get what you want. Sometimes you cannot use UV because the waste treatment is too turbid; if you can filter it to get the turbidity levels down, maybe you'll use UV."

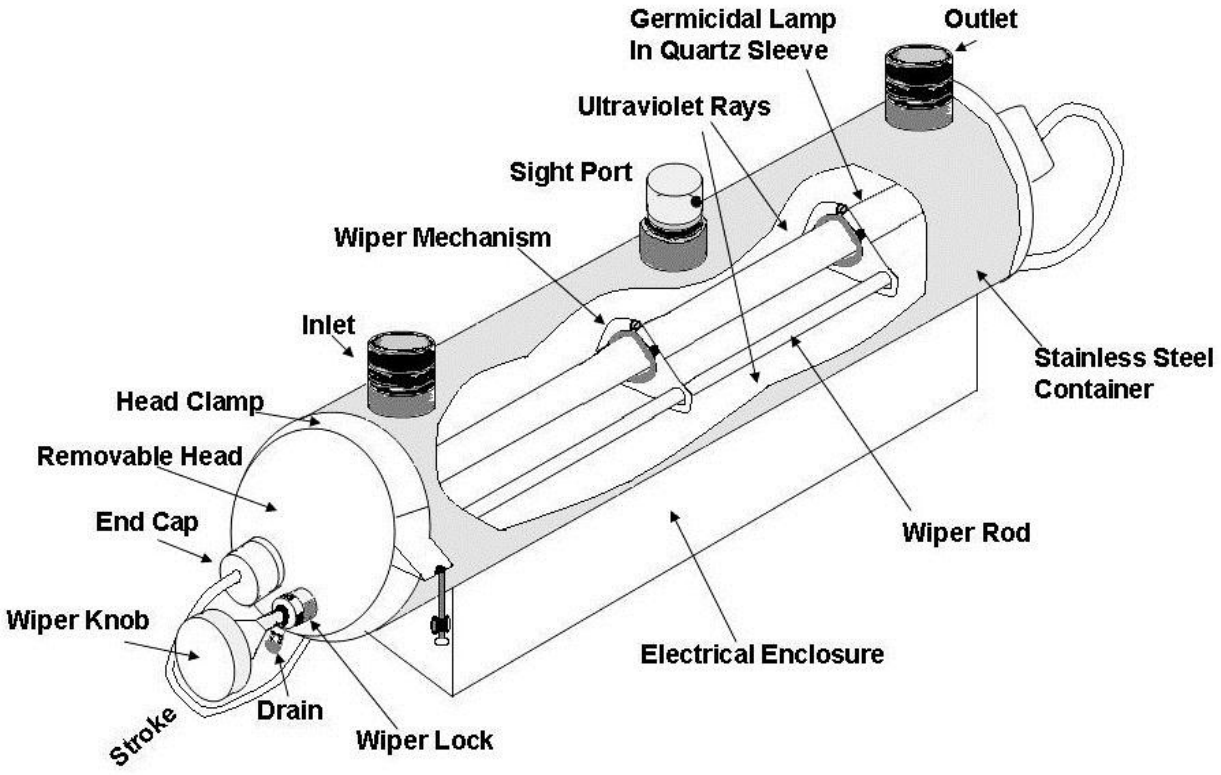
Primarily, there are two designs for UV systems. One system involves a non-contact design in which the UV-light system is suspended away from contact with the water. The second system is the contact reactor-type design in which the lamps are encased in a quartz sleeve that is submerged in the water. This contact-type system is further separated by whether it is an open- or closed-channel system. The open-channel system submerges the lamps in either a horizontal or vertical arrangement. A closed-channel system is within a sealed chamber that can be used in a pressurized system. The open-channel system is mostly used in wastewater treatment.

Ensuring that the UV maintains good contact with the water requires control of the water level within the channel to ensure that the UV is making total contact at the designed depths. Also, because of the heat generated by the electric components of the system, adequate ventilation and cooling must be applied to the UV arrays to reduce heat build-up, otherwise the ballasts could fail. UV lamps have a rated life of up to 14,000 hours, and should be routinely replaced at 12,000 hours or roughly every 1.5 years of continuous operation. The electrical consumption of this system, combined with the cost of routine replacement of ballasts and shields, should be considered against other systems.

Photoelectric Cell

Most manufacturers claim that the UV lamps have a life of about 7,500 hours, which is about 1 year's time. The lamp must be replaced when it loses about 40% to 50% of its UV output; in any installation this is determined by means of a photoelectric cell and a meter that shows the output of the lamp. Each lamp is outfitted with its own photoelectric cell, and with its own alarm that will be activated when the penetration drops to a preset level.

Ultraviolet radiation is an excellent disinfectant that is highly effective against viruses, molds, and yeasts; and it is safe to use. It adds no chemicals to the water, it leaves no residual, and it does not form THMs. It is used to remove traces of ozone and chloramines from the finished water. Alone, UV radiation will not remove precursors, but in combination with ozone, it is said to be effective in the removal of THM precursors and THMs.



The germicidal effect of UV is thought to be associated with its absorption by various organic components essential to the cell's functioning. For effective use of ultraviolet, the water to be disinfected must be clean, and free of any suspended solids. The water must also be colorless and must be free of any colloids, iron, manganese, taste, and odor. These are conditions that must be met.

Also, although a water may appear to be clear, such substances as excesses of chlorides, bicarbonates, and sulfates affect absorption of the ultraviolet rays. These parameters will probably require at least filtration of one type or another. The UV manufacturer will of course stipulate which pretreatment may be necessary.

Removal of Disinfection By-Products		
Disinfectant	***Disinfectant By-product***	***Disinfectant By-product Removal***
Chlorine (HOCl)	Trialomethane (THM) Chloramine Chlorophenol	Granular Activated Carbon (**GAC**), resins, controlled coagulation, aeration. GAC-UV GAC
Chloramine (NH_xCl_y)	Probably no THM Others?	GAC UV?
Chlorine dioxide (ClO_2)	Chlorites Chlorates	Use of Fe2+ in coagulation, RO, ion-exchange
Permanganate ($KMnO_4$)	No THMs	
Ozone (O_3)	Aldehydes, Carboxylics, Phthalates	GAC
Ultraviolet (UV)	None known	GAC

The table indicates that most of the disinfectants will leave a by-product that is or would possibly be inimical to health. This may aid with a decision as to whether or not precursors should be removed before these disinfectants are added to water.

If it is decided that removal of precursors is needed, research to date indicates that this removal can be attained through the application of controlled chlorination plus coagulation and filtration, aeration, reverse osmosis, nanofiltration, GAC or combinations of others processes.

Ultraviolet Radiation *Advantages and Disadvantages*

Ultraviolet Radiation Advantages

- No chemical storage, handling or feed equipment required.
- No identified disinfection by-products.

Ultraviolet Radiation Disadvantages

- No residual action.
- High maintenance requirements.
- High initial capital costs.
- High operating (energy) costs.

Disinfecting action can be compromised by variables such as water clarity, hardness (scaling on the UV tubes), fouling (biological materials) of UV lamps, wavelength of the UV radiation or power failure.

Ozone Section

Ozone has been used for several decades in Europe and is now starting to be found in the U.S. for taste and odor control, color removal and disinfection.

Strongest Oxidizing Agent
Ozone (O_3) is probably the strongest oxidizing agent available for water treatment. Although it is widely used throughout the world, is has not found much application in the United States. Ozone is obtained by passing a flow of air or oxygen between two electrodes that are subjected to an alternating current in the order of 10,000 to 20,000 volts.

$$3O_2 + \text{electrical discharge} \rightarrow 2O_3$$

Liquid ozone is very unstable and can readily explode. As a result, it is not shipped and must be manufactured on-site. Ozone is a light blue gas at room temperature.

It has a self-policing pungent odor similar to that sometimes noticed during and after heavy electrical storms. In use, ozone breaks down into oxygen and nascent oxygen.

$$O_3 \rightarrow O_2 + O$$

It is the nascent oxygen that produces the high oxidation and disinfections, and even sterilization. Each water has its own ozone demand, in the order of 0.5 ppm to 5.0 ppm. Contact time, temperature, and pH of the water are factors to be determined.

Ozone acts as a complete disinfectant. It is an excellent aid to the flocculation and coagulation process, and will remove practically all color, taste, odor, iron, and manganese. It does not form chloramines or THMs, and while it may destroy some THMs, it may produce others when followed by chlorination.

Ozone is not practical for complete removal of chlorine or chloramines, or of THM and other inorganics. Further, because of the possibility of formation of other carcinogens (such as aldehydes or phthalates) it falls into the same category as other disinfectants in that it can produce DBPs.



Oxygen tank is necessary to generate O_3

Ozone Advantages

- Acts as an excellent virucide.
- Disinfects and oxidizes very effectively.
- Produces no chlorinated THMs, HAAs or other chlorinated by-products.
- Enhances turbidity removal under certain conditions.
- Inactivates both *Cryptosporidium* and *Giardia*, as well as other known pathogens.
- Controls taste and odor.

Ozone Disadvantages

- Produces disinfection by-products, including:
  ~Aldehydes
  ~Ketones
  ~Carboxylic acids
  ~Brominated THMs (including bromoform)
  ~Brominated acetic acids
  ~Bromate (in the presence of bromide)
  ~Quinones
  ~Peroxides
- Fosters THM formation when some ozonation by-products combine with secondary disinfection processes. A biologically active filter will likely be necessary to remove these newly formed precursors.
- Does not provide a persistent residual.
- Raises regulatory concerns. Future DBP regulations may require plants using ozone to install costly precursor removal systems (such as granular activated carbon filtration systems).
- Requires capital investment. Ozone must be produced on-site by costly generation that requires a high level of maintenance and substantial operator training.
- Promotes microbial growth. Ozone readily reacts with more complex organic matter and can break this down to smaller compounds that serve to increase nutrients in water supplies, thus enhancing microbial regrowth in water distribution systems.

Alternate Disinfectants Section Summary

Chloramines
Chloramine is a very weak disinfectant for Giardia and virus reduction. It is recommended that it be used in conjunction with a stronger disinfectant. It is best utilized as a stable distribution system disinfectant. In the production of chloramines the ammonia residuals in the finished water, when fed in excess of stoichiometric amount needed, should be limited to inhibit growth of nitrifying bacteria.

Chlorine Dioxide
Chlorine dioxide may be used for either taste and odor control or as a pre-disinfectant. Total residual oxidants (including chlorine dioxide and chlorite, but excluding chlorate) shall not exceed 0.30 mg/L during normal operation or 0.50 mg/L (including chlorine dioxide, chlorite and chlorate) during periods of extreme variations in the raw water supply.

Chlorine dioxide provides good Giardia and virus protection but its use is limited by the restriction on the maximum residual of 0.5 mg/L ClO^2/chlorite/chlorate allowed in finished water. This limits usable residuals of chlorine dioxide at the end of a process unit to less than 0.5 mg/L. Where chlorine dioxide is approved for use as an oxidant, the preferred method of generation is to entrain chlorine gas into a packed reaction chamber with a 25% aqueous solution of sodium chlorite ($NaClO^2$).

Warning: Dry sodium chlorite is explosive and can cause fires in feed equipment if leaking solutions or spills are allowed to dry out.

Ozone
Ozone is a very effective disinfectant for both Giardia and viruses. Ozone CT (Contact time) values must be determined for the ozone basin alone; an accurate T10 value must be obtained for the contact chamber, residual levels measured through the chamber and an average ozone residual calculated. Ozone does not provide a system residual and should be used as a primary disinfectant only in conjunction with free and/or combined chlorine.

Ozone does not produce chlorinated byproducts (such as trihalomethanes) but it may cause an increase in such byproduct formation if it is fed ahead of free chlorine; ozone may also produce its own oxygenated byproducts such as aldehydes, ketones, or carboxylic acids. Any installed ozonation system must include adequate ozone leak detection alarm systems, and an ozone off-gas destruction system. Ozone may also be used as an oxidant for removal of taste and odor, or may be applied as a pre-disinfectant.

UV
The germicidal effect of UV is thought to be associated with its absorption by various organic components essential to the cell's functioning. For effective use of ultraviolet, the water to be disinfected must be clean and free of any suspended solids. The water must also be colorless and must be free of any colloids, iron, manganese, taste, and odor. These are conditions that must be met.

BUCKETWATER FILTRATION SYSTEM



Conditions for Respirator Use
Good industrial hygiene practice requires that engineering controls be used where feasible to reduce workplace concentrations of hazardous materials to the prescribed exposure limit.

However, some situations may require the use of respirators to control exposure. Respirators must be worn if the ambient concentration of chlorine exceeds prescribed exposure limits. Respirators may be used (1) before engineering controls have been installed, (2) during work operations such as maintenance or repair activities that involve unknown exposures, (3) during operations that require entry into tanks or closed vessels, and (4) during emergencies. Workers should only use respirators that have been approved by NIOSH and the Mine Safety and Health Administration (MSHA).

Respiratory Protection Program
Employers should institute a complete respiratory protection program that, at a minimum, complies with the requirements of OSHA's Respiratory Protection Standard [29 CFR 1910.134]. Such a program must include respirator selection, an evaluation of the worker's ability to perform the work while wearing a respirator, the regular training of personnel, respirator fit testing, periodic workplace monitoring, and regular respirator maintenance, inspection, and cleaning. The implementation of an adequate respiratory protection program (including selection of the correct respirator) requires that a knowledgeable person be in charge of the program and that the program be evaluated regularly.

For additional information on the selection and use of respirators and on the medical screening of respirator users, consult the latest edition of the NIOSH Respirator Decision Logic [NIOSH 1987b] and the NIOSH Guide to Industrial Respiratory Protection [NIOSH 1987a].

Personal Protective Equipment
Workers should use appropriate personal protective clothing and equipment that must be carefully selected, used, and maintained to be effective in preventing skin contact with chlorine. The selection of the appropriate personal protective equipment (**PPE**) (e.g., gloves, sleeves, encapsulating suits) should be based on the extent of the worker's potential exposure to chlorine.

The resistance of various materials to permeation by both chlorine liquid and chlorine gas is shown below:

Material Breakthrough Time (hr) Chlorine Liquid Responder
Chlorine gas butyl rubber neoprene Teflon viton saranex barricade chemrel responder trellchem HPS nitrile rubber H (**PE/EVAL**) polyethylene polyvinyl chloride. Material is estimated (but not tested) to provide at least four hours of protection. Not recommended, degradation may occur.

To evaluate the use of these PPE materials with chlorine, users should consult the best available performance data and manufacturers' recommendations. Significant differences have been demonstrated in the chemical resistance of generically similar PPE materials (e.g., butyl) produced by different manufacturers. In addition, the chemical resistance of a mixture may be significantly different from that of any of its neat components.

Any chemical-resistant clothing that is used should be periodically evaluated to determine its effectiveness in preventing dermal contact. Safety showers and eye wash stations should be located close to operations that involve chlorine.

Splash-proof chemical safety goggles or face shields (20 to 30 cm long, minimum) should be worn during any operation in which a solvent, caustic, or other toxic substance may be splashed into the eyes.



In addition to the possible need for wearing protective outer apparel (e.g., aprons, encapsulating suits), workers should wear work uniforms, coveralls, or similar full-body coverings that are laundered each day. Employers should provide lockers or other closed areas to store work and street clothing separately. Employers should collect work clothing at the end of each work shift and provide for its laundering. Laundry personnel should be informed about the potential hazards of handling contaminated clothing and instructed about measures to minimize their health risk.

Protective clothing should be kept free of oil and grease and should be inspected and maintained regularly to preserve its effectiveness. Protective clothing may interfere with the body's heat dissipation, especially during hot weather or during work in hot or poorly ventilated work environments.



SCBA Fit Test

Respiratory Protection Breakdown

General
In the Respiratory Protection program, hazard assessment and selection of proper respiratory PPE is conducted in the same manner as for other types of PPE. In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination.

This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used. References: OSHA Standards ***Respiratory Protection*** (**29 CFR 1910.134**)

Why Respirators Are Needed
Respirators protect against the inhalation of dangerous substances (vapors, fumes, dust, gases). They can also provide a separate air supply in a very hazardous situation.
Some of the health hazards that respirators prevent include:
- ***Lung damage***
- ***Respiratory diseases***
- ***Cancer and other illnesses.***



Respiratory Protection Responsibilities
The employer is responsible for:
- Providing training in the use and care of respirators.
- Ensuring that equipment is adequate, sanitary, and reliable.
- Allowing employees to leave area if ill, for breaks, and to obtain parts.
- Fit testing.
- Providing an annual medical evaluation.
- Providing a powered air-purifying respirator (**PAPR**) if an employee cannot wear a tight-fitting respirator.



The employee is responsible for:
- Properly using respirators.
- Maintaining respirator properly.
- Reporting malfunctions.
- Reporting medical changes.

Selection of Proper Respiratory Protection

When choosing the correct respiratory protection for your work environment, it is important to consider:

- Identification of the substance or substances for which respiratory protection is necessary.
- A substance's Safety Data Sheet (**SDS**) (it will state which type of respirator is most effective for the substance).
- Activities of the workers.
- Hazards of each substance and its properties.
- Maximum levels of air contamination expected.
- Probability of oxygen deficiency.
- Period of time workers will need to use the respiratory protection devices.
- Capabilities and physical limitations of the device used.

Types of Respirators The following is a description of different types of respirators.

Commonly Used Respirators (*Air Purifying*)

- **Disposable Dust masks** are worn over the nose and mouth to protect the respiratory system from certain nuisance dusts, mists, etc. They can only provide protection against particular contaminants as specified by the manufacturer (e.g., general dust, fiberglass, etc.). These dust masks cannot be fit tested, and are generally single use. They are not recognized as respiratory protection and may not be worn if a potential for overexposure exists. They are not included in most companies' Respiratory Protection Program.

- **Half-Face Respirators** with interchangeable filter cartridges can protect the respiratory system from hazardous dusts, fumes, mists, etc. They can only provide protection against certain contaminants up to limited concentrations specified by the manufacturer for the particular cartridge type used (e.g., toluene, acetone). These generally operate under negative pressure within the respirator which is created by the wearer's breathing through the filter cartridges. As the protection is only gained if there is a proper seal of the respirator face piece, this type requires fit testing prior to respirator assignment and a fit check prior to each use.

- **Full-Face Respirators** operate under the same principle and requirements as the half-face type, however, they offer a better facepiece fit and also protect the wearer's eyes from particularly irritating gases or vapors.

- **Full-face, helmet or hood type powered air purifying respirators** (**PAPRs**) operate under positive pressure inside the facepiece using a battery operated motor blower assembly to force air through a filter cartridge into the wearer's breathing zone. Use of these respirators is also subject to the manufacturers' guidelines.

Less Commonly Used Types Respirators (Air Supplying)

- **Air-Line Respirators** supply clean air through a small diameter hose from a compressor or compressed air cylinders. The wearer must be attached to the hose at all times, which limits mobility. Use of these respirators is subject to the manufacturers' guidelines.
- **Self-Contained Breathing Apparatus** (**SCBA**) respirators supply clean air from a compressed air tank carried on the back of the wearer. These types of respirators are highly mobile and are used primarily for emergency response or rescue work, since only a limited amount of air can be supplied by a single tank, generally 20-60 minutes. Units must be thoroughly inspected on a monthly basis and written records must be kept of all inspections, operator training, etc. Use of these respirators is subject to the manufacturer's guidelines

Basic Types of Respirators
Air-purifying or filtering respirators. Such respirators are used when there is enough oxygen (at least 19.5 percent) and contaminants are present below IDLH level. The respirator filters out or chemically "**scrubs**" contaminants, usually with a replaceable filter. Use color-coded filter cartridges or canisters for different types of contaminants. It's important to select the right filter for the situation.



Air-supplying respirators. These respirators are required when air-purifying respirators aren't effective. Air-purifying respirators are not sufficient in the following settings:

- When there is not enough oxygen.
- In Confined spaces.
- When contaminants cannot be filtered out.
- When contaminants are at or above IDLH level.

Different kinds of air-supplying respirators include

- Those connected by hose to a stationary air supply (air line)
- Portable tank self-contained breathing apparatus (**SCBA**).

The Importance of Correct Fit

Even a tiny gap between the respirator and the face can allow contaminants to enter. Respirators should be comfortable and properly fitted.

Proper fit includes:
- Secure but not too tight.
- No slipping or pinching.
- Allowance for head movement and speech.

An OSHA-accepted qualitative fit test or quantitative fit test must be performed prior to an employee using any tight-fitting respirator.

Tight-fitting respirators must be seal checked before each use by using positive- or negative-pressure check procedures or the manufacturer's instructions.

Respirator Filters/Cartridges
For protection against gases and vapors, the cartridges used for air-purifying respirators must be either equipped with an end-of-service-life indicator (**ESLI**), certified by NIOSH for the contaminant, or a cartridge change schedule has to be established.

For protection against particulates, there are nine classes of filters (three levels of filter efficiency, each with three categories of resistance to filter efficiency degradation). Levels of filter efficiency are 95 percent, 99 percent, and 99.97 percent. Categories of resistance to filter efficiency degradation are labeled N, R, and P.

Protection Factors
The protection factor of a respirator is an expression of performance based on the ratio of two concentrations: The contaminant concentration outside the respirator to the contaminant concentration inside the respirator.

Each class of respirator is also given an assigned protection factor (**APF**). The APF is a measure of the minimum anticipated level of respiratory protection that a properly functioning respirator or class of respirators would provide to a percentage of properly fitted and trained users. When a contaminant concentration is known, the APF can be used to estimate the concentration inside a particular type of respirator worn by a user.



Who Cannot Wear a Respirator?

Respirator fit is essential. Employees must have a medical checkup to make sure they can wear respirators safely.

Generally, Respirators cannot be Worn when a Person:

- Wears glasses or personal protective equipment that interferes with the seal of the face piece to the face of the user.
- Has facial hair that comes between the sealing surface of the face piece and the face or interferes with valve function.
- Has a breathing problem, such as asthma.
- Has a heart condition.
- Is heat sensitive.

Sometimes a person's facial features will not permit a good fit. Check with the supervisor or medical department if the fit is a problem.

Checking for Damage

Before each use, make sure there are no holes, tears, etc., in the respirator. Rubber parts can wear out and should be checked very carefully every time a respirator is used. Replace worn and damaged parts when necessary. Make sure air and oxygen cylinders are fully charged.

Staying Prepared for Respirator Use

Respirators are bulky and awkward, so getting used to them takes practice. Possible problems with wearing respirators may include heat exhaustion or heat stroke. Be alert for symptoms, use the "**buddy system**," and wear a lifeline or harness when necessary. Drink plenty of fluids and take frequent breaks.

Poor Maneuverability. Practice with respirators in narrow passages, on ladders, etc., if your use of respirators may be in these types of conditions.

Using up the Air Supply. When a SCBA is in use, keep checking the gauges and listening for alarms; be ready to leave the area immediately if there is a problem.

Panic. Remember the importance of staying calm in a hot, stressful, or awkward situation.

Cleaning Respirators

Respirators should be cleaned and disinfected after every use. Check the respirator for damage before putting it away; look for holes, cracks, deterioration, dented cartridges, etc. If any damage is found, it should be reported to a supervisor. Respirators stored for emergency use must be inspected monthly when not in use, as well as after each use.

Respirators should be stored away from light, heat, cold, chemicals, and dust. Store respirators in a "***normal***" (natural, undistorted) position to hold their shape. Do not allow respirators to get crushed, folded, or twisted.

OSHA Regulation Overview

OSHA requires that supervisors consult with employees and encourage their participation in the process safety management plan. In fact, managers must have a written plan of action for employee participation in process safety management. Employee participation is critical because;

- Employees know a lot about the process they work on.
- They play key roles in making sure that process operation is conducted safely.

Operating Procedures

Managers must furnish written operating procedures that clearly explain how to perform each covered process safely. The procedures must be accurate and must be written in language that people can understand. Avoid technical jargon and, if necessary, supply translations.

Operating procedures must include at least the following:

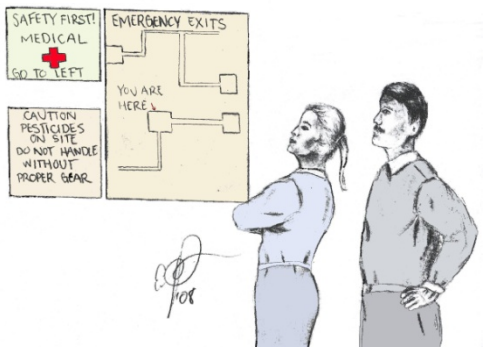
- Operating steps for initial startup, normal and temporary operations, emergency shutdown (including when it's called for and who does it), emergency operations, normal shutdown, and startup after a turnaround or an emergency shutdown.
- Operating limits, including what happens if workers don't conform to operating limits and how to avoid or correct such problems.
- Safety and health considerations, such as chemical or other hazards, precautions to prevent exposure, quality and inventory control for chemicals, and what to do if an employee is exposed to a hazardous substance.
- Safety systems and their functions, including up-to-date operating procedures and safe work practices.

Contractor Employees

Process safety training and safety programs are also required for contractors who work on-site. Managers must check out the safety performance and programs of any contractors being considered for maintenance, repair, turnaround, major renovation, or specialty work on or around a process covered by the regulation.

When a contractor is hired, the manager must provide the contractor with information on the hazards of the process the contractor will work on. To further ensure contractor safety, managers must also:

- Provide the contractor with information on safe work practices for the process they're involved with and tell them what to do in an emergency.
- Keep a log of contractor employees' injuries or illnesses related to their work in process areas.
- Evaluate the contractor's performance to make sure they're living up to their safety obligations under the standard.



The Contractor has Responsibilities, too…

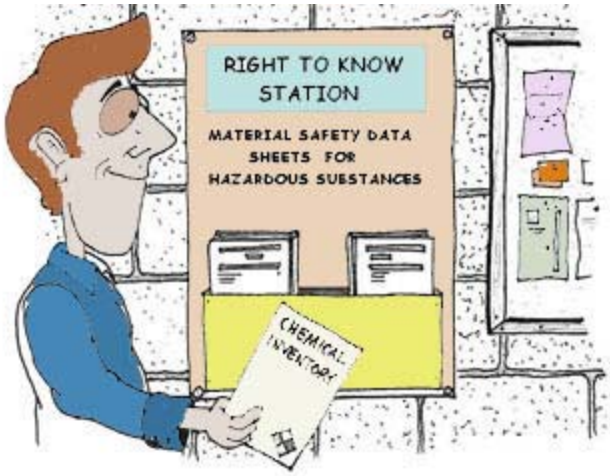
- Document that employees are trained to recognize hazards and to follow safe work practices on the job.
- Make sure that the contractor's employees understand potential job-related hazards, are trained to work safely, and follow the safety rules of the facility in which they're working.

Written Respiratory Protection Program

This paragraph requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator.

The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this paragraph. Copies of the Small Entity Compliance Guide will be available on or about April 8, 1998 from the Occupational Safety and Health Administration's Office of Publications, Room N 3101, 200 Constitution Avenue, NW, Washington, DC, 20210 (202-219-4667).

(c)(1) In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:



(c)(1)(i) Procedures for selecting respirators for use in the workplace;

(c)(1)(ii) Medical evaluations of employees required to use respirators;

(c)(1)(iii) Fit testing procedures for tight-fitting respirators;

(c)(1)(iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

(c)(1)(v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

(c)(1)(vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

(c)(1)(vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;

Example of RP Employee Responsibilities

All Employees shall follow the requirements of the Respiratory Protection Program.

Management

- implement the requirements of this program
- provide a selection of respirators as required
- enforce all provisions of this program
- appoint a *Specific Designated* individual to conduct the respiratory protection program

Administrative Department

- Review sanitation/storage procedures.
- ensure respirators are properly stored, inspected and maintained
- monitor compliance for this program
- provide training for affected Employees
- review compliance and ensure monthly inspection of all respirators
- provide respirator fit testing



Designated Occupational Health Care Provider

- conducts medical aspects of program

Program Administrator

Each Department will designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.

Voluntary Use of Respirators is Prohibited

OSHA requires that voluntary use of respirators, when not required by the Employer, must be controlled as strictly as under required circumstances. To prevent violations of the Respiratory Protection Standard, Employees are not allowed voluntary use of their own or Employer supplied respirators of any type.

Exception: Employees whose only use of respirators involves the voluntary use of filtering (non-sealing) face pieces (dust masks).
See appendix D.



Respiratory Protection Program Statement Example

Facility _____
Policy Statement

A respiratory protection program is hereby established so as to coordinate the use and maintenance or respiratory protective equipment as determined necessary to:

1. Reduce Personnel exposure to toxic chemical agents, harmful dusts, mist and fumes and

2. Allow trained personnel to work safely in hazardous environments, such as welding, oxygen deficient atmospheres, toxic atmospheres, etc.

Designation of Program Administrator

Management has designated _____
to be responsible for the respiratory protection program at this facility. He/she has been delegated authority by Management to make decisions and implement changes in the respirator program anywhere in this facility.
The following responsibilities apply:

1. Supervision of respirator selection process and procedures
2. Establishment of respiratory protection training sessions
3. Establishment of a continuing program of cleaning and inspections
4. Establishment of medical screening program
5. Establishment of issuing procedures
6. Establishment of periodic inspections
7. Continuing evaluation of all aspects of the respiratory protection program to assure continued effectiveness
8. Establishment of annual fit tests procedures

Any questions or problems concerning respirators or their use should be directed to the Program Administrator

_____ _____
Facility Manager Date



Inspection of the respirator includes the filter and storage areas.

Program Evaluation

Evaluations of the workplace are necessary to ensure that the written respiratory protection program is being properly implemented; this includes consulting with employees to ensure that they are using the respirators properly.

Evaluations shall be conducted as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

Program evaluation will include discussions with employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems.

Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:

- Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
- Appropriate respirator selection for the hazards to which the employee is exposed;
- Proper respirator use under the workplace conditions the employee encounters; and
- Proper respirator maintenance.



Examples of half-face and full-face respirators with HEPA filters (left and center). The mask on the right is only suitable for non-hazardous, non-respirable nuisance dusts.

Recordkeeping

The Employer will retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the Employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

Training and Information
Effective training for employees who are required to use respirators is essential. The training must be comprehensive, understandable, and recur annually and more often if necessary. Training will be provided prior to requiring the employee to use a respirator in the workplace.

The training shall ensure that each employee can demonstrate knowledge of at least the following:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- Limitations and capabilities of the respirator.
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- How to inspect, put on and remove, use, and check the seals of the respirator.
- Procedures for maintenance and storage of the respirator.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- The general requirements of this program.



Retraining shall be conducted annually and when:

- changes in the workplace or the type of respirator render previous training obsolete
- inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill
- other situation arises in which retraining appears necessary to ensure safe respirator use

Training is divided into the following sections:
Classroom Instruction
1. Overview of the Employer's Respiratory Protection Program & OSHA Standard
2. Respiratory Protection Safety Procedures
3. Respirator Selection
4. Respirator Operation and Use
5. Why the respirator is necessary
6. How improper fit, usage, or maintenance can compromise the protective effect.
7. Limitations and capabilities of the respirator.
8. How to use the respirator effectively in emergency situations, including respirator malfunctions
9. How to inspect, put on and remove, use, and check the seals of the respirator.
10. Procedures for maintenance and storage of the respirator.
11. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
12. Change out schedule and procedure for air purifying respirators.

Respiratory Protection Program

Training Certificate Example

Name:_____

Department:_____ Date:_____
I have received Training on the Respiratory Protection Program. The Training included the following:

Classroom Training

- ✓ Overview of the Company Respiratory Protection Program
- ✓ Respiratory Protection Safety Procedures
- ✓ Respirator Selection
- ✓ Respirator Operation and Use
- ✓ Why the respirator is necessary
- ✓ How improper fit, usage, or maintenance can compromise the protective effect.
- ✓ Limitations and capabilities of the respirator.
- ✓ How to use the respirator effectively in emergency situations, including respirator malfunctions.
- ✓ How to inspect, put on and remove, use, and check the seals of the respirator.
- ✓ Procedures for maintenance and storage of the respirator.
- ✓ How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- ✓ Respirator filter & cartridge change-out schedule
- ✓ The general requirements of this program

Hands-on Training

- ✓ Respirator Inspection
- ✓ Respirator cleaning and sanitizing
- ✓ Fit Check
- ✓ Record Keeping
- ✓ Respirator Storage
- ✓ Emergencies

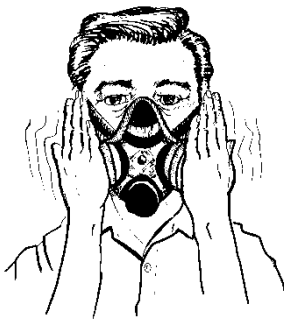
_____

Employees Signature

_____

Trainer's Signature

Fit Testing Hands-on Respirator Training



(see appendix A for more information)

1. **Respirator Inspection**
2. **Respirator cleaning and sanitizing**
3. **Record Keeping**
4. **Respirator Storage**
5. **Respirator Fit Check**
6. **Emergencies**

Basic Respiratory Protection Safety Procedures

1. Only authorized and trained Employees may use Respirators. Those Employees may use only the Respirator that they have been trained on and properly fitted to use.
2. Only Physically Qualified Employees may be trained and authorized to use Respirators. A pre-authorization and annual certification by a qualified physician will be required and maintained. Any changes in an Employees health or physical characteristics will be reported to the Occupational Health Department and will be evaluated by a qualified physician.
3. Only the proper prescribed respirator or SCBA may be used for the job or work environment. Air cleansing respirators may be worn in work environments when oxygen levels are between 19.5 percent to 23.5 percent and when the appropriate air cleansing canister, as determined by the Manufacturer and approved by NIOSH or MESA, for the known hazardous substance is used. SCBAs will be worn in oxygen deficient and oxygen rich environments (below 19.5 percent or above 23.5 percent oxygen).
4. Employees working in environments where a sudden release of a hazardous substance is likely will wear an appropriate respirator for that hazardous substance (example: Employees working in an ammonia compressor room will have an ammonia APR respirator on their person.).
5. Only SCBAs will be used in oxygen deficient environments, environments with an unknown hazardous substance or unknown quantity of a known hazardous substance or any environment that is determined "Immediately Dangerous to Life or Health" (IDLH).
6. Employees with respirators loaned on "permanent check out" will be responsible for the sanitation, proper storage and security. Respirators damaged by normal wear will be repaired or replaced by the Employer when returned.
7. The last Employee using a respirator and/or SCBA that are available for general use will be responsible for proper storage and sanitation. Monthly and after each use, all respirators will be inspected with documentation to assure its availability for use.
8. All respirators will be located in a clean, convenient and sanitary location.
9. In the event that Employees must enter a confined space, work in environments with hazardous substances that would be dangerous to life or health should an RPE fail (a SCBA is required in this environment), and/or conduct a HAZMAT entry, a "**buddy system**" detail will be used with a Safety Watchman with constant voice, visual or signal line communication. Employees will follow the established Emergency Response Program and/or Confined Space Entry Program when applicable.
10. Management will establish and maintain surveillance of jobs and work place conditions and degree of Employee exposure or stress to maintain the proper procedures and to provide the necessary RPE.

11. Management will establish and maintain safe operation procedures for the safe use of RPE with strict enforcement and disciplinary action for failure to follow all general and specific safety rules. Standard Operation Procedures for General RPE use will be maintained as an attachment to the Respiratory Protection Program and Standard Operation Procedures for RPE use under emergency response situations will be maintained as an attachment to the Emergency Response Program.

Selection of Respirators
The Employer is responsible and needs to have evaluated the respiratory hazard(s) in each workplace, identified relevant workplace and user factors and have based respirator selection on these factors. Also included are estimates of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form.

This selection has included appropriate protective respirators for use in IDLH atmospheres, and has limited the selection and use of air-purifying respirators. All selected respirators are NIOSH-certified.

Filter Classifications - These classifications are marked on the filter or filter package
N-Series: Not Oil Resistant
- Approved for non-oil particulate contaminants
- Examples: dust, fumes, mists not containing oil



R-Series: Oil Resistant
- Approved for all particulate contaminants, including those containing oil
- Examples: dusts, mists, fumes
- Time restriction of 8 hours when oils are present

P-Series: Oil Proof
- Approved for all particulate contaminants including those containing oil
- Examples: dust, fumes, mists
- See Manufacturer's time use restrictions on packaging

Respirators for IDLH Atmospheres.
- The following respirators will be used in IDLH atmospheres:
- A full face piece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or
- A combination full face piece pressure demand supplied-air respirator (**SAR**) with auxiliary self-contained air supply.
- Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

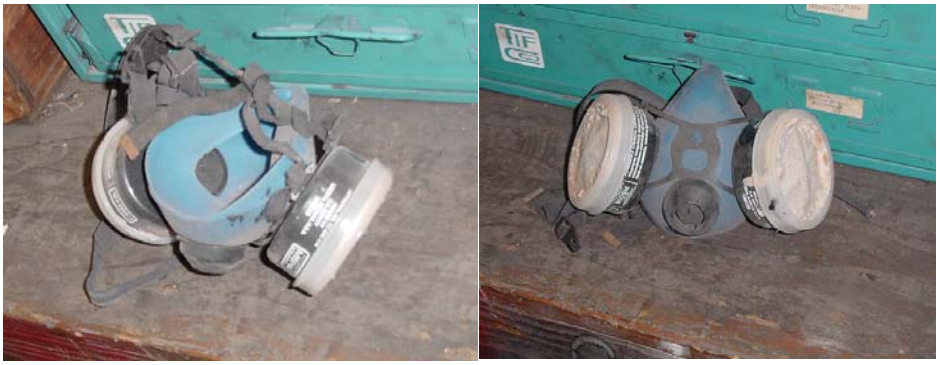
Respirators for Atmospheres that are not IDLH.

The respirators selected shall be adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements, under routine and reasonably foreseeable emergency situations. The respirator selected shall be appropriate for the chemical state and physical form of the contaminant.

Identification of Filters & Cartridges

All filters and cartridges shall be labeled and color coded with the NIOSH approval label; the label is never to be removed and must remain legible. A change out schedule for filters and canisters has been developed to ensure these elements of the respirators remain effective.

Respirator Filter & Canister Replacement
An important part of the Respiratory Protection Program includes identifying the useful life of canisters and filters used on air-purifying respirators. Each filter and canister shall be equipped with an end-of-service-life indicator (**ESLI**) certified by NIOSH for the contaminant; or If there is no ESLI appropriate for conditions, a change schedule for canisters and cartridges that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life.



Unacceptable maintenance and storage (OSHA Violation).

Filter & Cartridge Change Schedule
Stock of spare filters and cartridges shall be maintained to allow immediate change when required or desired by the employee.

Cartridges shall be changed based on the most limiting factor below:
- Prior to expiration date
- Manufacturer's recommendations for the specific use and environment
- After each use
- When requested by employee
- When contaminate odor is detected
- When restriction to air flow has occurred as evidenced by increase effort by user to breathe normally
- Cartridges shall remain in their original sealed packages until needed for immediate use

Filters shall be changed on the most limiting factor below:
- Prior to expiration date
- Manufacturer's recommendations for the specific use and environment
- When requested by employee
- When contaminate odor is detected
- When restriction to air flow has occurred as evidenced by increase effort by user to breathe normally
- When discoloring of the filter media is evident
- Filters shall remain in their original sealed package until needed for immediate use.

Respirator Selection and Use

HAZARD	RESPIRATOR TYPE
Asbestos	Half-mask, air-purifying respirator with HEPA filters Full-face, air-purifying respirator with HEPA filters Full-face, powered air-purifying respirator with HEPA filters
Epoxy- or Oil-based Paints	Half-face, air-purifying respirators with organic vapor filters Full-face powered air-purifying respirator with organic vapor filters
Lead-based Paint removal	Half-face, air-purifying respirators with HEPA filters Full-face, air-purifying respirators with HEPA filters Full-face, powered air-purifying respirators with HEPA filters
Use of Pesticides, Herbicides, and Rodenticides	Full-face, air-purifying respirator with combination particulate and pesticide cartridges Full-face, powered air-purifying respirator with combination particulate and pesticide cartridges
Use of Formaldehyde	Full-face, air-purifying respirator with organic vapor or specific formaldehyde cartridges Full-face, powered air-purifying respirator with organic vapor or specific formaldehyde cartridges Type C supplied air respirator with pressure- demand mode

RESPIRATORY PROTECTION PROGRAM CHECKLIST			PAGE 1 OF 1 PAGES		
DIVISION:	**SECTION:**	**SUPERVISOR:**	**DATE:**		
		YES	NO	NA	
1	Is respiratory protection (RP) being worn in the section?				
2	Has air sampling been accomplished that mandates using RP?				
3	Where air sampling results greater than Occupational Exposure Limits? (If NO, why are you using a respirator?)				
4	Has a Hazard Assessment been generated concerning the task or process that placed the section on the RP Program?				
5	Have all processes that may warrant the use of RP been evaluated? (If NO, request an assessment from the Department Safety Analyst /Personnel Safety, unless the operation is emergency response).				
6	Have workers received physicals and been found medically qualified to wear RP?				
7	Is there documentation that workers were formally briefed on air sampling results and why RP is required?				
8	Is respiratory protection training and fit-testing documentation available on everyone who wears a respirator?				
9	Are RP wearers being fit-tested at least annually?				
10	Are section employees wearing RP voluntarily when conditions have not mandated their use?				
11	Are employees wearing contacts in hazardous atmospheres or using eye-wear that negates face to face piece seal?				
12	Do RP users have facial hair that negates face to face piece seal?				
13	Has a respirator inventory been compiled that list the type of respirator(s) used in the workplace? (Use Respirator Inventory Worksheet attach to this checklist)				
14	Has the Section Supervisor received formal RP training on OSHA, City Personnel Safety and Respiratory Protection Program requirements and his or her responsibilities?				
15	Does the section have written standard operating instructions governing the selection, fit-testing, use, cleaning, storage and maintenance of respirators?				
16	Is the Fire Department the only source being used to charge SCBA's with compressed air?				
17	Are SCBA's being inspected at least every 30 days?				
18	Does the section have on hand, applicable OSHA, CITY, and Section Respiratory Protection Program guidance documents?				
19	Are periodic audits of the section's RP program conducted with discrepancies tracked until closed out?				
20	Have program deficiencies been elevated to the Director and Department Safety Analyst?				
SURVEYED BY:		REVIEWED BY:			



SDS Terminology

The Hazard Communication Standard requires employees to understand chemical hazards, labels, and SDSs and to use them on the job. Before starting jobs involving possible exposure to hazardous substances, employees must read SDSs to know what they're working with and procedures for safe handling.

Hundreds, perhaps thousands, of terms could be included in a listing like the one provided in this session. The list of terms and definitions included in this session is not comprehensive or all-inclusive.

The intent is to provide users with a brief list of some of the terms that may appear in common SDSs. Additional terms specific to the substances your company uses or keeps on-site should be added to the list.

Respiratory Protection Schedule by Job and Working Condition

The Employer needs to maintain a Respiratory Protection Schedule by Job and Working Condition. This schedule is provided to each authorized and trained Employee. ***The Schedule provides the following information:***



1. **Job/Working Conditions**
2. **Work Location**
3. **Hazards Present**
4. **Type of Respirator or SCBA Required**
5. **Type of Filter/Canister Required**
6. **Location of Respirator or SCBA**
7. **Filter/Cartridge change out schedule**

The schedule will be reviewed and updated at least annually and whenever any changes are made in the work environments, machinery, equipment, or processes or if different respirator models are introduced or existing models are removed.

Permanent Respirator Schedule Assignments Are:
Each person who engages in welding will have their own Employer provided dust-mist-fume filter APR. This respirator will be worn during all welding operations.

Physical and Medical Qualifications
Records of medical evaluations must be retained and made available in accordance with 29 CFR 1910.1020.

Medical Evaluation Required
Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. The Employer is required to provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace.

Medical Evaluation Procedures
The employee will be provided a medical questionnaire by the designated Occupational Health Care Provider



Follow-up Medical Examination

The Employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions in Part B of the questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the Physician deems necessary to make a final determination.

Administration of the Medical Questionnaire and Examinations
The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content. The Employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the Physician.

Supplemental Information for the Physician
The following information must be provided to the Physician before the Physician makes a recommendation concerning an employee's ability to use a respirator;

- The type and weight of the respirator to be used by the employee.
- The duration and frequency of respirator use (including use for rescue and escape).
- The expected physical work effort.
- Additional protective clothing and equipment to be worn.
- Temperature and humidity extremes that may be encountered.
- Any supplemental information provided previously to the Physician regarding an employee need not be provided for a subsequent medical evaluation if the information and the Physician remain the same

The Employer has provided the Physician with a copy of the written respiratory protection program and a copy of the OSHA Standard 1910.134



Half face type respirator.

Medical Determination

In determining the employee's ability to use a respirator, the Employer shall:
Obtain a written recommendation regarding the employee's ability to use the respirator from the Physician. The recommendation shall provide only the following information:

- Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
- The need, if any, for follow-up medical evaluations.
- A statement that the Physician has provided the employee with a copy of the Physician's written recommendation.
- If the respirator is a negative pressure respirator and the Physician finds a medical condition that may place the employee's health at increased risk if the respirator is used, the Employer shall provide a APR if the Physician's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the Employer is no longer required to provide a APR.

Additional Medical Evaluations
At a minimum, the Employer shall provide additional medical evaluations that comply with the requirements of this section if:

- An employee reports medical signs or symptoms that are related to ability to use a respirator.
- A Physician, supervisor, or the respirator program administrator informs the Employer that an employee needs to be reevaluated.
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on an employee.

Respirator Fit Testing *(see Appendix A for more information)*
Before an employee is required to use any respirator with a negative or positive pressure tight-fitting face piece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used. The Employer shall ensure that an employee using a tight-fitting face piece respirator is fit tested prior to initial use of the respirator, whenever a different respirator face piece (size, style, model or make) is used, and at least annually thereafter
The Employer has established a record of the qualitative and quantitative fit tests administered to employees including:

- The name or identification of the employee tested.
- Type of fit test performed.
- Specific make, model, style, and size of respirator tested.
- Date of test.
- The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

Additional fit tests will be conducted whenever the employee reports, or the Employer, Physician, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

If after passing a QLFT or QNFT, the employee notifies the Employer's program administrator, supervisor, or Physician that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator face piece and to be retested.

Types of Fit Tests

The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of OSHA Standard 1910.134.

- QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.
- If the fit factor, as determined through an OSHA-accepted QNFT protocol, is equal to or greater than 100 for tight-fitting half face pieces, or equal to or greater than 500 for tight-fitting full face pieces, the QNFT has been passed with that respirator.
- Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.
- Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user's actual face piece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator face piece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator face piece.
- Quantitative fit testing of these respirators shall be accomplished by modifying the face piece to allow sampling inside the face piece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate face piece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the face piece.
- Any modifications to the respirator face piece for fit testing shall be completely removed, and the face piece restored to NIOSH approved configuration, before that face piece can be used in the workplace.

Fit test records shall be retained for respirator users until the next fit test is administered. Written materials required to be retained shall be made available upon request to affected employees.

Respirator Operation and Use

Respirators will only be used following the respiratory protection safety procedures established in this program. The Operations and Use Manuals for each type of respirator will be maintained by the Program Administrator and be available to all qualified users. Surveillance by the direct supervisor shall be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the Employer shall reevaluate the continued effectiveness of the respirator.

For continued protection of respirator users, the following general use rules apply:

- Users shall not remove respirators while in a hazardous environment .
- Respirators are to be stored in sealed containers out of harmful atmospheres.
- Store respirators away from heat and moisture.
- Store respirators such that the sealing area does not become distorted or warped
- Store respirators such that the face piece is protected.
- Face piece seal protection.

The Employer does not permit respirators with tight-fitting face pieces to be worn by employees who have:

- Facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function; or
- Any condition that interferes with the face-to-face piece seal or valve function.

If an employee wears corrective glasses or goggles or other personal protective equipment, the Employer shall ensure that such equipment is worn in a manner that does not interfere with the seal of the face piece to the face of the user.

Continuing Effectiveness of Respirators

The Employer shall ensure the following when employees leave the respirator use area:

- To wash their faces and respirator face pieces as necessary to prevent eye or skin irritation associated with respirator use.
- If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece.
- To replace the respirator or the filter, cartridge, or canister elements.

If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece, the Employer will replace or repair the respirator before allowing the employee to return to the work area.

Procedures for IDLH atmospheres

For all IDLH atmospheres, the Employer shall ensure that:

- One employee or, when needed, more than one employee is located outside the IDLH atmosphere.
- Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere.
- The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue.
- The Employer or designee is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue.
- The Employer or designee authorized to do so by the Employer, once notified, provides necessary assistance appropriate to the situation.



Employee(s) located outside the IDLH atmospheres will be equipped with:

- Pressure demand or other positive pressure SCBAs, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either
- Appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or
- Equivalent means for rescue where retrieval equipment is not required.



A supervisor carefully checking his paperwork before allowing the Entrant in the Confined Space.

Gas and Vapor Contaminants

Gas and vapor contaminants can be classified according to their chemical characteristics. True gaseous contaminants are similar to air in that they possess the same ability to diffuse freely within an area or container. Nitrogen, chlorine, carbon monoxide, carbon dioxide and sulfur dioxide are examples.

Vapors are the gaseous state of substances that are liquids or solids at room temperature. They are formed when the solid or liquid evaporates. Gasoline, solvents and paint thinners are examples of liquids that evaporate easily, producing vapors.
In terms of chemical characteristics, gaseous contaminants may be classified as follows:

- **Inert Gases** —These include such true gases as helium, argon, neon, etc. Although they do not metabolize in the body, these gases represent a hazard because they can produce an oxygen deficiency by displacement of air.
- **Acidic Gases** —Often highly toxic, acidic gases exist as acids or produce acids by reaction with water. Sulfur dioxide, hydrogen sulfide and hydrogen chloride are examples.
- **Alkaline Gases** —These gases exist as alkalis or produce alkalis by reaction with water. Ammonia and phosphine are two examples.

In terms of chemical characteristics, vaporous contaminants may be classified as follows:

- **Organic Compounds** —Contaminants in this category can exist as true gases or vapors produced from organic liquids. Gasoline, solvents and paint thinners are examples.
- **Organometallic Compounds** —These are generally comprised of metals attached to organic groups. Tetraethyllead and organic phosphates are examples.

Hazard Assessment
Proper assessment of the hazard is the first important step to protection. This requires a thorough knowledge of processes, equipment, raw materials, end-products and by-products that can create an exposure hazard.

To determine an atmosphere's oxygen content or concentration levels of particulate and/or gaseous contaminants, air samples must be taken with proper sampling instruments during all conditions of operation. The sampling device and the type and frequency of sampling (spot testing or continuous monitoring) will be dictated by the exposure and operating conditions.

Breathing zone samples are recommended and sampling frequency should be sufficient to assess the average exposure under the variable operating and exposure conditions.
Should contaminant concentrations exceed exposure limits recommended by the American

Conference of Governmental Industrial Hygienists (**ACGIH**), OSHA or NIOSH, hazard control procedures must be implemented promptly.

Exposure monitoring plays a critical role in the respirator selection process. The results from such tests will help you determine whether respiratory protection is needed and, if it is, the type of respirator required.

Generally, respirator selection is based on three factors:

- The results of your atmospheric monitoring or sampling program;
- The accepted ACGIH, OSHA or NIOSH exposure limits for the substance(s) present;
- And the maximum use concentration (of a substance) for which a respirator can be used.

Exposure limits include ACGIH Threshold Limit Values (**TLVs**), OSHA Permissible Exposure Limits (**PELs**), NIOSH Recommended Exposure Levels (**RELs**) and AIHA Workplace Environmental Exposure Levels (**WEELs**). These values are guides for exposure concentrations that healthy individuals can normally tolerate for eight hours a day, five days a week without harmful effects. Unless otherwise noted, exposure limits are eight-hour, time-weighted-average (**TWA**) concentrations.

In general, gas and vapor exposure limits are expressed in ppm by volume (parts of contaminant per million parts of air), while particulate concentrations are expressed as mg/m^3 (milligrams of concentrations per cubic meter of air). For substances that can exist in more than one form (particulate or gaseous), concentrations are expressed in both values.

It is important to note that exposure limits and other exposure standards are constantly changing as more data is gathered about specific chemicals and substances. As such, you must be certain that you are using the most recent data when determining allowable exposure levels for employees.

Hazard Control
Hazard control should start at the process, equipment and plant design levels where contaminants can be effectively controlled at the outset. With operating processes, the problem becomes more difficult. In all cases, however, consideration should be given to the use of effective engineering controls to eliminate and/or reduce exposures to respiratory hazards.

This includes consideration of process encapsulation or isolation, use of less toxic materials in the process and suitable exhaust ventilation, filters and scrubbers to control the effluents.

Because it is sometimes not practical to maintain engineering controls that eliminate all airborne concentrations of contaminants, proper respiratory protective devices should be used whenever such protection is required.

Hazard Assessment or Hazard Certification sheet example is on the following page.
Even if you have a written RP Program and complete training records, OSHA will ask for a hazard certification or assessment form on where or why you need RP.

For example, if you were required to don SCBA to change a chlorine cylinder once a week, OSHA would request to see how that task was evaluated and certified.

HAZARD ASSESSMENT SURVEY DATA SHEET

DATE OF EVALUATION:	**DATE LAST EVALUATED**: N/A
DEPARTMENT:	
DEPARTMENT:	**TELEPHONE:**
ADDRESS/LOCATION:	**NAME OF SECTION SUPERVISOR**:
Actions are required by: 29 CFR 1910.1200, 29 CFR 1910.146 and Town of Payson	**NAME OF HAZARD COMMUNICATION PROGRAM MONITOR:**

NON-ROUTINE POTENTIAL HAZARDS
(Describe the Process) (Who, What, When, Where, How, Why) (Review SDS)

EVALUATION
(Your Findings/Discrepancies)

CONTROLS
(Existing or Recommended Protective Equipment, Engineering or Administrative Controls)

Existing:

Recommended:

Surveyed By:	**Reviewed By:**



The Hazard Communication Standard (29 CFR 1910.1200) specifically requires every hazardous chemical container to have a label. Labels are part of the company's Hazard Communication Program, which gives employees the Right to Understand about the chemical hazards they face on the job.

Each label will tell the worker

- ✓ ***What a chemical's identity is***
- ✓ ***Who made it***
- ✓ ***Why it's hazardous***
- ✓ ***How to protect himself or herself.***

Cleaning and Disinfecting *(See Appendix B for more information)*

The Employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The Employer shall ensure that respirators are cleaned and disinfected using the Standard Operating Procedure SOP: Cleaning and Disinfecting.

The Respirators Shall be Cleaned and Disinfected when:

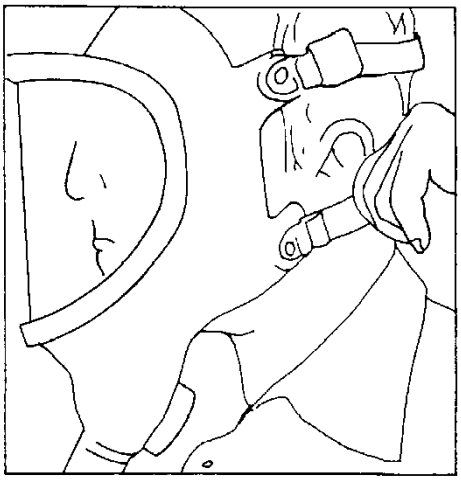
- Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.
- Respirators issued to more than one employee shall be cleaned and disinfected before being worn by different individuals.
- Respirators maintained for emergency use shall be cleaned and disinfected after each use.
- Respirators used in fit testing and training shall be cleaned and disinfected after each use.

Cleaning and Storage of respirators assigned to specific employees is the responsibility of that Employee.

Respirator Inspection

All respirators/SCBAs, both available for "**General Use**" and those on "**Permanent Check-out**", will be inspected after each use and at least monthly. Should any defects be noted, the respirator/SCBA will be taken to the program Administrator. Damaged Respirators will be either repaired or replaced. The inspection of respirators loaned on "**Permanent Check-out**" is the responsibility of that trained Employee.

Respirators Shall be Inspected as Follows:



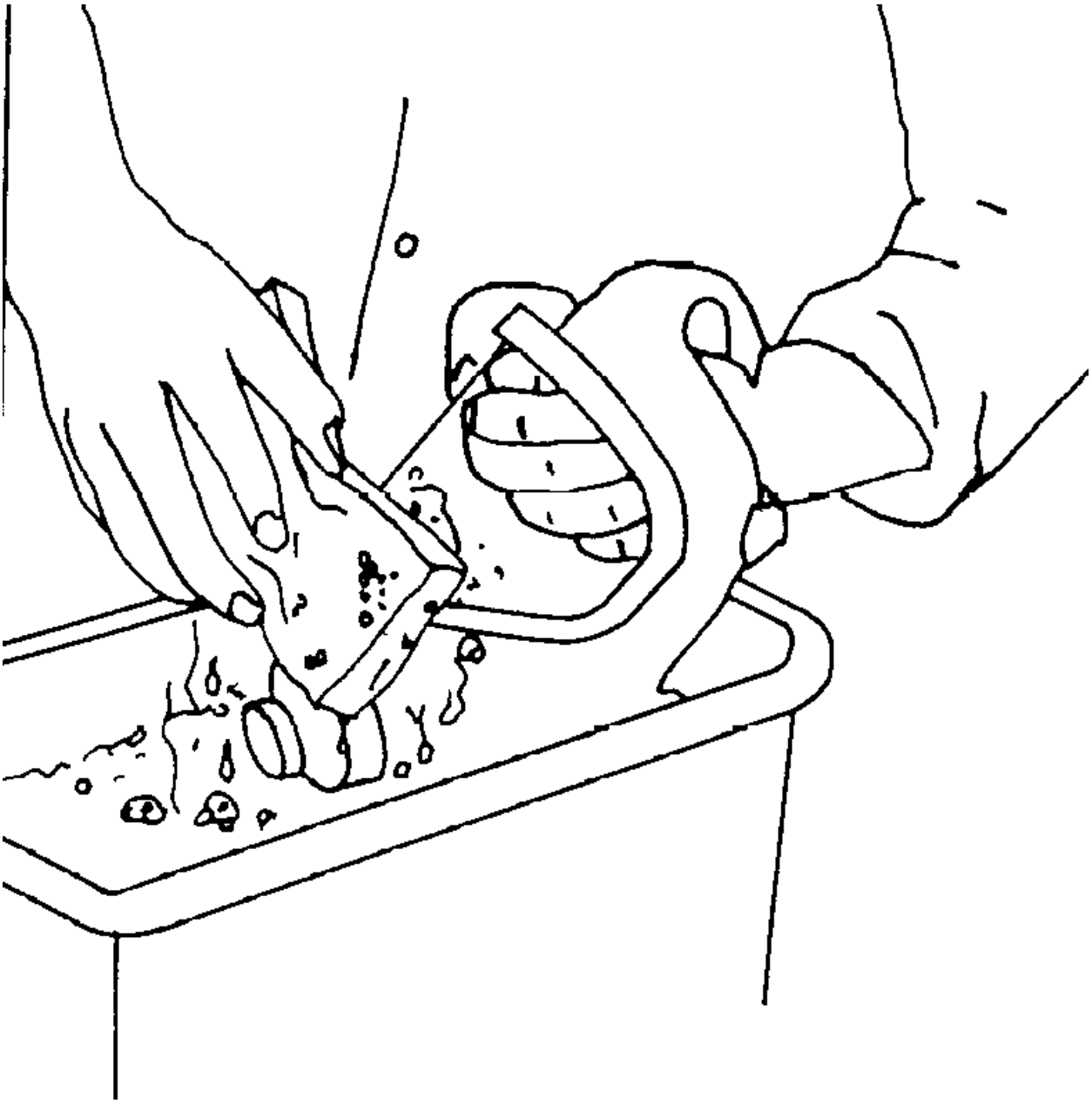
- All respirators used in routine situations shall be inspected before each use and during cleaning.
- All respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use.
- Emergency escape-only respirators shall be inspected before being carried into the workplace for use.

Respirator Inspections Include the Following:

- A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the face piece, head straps, valves, connecting tube, and cartridges, canisters or filters.
- Check of elastomeric parts for pliability and signs of deterioration.
- Self-contained breathing apparatus shall be inspected monthly. Air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. The Employer shall determine that the regulator and warning devices function properly.

For Emergency Use Respirators the additional requirements apply:

- Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator.
- Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.



Cleaning and Storage of respirators should be assigned to specific employees is the responsibility of that Employee.

Respirator Storage Section

Respirators are to be stored as follows:

- All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the face piece and exhalation valve.

Emergency Respirators shall be:

- Kept accessible to the work area;
- Stored in compartments or in covers that are clearly marked as containing emergency respirators; and stored in accordance with any applicable manufacturer instructions.

Repair of Respirators

Respirators that fail an inspection or are otherwise found to be defective will be removed from service to be discarded, repaired or adjusted in accordance with the following procedures:

- Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator;
- Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and
- Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

Breathing Air Quality and Use

The Employer shall ensure that compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration accords with the following specifications:

- Compressed and liquid oxygen shall meet the United States Pharmacopoeia requirements for medical or breathing oxygen; and
- Compressed breathing air shall meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:
- Oxygen content (**v/v**) of 19.5-23.5%;
- Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;
- Carbon monoxide (**CO**) content of 10 ppm or less;
- Carbon dioxide content of 1,000 ppm or less; and
- Lack of noticeable odor.
- Compressed oxygen will not be used in atmosphere-supplying respirators that have previously used compressed air.
- Oxygen concentrations greater than 23.5% are used only in equipment designed for oxygen service or distribution.

Cylinders used to supply breathing air to respirators meet the following requirements.

- Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178).
- Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air.
- Moisture content in breathing air cylinders does not exceed a dew point of -50 deg. F (-45.6 deg. C) at 1 atmosphere pressure.

- Breathing air couplings are incompatible with outlets for non-respirable worksite air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.
- Breathing gas containers shall be marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.

Summary

Following this training session, employees should

- Wear the respirator assigned to him or her.
- Always check for fit before wearing.
- Always check for damage and deterioration before wearing.
- Know when to replace canisters and cartridges.
- Practice maneuvering with a respirator.
- Store carefully in the proper location.



If you want to keep free from OSHA fines and possible employee death, rescue training and regular RP training is essential to your operation.

SCBA Section
SCBA (Self-Contained Breathing Apparatus)



The self-contained breathing apparatus that Firefighters carry on Fire trucks are literally the only thing that keeps Firefighters alive in smoke and fire situations. On the fireground, Firefighters face a wide variety of toxic gasses. These gases range from Carbon Monoxide, the largest killer, which combines with the blood 200 times easier than Oxygen and can be lethal at a concentration of only five hundredths of one percent, to phosgene, which reacts with the moisture in a person's lungs and forms hydrochloric acid. Besides toxic gases, SCBA's also protect Firefighters' lungs from being burned by the superheated air inside a burning structure. These temperatures can commonly reach over 1200 degrees Fahrenheit.

The SCBA mask provides protection from facial and respiratory burns, and holds in the cool breathing air. These masks are considered pressure demand breathing systems. This means that air is supplied only when the person wearing the mask inhales. Also, because the mask is pressurized, the mask will "**free-flow**", or flow air through any spaces between the mask and the wearer's face if the seal with the face is broken. This prevents any toxic gases from entering the mask if the seal is broken.







Firefighters will generally carry two types of air tanks on the trucks. The first type (white tank) is a low pressure tank. This tank will hold 2,216 PSI of compressed breathing air. The other type of tank (black) is a high pressure tank, which holds 4,500 PSI of air. The Captains are the only ones who use the high pressure tanks. Both air tanks are rated to last 30 minutes. However, under heavy exertion common in firefighting operations, these tanks will only last 20 minutes or less, depending on the person. The only difference in these two tanks is that the high pressure tanks are smaller and weigh less.



Donning Practice

SCBA and SCUBA Do's and Don'ts

Do...

- ✓ Do Visually inspect every cylinder at least once each year.
- ✓ Do perform a formal visual inspection of any SCBA wrapped cylinder in heavy use (5 or more fills per week) at least yearly.
- ✓ Do visually inspect all cylinders in accordance with the PSI 18 Step Protocol.
- ✓ Do hydrostatically retest SCUBA cylinders every 5 years.
- ✓ Do hydrostatically retest Composite SCBA cylinders every 3 years.
- ✓ Do fill cylinders slowly, at a rate of 300-600 psig per minute.
- ✓ Do rinse cylinders in fresh water after every day of diving giving particular attention to the cylinder valve and under the boot.
- ✓ Do store cylinders for prolonged periods secured in a vertical position with only about 50 psig pressure inside.
- ✓ Do transport cylinders so as to best protect the valve from damage.
- ✓ Do keep Evidence of Inspection (**EOI**) stickers in a secure location and away from unauthorized personnel.
- ✓ Do ensure documented training (e.g., PSI training) for all users, handlers and fillers of compressed gas cylinders (**OSHA requirement**).

Don'ts...

- ✓ Don't connect Titanium regulators to oxygen cylinders. The risk of explosion and fire is great.
  Don't fill cylinders beyond their stamped service pressure.
- ✓ Don't store Cylinders for a prolonged period with more that about 50 psig pressure.
- ✓ Don't charge cylinders cleaned and marked for EANx service with normal SCUBA air.
- ✓ Don't fill any cylinder that is beyond its visual inspection or hydrostatic test/retest period.
- ✓ Don't fill any cylinder that shows signs of excessive damage or mistreatment.
- ✓ Don't fill any cylinder with defects in excess of those established by CGA and/or PSI.
- ✓ Don't subject steel cylinder to temperatures in excess of 600^{o}F.
- ✓ Don't subject aluminum cylinders to temperatures in excess of 350^{o}F.
- ✓ Don't attempt to put a metrically threaded valve into an NGS threaded cylinder.
- ✓ Don't fill ANY cylinders marked **SP6688** or **SP6576**.
- ✓ Don't fill any cylinder that has internal noise or is abnormally heavy.
- ✓ Don't permit any untrained persons to visually inspect cylinders.
- ✓ Don't fill any composite cylinders which are beyond their 15 year service life (or five hydro test/retests + 3 years).
- ✓ Don't fill any cylinders with altered markings.

Use and Maintenance of Pressure-Demand

Self-contained Breathing Apparatus

Since July 1, 1983, the Occupational Safety and Health Administration (**OSHA**) Fire Brigade Standard, Title 29, Code of Federal Regulations, Part 1910.156, has required that pressure-demand or other positive pressure self-contained breathing apparatus be worn by fire brigade members performing interior structural firefighting.

Although this standard is only applicable to all industrial fire brigades and to municipal fire departments in states with state-OSHA plans, other fire service organizations and industrial users of self-contained breathing apparatus (**SCBA**) have also recognized the superior protective capabilities of positive-pressure SCBA. As a result, there has been a steady change from demand to pressure-demand SCBA in the United States.

To provide the increased respiratory protection afforded by pressure-demand SCBA, it is generally necessary to increase the static pressure within the facepiece. The complex mechanics necessary to maintain this increased pressure and to control air flow when the facepiece is removed, together with the wearer's physiological response to the pressure-demand system, have presented problems to SCBA users.

Pressure demand SCBA requires more careful maintenance and different training than is required for demand SCBA. Manufacturers have been providing maintenance and use instructions and training for purchasers of pressure-demand SCBA. The National Institute for Occupational Safety and Health (**NIOSH**) recommends that users of pressure-demand SCBA read those instructions, follow them carefully in apparatus use and maintenance, and take advantage of the manufacturer's training assistance. In addition to the manufacturers, training courses are offered by Fire Service organizations and by private organizations.



In the area of pressure-demand SCBA maintenance and repair, NIOSH strongly recommends that users have this service performed by a manufacturer-trained representative. This service is required to assure continued safe performance of pressure-demand SCBA.

Please advise NIOSH of any problems encountered in maintenance and use of pressure-demand self-contained breathing apparatus. Call the NIOSH Respirator Problem Coordinator, (304) 291-4595 (FTS 923-4595).

Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

SCBA Donning

Each member of your department with emergency response duties shall be able to demonstrate a high level of proficiency with self-contained breathing apparatus (**SCBA**) under conditions comparable to those encountered in the performance of emergency work. Donning of the SCBA within a 35 second time limit is required of most members.

The following guidelines can be used when demonstrating compliance with the following donning policy:

A. The member will be wearing full protective clothing including helmet or Hard-hat. (The donning of gloves is not a part of the procedure that will be timed.)

B. Cylinder valve must be turned off prior to starting.

C. The SCBA will be donned from the ground. Timing will begin when the low pressure warning bell rings as the cylinder valve is opened

NOTE: Members have the option of donning their facepiece first. This option may be used only if the wearer's SCBA is stored with the regulator attached to the storage bracket on the waist belt. If this option is used, time will start at #10 below in the donning sequence.



D. Any air loss during the donning procedure will constitute a failure. Each member will be given three tries to successfully don their SCBA in 35 seconds or less.



E. The donning sequence is as follows:

1. Place SCBA on the ground, cylinder down, harness up, with cylinder valve away from body.



2. Open cylinder valve completely.

3. Grasp cylinder or harness at the center with both hands.

4. Lift SCBA above head - make sure straps are not tangled.

5. Bend forward at 45^{o} angle.

6. Lay SCBA on back, with arms inside shoulder straps.



7. Fasten chest strap.

8. Pull shoulder strap, adjusting tabs down as you straighten up.

9. Fasten waist belt.

10. Fully extend chin strap of helmet and slide helmet off head to the side, with chin strap around neck.

11. Remove facepiece from cover.

NOTE: If you do not store your regulator attached to the storage bracket, you may leave the regulator attached to your facepiece. The facepiece shall be stored in its protective pouch.



12. Don facepiece, chin first.

13. Adjust harness and the two neck straps.

14. Place helmet on head and tighten chin strap.

15. Quick connect the regulator to the facepiece and inhale sharply.





A different view of correct Donning SCBA.



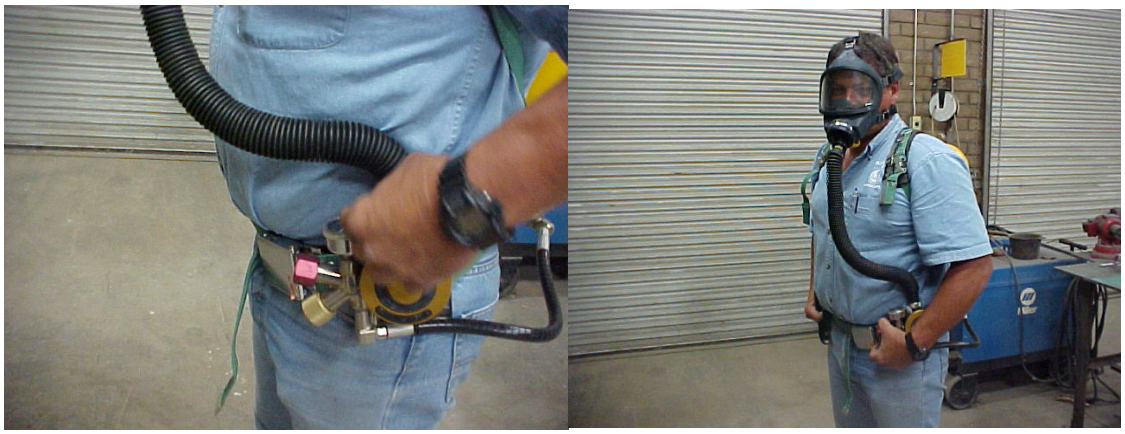
Fastening Waist belt and securing chest straps.



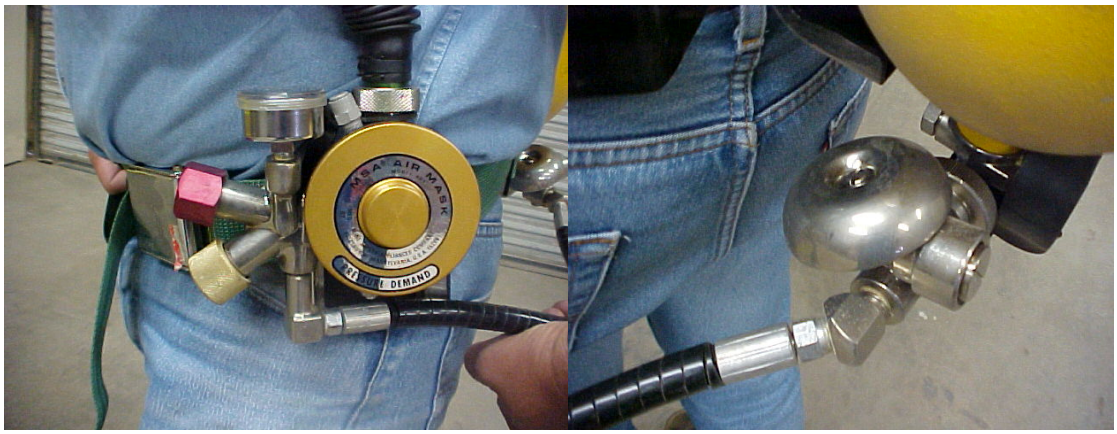
Grabbing face straps or spiders and putting on mask.



Drawing spiders tight and checking seal on facemask.



Connecting hose to regulator and turning on air on tank valve.



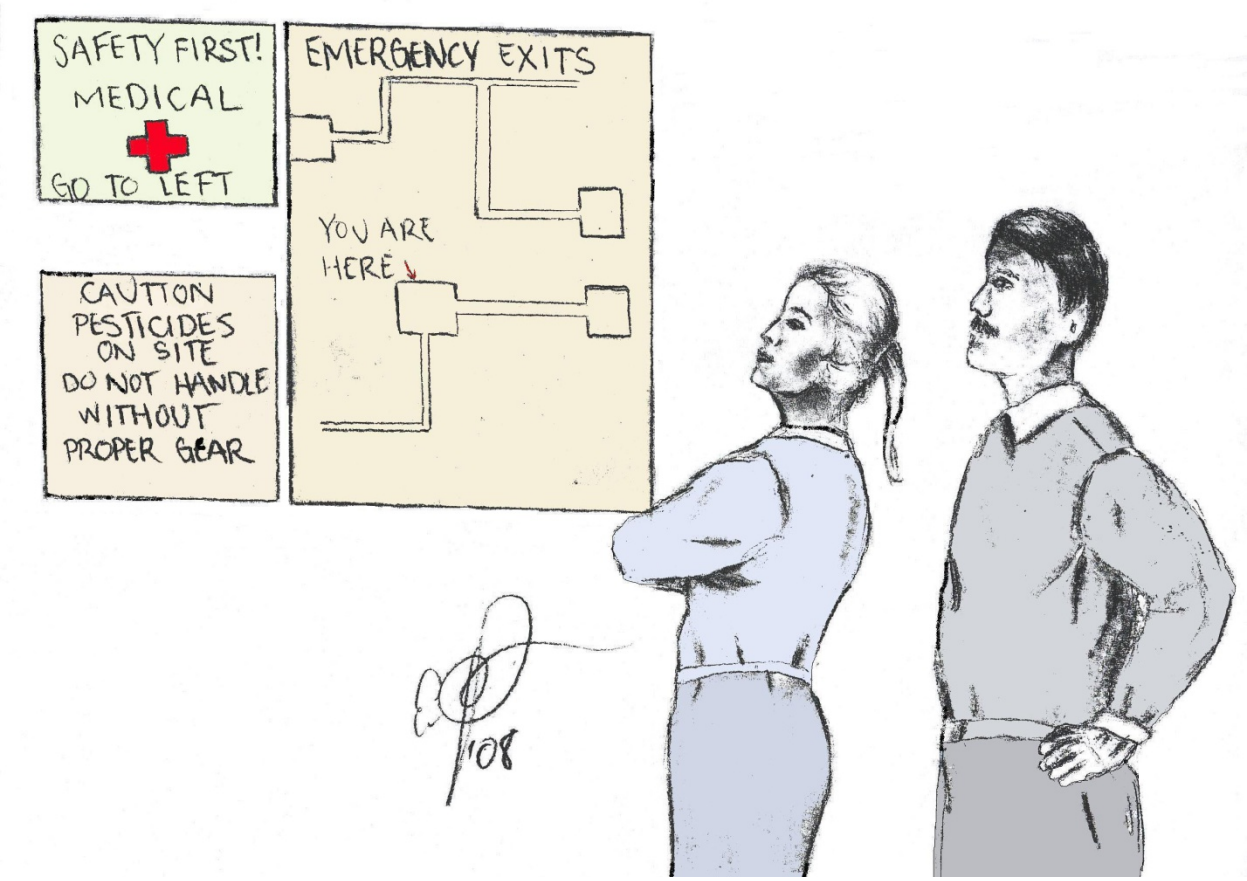
Regulator Valve and Warning Bell to let you know that the air is on and will ring again when the tank is getting low.

SCBA Spare Bottle Inspection Report Example
Inspect Monthly & After Each Use

Location: _____ **Date** _____

	Bottle Number			Inspector Initials
Cylinder: No dents or gouges, fits tightly in band				
Cylinder Hydro Test Date				
Gauge: Cylinder full, check gauge face, indicator				

If any defects are found DO NOT USE BOTTLE.
Turn in the Bottle to your supervisor immediately for repair or replacement.



Personal Protective Equipment Example Section

Purpose

Your Employer is required to provide all Employees with required PPE to suit the task and known hazards. This Chapter covers the requirements for Personal Protective Equipment with the exception of PPE used for respiratory protection or PPE required for hazardous material response to spills or releases. Applicable OSHA Standards are 1910 Subpart 1 App B and 1910.120 App B, 132, 133, 136, and 138.

General Rules Design

All personal protective equipment shall be of safe design and construction for the work to be performed.

Hazard Assessment and Equipment Selection

Hazard analysis procedures shall be used to assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE). If such hazards are present, or likely to be present, the following actions will be taken:

1) Select, and have each affected Employee use, the proper PPE.
2) Communicate selection decisions to each affected Employee.
3) Select PPE that properly fits each affected employee.

Defective and Damaged Equipment.

Defective or damaged personal protective equipment shall not be used.

Training

All Employees who are required to use PPE shall be trained to know at least the following:

1) When PPE is necessary;
2) What PPE is necessary;
3) How to properly don, remove, adjust, and wear PPE;
4) The limitations of the PPE
5) The proper care, maintenance, useful life and disposal of the PPE.

Each affected Employee shall demonstrate an understanding of the training and the ability to use PPE properly, before being allowed to perform work requiring the use of PPE.



Certification of training for PPE is required by OSHA and shall be accomplished by using the Job Safety Checklist to verify that each affected Employee has received and understood the required PPE training.

Personal Protective Equipment Selection

Controlling Hazards

PPE devices alone should not be relied on to provide protection against hazards, but should be used in conjunction with guards, engineering controls, and sound manufacturing practices.

Selection Guidelines

The general procedure for selection of protective equipment is to:

a) Become familiar with the potential hazards and the type of protective equipment that is available, and what it can do; i.e., splash protection, impact protection, etc.

b) Compare the hazards associated with the environment (i.e., impact velocities, masses, projectile shape, radiation intensities) with the capabilities of the available protective equipment;

c) Select the protective equipment which ensures a level of protection greater than the minimum required to protect employees from the hazards;

d) Fit the user with the protective device and give instructions on care and use of the PPE. It is very important that end users be made aware of all warning labels for and limitations of their PPE.

Fitting the Device

Careful consideration must be given to comfort and fit. PPE that fits poorly will not afford the necessary protection. Continued wearing of the device is more likely if it fits the wearer comfortably. Protective devices are generally available in a variety of sizes. Care should be taken to ensure that the right size is selected.

Devices with Adjustable Features

Adjustments should be made on an individual basis for a comfortable fit that will maintain the protective device in the proper position. Particular care should be taken in fitting devices for eye protection against dust and chemical splash to ensure that the devices are sealed to the face. In addition, proper fitting of helmets is important to ensure that it will not fall off during work operations.

In some cases a chin strap may be necessary to keep the helmet on an employee's head. (Chin straps should break at a reasonably low force, however, so as to prevent a strangulation hazard). Where manufacturer's instructions are available, they should be followed carefully.

Eye and Face Protection

Each affected employee shall use appropriate eye or face protection when exposed to eye or face hazards from flying particles, molten metal, liquid chemicals, acids or caustic liquids, chemical gases or vapors, or potentially injurious light radiation.

Each affected employee shall use eye protection that provides side protection when there is a hazard from flying objects. Detachable side protectors are acceptable.

Each affected employee who wears prescription lenses while engaged in operations that involve eye hazards shall wear eye protection that incorporates the prescription in its design, or shall wear eye protection that can be worn over the prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses.

Eye and face PPE shall be distinctly marked to facilitate identification of the manufacturer.

Each affected employee shall use equipment with filter lenses that have a shade number appropriate for the work being performed for protection from injurious light radiation. The following is a listing of appropriate shade numbers for various operations.

Filter Lenses for Protection Against Radiant Energy			
Operations	**Electrode Size 1/32 in**	**Arc Current**	**Protective Shade**
Shielded metal arc welding	Less than 3	Less than 60	7
	3-5	60-160	8
	5-8	160-250	10
	More than 8	250-550	11
Torch brazing			3
Torch soldering			2
Note: as a rule of thumb, start with a shade that is too dark to see the weld zone. Then go to a lighter shade which gives sufficient view of the weld zone without going below the minimum. In oxyfuel gas welding or cutting where the torch produces a high yellow light, it is desirable to use a filter lens that absorbs the yellow or sodium line in the visible light of the (spectrum) operation.			



Always utilize a chemical fume hood and ventilation system when working or testing Chlorine.

Selection Chart Guidelines for Eye and Face Protection

The following chart provides general guidance for the proper selection of eye and face protection to protect against hazards associated with the listed hazard "source" operations.

Source	Hazard	Protection
IMPACT - Chipping, grinding machining, masonry work, woodworking, sawing, drilling, chiseling, powered fastening, riveting, and sanding	Flying fragments, objects, large chips, particles, sand, dirt, etc.	Spectacles with side protection, goggles, face shield For severe exposure, use face shield
HEAT - Furnace operation and arc welding	Hot sparks	Face shields, spectacles with side. For severe exposure use faceshield.
CHEMICALS - Acid and chemical handling, degreasing, plating	Splash	Goggles, eyecup and cover types. For severe exposure, use face shield.
DUST - Woodworking, buffing, general, buffing, general dusty conditions.	Nuisance dust	Goggles, eye cup and cover type

Selection Guidelines for Head Protection

All head protection is designed to provide protection from impact and penetration hazards caused by falling objects. Head protection is also available which provides protection from electric shock and burn.

When selecting head protection, knowledge of potential electrical hazards is important.

Class A helmets, in addition to impact and penetration resistance, provide electrical protection from low-voltage conductors (they are proof tested to 2,200 volts).

Class B helmets, in addition to impact and penetration resistance; provide electrical protection from high-voltage conductors (they are proof tested to 20,000 volts).

Class C helmets provide impact and penetration resistance (they are usually made of aluminum which conducts electricity), and should not be used around electrical hazards.

Where falling object hazards are present, helmets must be worn. Some examples include: working below other workers who are using tools and materials which could fall; working around or under conveyor belts which are carrying parts or materials; working below machinery or processes which might cause material or objects to fall; and working on exposed energized conductors.

Foot Protection Section

General Requirements

Each affected employee shall wear protective footwear when working in areas where there is a danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where employee's feet are exposed to electrical hazards.

Selection Guidelines for Foot Protection

Safety shoes and boots provide both impact and compression protection. Where necessary, safety shoes can be obtained which provide puncture protection. In some work situations, metatarsal protection should be provided, and in other special situations electrical conductive or insulating safety shoes would be appropriate.

Safety shoes or boots with impact protection would be required for carrying or handling materials such as packages, objects, parts or heavy tools, which could be dropped; and, for other activities where objects might fall onto the feet.

Safety shoes or boots with compression protection would be required for work activities involving skid trucks (manual material handling carts) around bulk rolls (such as paper rolls) and around heavy pipes, all of which could potentially roll over an employee's feet.

Safety shoes or boots with puncture protection would be required where sharp objects such as nails, wire, tacks, screws, large staples, scrap metal etc., could be stepped on by employees causing a foot injury.

Hand Protection

General Requirements
Hand protection is required when employees' hands are exposed to hazards such as those from skin absorption of harmful substances; severe cuts or lacerations; severe abrasions; punctures; chemical or thermal burns; and harmful temperature extremes.

Selection Guidelines for Hand Protection
Selection of hand PPE shall be based on an evaluation of the performance characteristics of the hand protection relative to the task(s) to be performed, conditions present, duration of use, and the hazards and potential hazards identified. Gloves are often relied upon to prevent cuts, abrasions, burns, and skin contact with chemicals that are capable of causing local or systemic effects following dermal exposure.



There is no glove that provides protection against all potential hand hazards, and commonly available glove materials provide only limited protection against many chemicals. Therefore, it is important to select the most appropriate glove for a particular application and to determine how long it can be worn and whether it can be reused.

It is also important to know the performance characteristics of gloves relative to the specific hazard anticipated; e.g., chemical hazards, cut hazards, flame hazards, etc. Before purchasing gloves, request documentation from the manufacturer that the gloves meet the appropriate test standard(s) for the hazard(s) anticipated.

Other Factors to be Considered for Glove Selection in General Include:

(A) As long as the performance characteristics are acceptable, in certain circumstances it may be more cost effective to regularly change cheaper gloves than to reuse more expensive types.
(B) The work activities of the employee should be studied to determine the degree of dexterity required, the duration, frequency, and degree of exposure of the hazard, and the physical stresses that will be applied.

Selection of Gloves for Protection Against Chemical Hazards:

(A) The toxic properties of the chemical(s) must be determined; in particular, the ability of the chemical to cause local effects on the skin and/or to pass through the skin and cause systemic effects.

(B) Generally, any "**chemical resistant**" glove can be used for dry powders;

(C) For mixtures and formulated products (unless specific test data are available), a glove should be selected on the basis of the chemical component with the shortest breakthrough time, since it is possible for solvents to carry active ingredients through polymeric materials.

(D) Employees must be able to remove the gloves in such a manner as to prevent skin contamination.

Protective Clothing Applications

A. The purpose of chemical protective clothing and equipment is to shield or isolate individuals from the chemical, physical, and biological hazards that may be encountered during hazardous materials operations. During chemical operations, it is not always apparent when exposure occurs. Many chemicals pose invisible hazards and offer no warning properties.

B. These guidelines describe the various types of clothing that are appropriate for use in various chemical operations, and provides recommendations in their selection and use. The final paragraph discusses heat stress and other key physiological factors that must be considered in connection with protective clothing use.

C. It is important that protective clothing users realize that no single combination of protective equipment and clothing is capable of protecting you against all hazards. Thus protective clothing should be used in conjunction with other protective methods. For example, engineering or administrative controls to limit chemical contact with personnel should always be considered as an alternative measure for preventing chemical exposure.

The use of protective clothing can itself create significant wearer hazards, such as heat stress, physical and psychological stress, in addition to impaired vision, mobility, and communication. In general, the greater the level of chemical protective clothing, the greater the associated risks. For any given situation, equipment and clothing should be selected that provide an adequate level of protection. Overprotection as well as under-protection can be hazardous and should be avoided.

Protective Clothing Applications

1. Protective clothing must be worn whenever the wearer faces potential hazards arising from chemical exposure. Some examples include:

- Emergency response;
- Chemical manufacturing and process industries;
- Hazardous waste site cleanup and disposal;
- Asbestos removal and other particulate operations; and
- Agricultural application of pesticides.

2. Within each application, there are several operations which require chemical protective clothing. For example, in emergency response, the following activities dictate chemical protective clothing use:

- ✓ **Site Survey**: The initial investigation of a hazardous materials incident; these situations are usually characterized by a large degree of uncertainty and mandate the highest levels of protection.

- ✓ **Rescue**: Entering a hazardous materials area for the purpose of removing an exposure victim; special considerations must be given to how the selected protective clothing may affect the ability of the wearer to carry out the rescue and to the contamination of the victim.

- ✓ **Spill Mitigation:** Entering a hazardous materials area to prevent a potential spill or to reduce the hazards from an existing spill (i.e., applying a chlorine kit on railroad tank car). Protective clothing must accommodate the required tasks without sacrificing adequate protection.

- ✓ **Emergency Monitoring**: Outfitting personnel in protective clothing for the primary purpose of observing a hazardous materials incident without entry into the spill site. This may be applied to monitoring contract activity for spill cleanup.

- ✓ **Decontamination:** Applying decontamination procedures to personnel or equipment leaving the site; in general a lower level of protective clothing is used by personnel involved in decontamination.

The Clothing Ensemble. The approach in selecting personal protective clothing must encompass an "**ensemble**" of clothing and equipment items which are easily integrated to provide both an appropriate level of protection and still allow one to carry out activities involving chemicals.

In many cases, simple protective clothing by itself may be sufficient to prevent chemical exposure, such as wearing gloves in combination with a splash apron and faceshield (or safety goggles).

1. The following is a checklist of components that may form the chemical protective ensemble:
   - **Protective clothing (suit, coveralls, hoods, gloves, boots);**
   - **Respiratory equipment (SCBA, combination SCBA/SAR, air purifying respirators);**
   - **Cooling system (ice vest, air circulation, water circulation);**
   - **Communications device;**
   - **Head protection;**
   - **Eye protection;**
   - **Ear protection;**
   - **Inner garment; and**
   - **Outer protection (overgloves, overboots, flashcover).**

2. **Factors that affect the selection of ensemble components include:**

- ✓ How each item accommodates the integration of other ensemble components. Some ensemble components may be incompatible due to how they are worn (e.g., some SCBA's may not fit within a particular chemical protective suit or allow acceptable mobility when worn).

- ✓ The ease of interfacing ensemble components without sacrificing required performance (e.g. a poorly fitting overglove that greatly reduces wearer dexterity).

- ✓ Limiting the number of equipment items to reduce donning time and complexity (e.g. some communications devices are built into SCBA's which as a unit are NIOSH certified).

Level of Protection

1. Table VIII:1-1 lists ensemble components based on the widely used EPA Levels of Protection: Levels A, B, C, and D. These lists can be used as the starting point for ensemble creation; however, each ensemble must be tailored to the specific situation in order to provide the most appropriate level of protection.

For example, if an emergency response activity involves a highly contaminated area or if the potential of contamination is high, it may be advisable to wear a disposable covering such as Tyvek coveralls or PVC splash suits, over the protective ensemble.

TABLE VIII:1-1. EPA's Levels of Protection

Level A:

Vapor protective suit (meets NFPA 1991)
Pressure-demand, full-face SCBA
Inner chemical-resistant gloves, chemical-resistant safety boots, two-way radio communication
Optional: Cooling system, outer gloves, hard hat
Protection Provided: Highest available level of respiratory, skin, and eye protection from solid, liquid and gaseous chemicals.
Used When: The chemical(s) have been identified and have high level of hazards to respiratory system, skin and eyes. Substances are present with known or suspected skin toxicity or carcinogenity. Operations must be conducted in confined or poorly ventilated areas.
Limitations: Protective clothing must resist permeation by the chemical or mixtures present. Ensemble items must allow integration without loss of performance.

Level B:

Liquid splash-protective suit (meets NFPA 1992)
Pressure-demand, full-facepiece SCBA
Inner chemical-resistant gloves, chemical-resistant safety boots, two-way radio communications and Hard hat.
Optional:: Cooling system, outer gloves
Protection Provided: Provides same level of respiratory protection as Level A, but less skin protection. Liquid splash protection, but no protection against chemical vapors or gases.
Used When: The chemical(s) have been identified but do not require a high level of skin protection. Initial site surveys are required until higher levels of hazards are identified. The primary hazards associated with site entry are from liquid and not vapor contact.
Limitations: Protective clothing items must resist penetration by the chemicals or mixtures present. Ensemble items must allow integration without loss of performance.

Level C:

Support Function Protective Garment (meets NFPA 1993)
Full-facepiece, air-purifying, canister-equipped respirator
Chemical resistant gloves and safety boots
Two-way communications system, hard hat
Optional: Faceshield, escape SCBA
Protection Provided: The same level of skin protection as Level B, but a lower level of respiratory protection. Liquid splash protection but no protection against chemical vapors or gases.
Used When: Contact with site chemical(s) will not affect the skin. Air contaminants have been identified and concentrations measured. A canister is available which can remove the contaminant. The site and its hazards have been completely characterized.

Limitations: Protective clothing items must resist penetration by the chemical or mixtures present. Chemical airborne concentration must be less than IDLH levels. The atmosphere must contain at least 19.5% oxygen.
Not Acceptable for Chemical Emergency Response

Level D:
Coveralls, safety boots/shoes, safety glasses or chemical splash goggles
Optional: Gloves, escape SCBA, face-shield
Protection Provided: No respiratory protection, minimal skin protection.
Used When: The atmosphere contains no known hazard. Work functions preclude splashes, immersion, potential for inhalation, or direct contact with hazard chemicals.
Limitations: This level should not be worn in the Hot Zone. The atmosphere must contain at least 19.5% oxygen.
Not Acceptable for Chemical Emergency Response

2. The type of equipment used and the overall level of protection should be reevaluated periodically as the amount of information about the chemical situation or process increases, and when workers are required to perform different tasks. Personnel should upgrade or downgrade their level of protection only with concurrence with the site supervisor, safety officer, or plant industrial hygienist.

3. The recommendations in Table VIII:1-1 serve only as guidelines. It is important for you to realize that selecting items by how they are designed or configured alone is not sufficient to ensure adequate protection. In other words, just having the right components to form an ensemble is not enough. The EPA levels of protection do not define what performance the selected clothing or equipment must offer. Many of these considerations are described in the ***"limiting criteria***" column of Table VIII: 1-1. Additional factors relevant to the various clothing and equipment items are described in subsequent Paragraphs.

Ensemble Selection Factors.
1. **Chemical Hazards**. Chemicals present a variety of hazards such as toxicity, corrosiveness, flammability, reactivity, and oxygen deficiency. Depending on the chemicals present, any combination of hazards may exist.

2. **Physical Environment.** Chemical exposure can happen anywhere: in industrial settings, on the highways, or in residential areas.

It may occur either indoors or outdoors; the environment may be extremely hot, cold, or moderate; the exposure site may be relatively uncluttered or rugged, presenting a number of physical hazards; chemical handling activities may involve entering confined spaces, heavy lifting, climbing a ladder, or crawling on the ground. The choice of ensemble components must account for these conditions.

3. **Duration of Exposure**. The protective qualities of ensemble components may be limited to certain exposure levels (e.g. material chemical resistance, air supply). The decision for ensemble use time must be made assuming the worst case exposure so that safety margins can be applied to increase the protection available to the worker.

4. **Protective Clothing or Equipment Available.** Hopefully, an array of different clothing or equipment is available to workers to meet all intended applications. Reliance on one particular clothing or equipment item may severely limit a facility's ability to handle a broad range of chemical exposures. In its acquisition of equipment and clothing, the safety department or other responsible authority should attempt to provide a high degree of flexibility while choosing protective clothing and equipment that is easily integrated and provides protection against each conceivable hazard.

Classification of Protective Clothing.
Personal protective clothing includes the following:
* Fully encapsulating suits;
* Non-encapsulating suits;
* Gloves, boots, and hoods;
* Firefighter's protective clothing;
* Proximity, or approach clothing;
* Blast or fragmentation suits; and
* Radiation-protective suits.

1. Firefighter turnout clothing, proximity gear, blast suits, and radiation suits by themselves are not acceptable for providing adequate protection from hazardous chemicals.

2. Table VIII:1-2 describes various types of protection clothing available, details the type of protection they offer, and lists factors to consider in their selection and use.

TABLE VIII: 1-2. Types of Protective Clothing for Full Body Protection

One-piece garment. Boots and gloves may be integral, attached and replaceable, or separate.

- Protects against splashes, dust gases, and vapors.

- Does not allow body heat to escape. May contribute to heat stress in wearer, particularly if worn in conjunction with a closed-circuit SCBA; a cooling garment may be needed. Impairs worker mobility, vision, and communication.
  Non-encapsulating suit

Jacket, hood, pants or bib overalls, and one-piece coveralls.
Protects against splashes, dust, and other materials but not against gases and vapors. Does not protect parts of head or neck.

- Do not use where gas-tight or pervasive splashing protection is required. May contribute to heat stress in wearer. Tape-seal connections between pant cuffs and boots and between gloves and sleeves.

Aprons, leggings, and sleeve protectors

- Fully sleeved and gloved apron. Separate coverings for arms and legs. Commonly worn over non-encapsulating suit.

- Provides additional splash protection of chest, forearms, and legs.

- Whenever possible, should be used over a non-encapsulating suit to minimize potential heat stress. Useful for sampling, labeling, and analysis operations. Should be used only when there is a low probability of total body contact with contaminants.

Firefighters' Protective Clothing

- Gloves, helmet, running or bunker coat, running or bunker pants (NFPA No. 1971, 1972, 1973, and boots (1974).

- Protects against heat, hot water, and some particles. Does not protect against gases and vapors, or chemical permeation or degradation. NFPA Standard No. 1971 specifies that a garment consists of an outer shell, an inner liner and a vapor barrier with a minimum water penetration of 25 lb/in2 (1.8 kg/cm2) to prevent passage of hot water.

- Decontamination is difficult. Should not be worn in areas where protection against gases, vapors, chemical splashes or permeation is required.

Proximity Garment (Approach Suit)

- One- or two-piece overgarment with boot covers, gloves, and hood of aluminized nylon or cotton fabric. Normally worn over other protective clothing, firefighters' bunker gear, or flame-retardant coveralls.

- Protects against splashes, dust, gases, and vapors.

- Does not allow body heat to escape. May contribute to heat stress in wearer, particularly if worn in conjunction with a closed-circuit SCBA; a cooling garment may be needed. Impairs worker mobility, vision, and communication.

Blast and Fragmentation Suit

- Blast and fragmentation vests and clothing, bomb blankets, and bomb carriers.

- Provides some protection against very small detonations. Bomb blankets and baskets can help redirect a blast.

- Does not provide for hearing protection.

Radiation-Contamination Protective Suit

- Various types of protective clothing designed to prevent contamination of the body by radioactive particles.

- Protects against alpha and beta particles. Does not protect against gamma radiation.

- Designed to prevent skin contamination. If radiation is detected on site, consult an experienced radiation expert and evacuate personnel until the radiation hazard has been evaluated.

Flame/Fire Retardant Coveralls.

- Normally worn as an undergarment.

- Provides protection from flash fires; adds bulk and may exacerbate heat stress problems and impair mobility.

Glossary of Respiratory Protection Terms

The following definitions are important terms used in the respiratory protection standard and terms that will assist in the understanding and the application of the NIOSH decision logic.

Air-Purifying Respirator: A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element. OSHA Definition

Assigned Protection Factor (**APF**): See ***PROTECTION FACTOR***. NIOSH Definition

Atmosphere-Supplying Respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units. OSHA Definition

Breakthrough: The penetration of challenge material(s) through a gas or a vapor air-purifying element. The quantity or extent of breakthrough during service life testing is often referred to as the percentage of the input concentration. NIOSH Definition

Canister or Cartridge: A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container. OSHA Definition

Demand Respirator: An atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation. OSHA Definition

Disposable Respirators: A respirator that is discarded after the end of its recommended period of use, after excessive resistance or physical damage, or when odor breakthrough or other warning indicators render the respirator unsuitable for further use. NIOSH Definition

Dust: A solid, mechanically produced particle with a size ranging from submicroscopic to macroscopic. NIOSH Definition

Emergency Respirator Use Situation: A situation that requires the use of respirators due to the unplanned generation of a hazardous atmosphere (often of unknown composition) caused by an accident, mechanical failure, or other means and that requires evacuation of personnel or immediate entry for rescue or corrective action. NIOSH Definition

Emergency Situation: Any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant. OSHA Definition

Employee Exposure: Exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection. OSHA Definition

End-Of-Service-Life Indicator (**ESLI**): A system that warns the respirator user of the approach of the end of adequate respiratory protection; for example, that the sorbent is approaching saturation or is no longer effective. OSHA Definition

Escape Gas Mask: A gas mask that consists of a half-mask facepiece or mouthpiece, a canister, and associated connections, and that is designed for use during escape-only from hazardous atmospheres. NIOSH Definition

Escape Only Respirator: Respiratory devices that are designed for use only during escape from hazardous atmospheres. NIOSH Definition

Escape-Only Respirator: A respirator intended to be used only for emergency exit. OSHA Definition

Filter or Air-Purifying Element: A component used in respirators to remove solid or liquid aerosols from the inspired air. OSHA Definition

Filtering Facepiece: A particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium. (See ***SINGLE-USE DUST or DUST and MIST RESPIRATORS and DISPOSABLE RESPIRATORS***.) NIOSH Definition

Filtering Facepiece (Dust Mask): A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium. OSHA Definition

Fit Factor: A quantitative measure of the fit of a specific respirator facepiece to a particular individual. NIOSH Definition

Fit Factor: A quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn. OSHA Definition

Fit Test: Means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.) OSHA Definition

Fume: A solid condensation particulate, usually of a vaporized metal. NIOSH Definition

Gas: An aeriform fluid that is in a gaseous state at standard temperature and pressure. NIOSH Definition

Helmet: A rigid respiratory inlet covering that also provides head protection against impact and penetration. OSHA Definition

High-Efficiency Particulate Air (Hepa) Filter: A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters. OSHA Definition

Hood: Means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso. OSHA Definition

Immediately Dangerous to Life or Health (IDLH): Acute respiratory exposure that poses an immediate threat of loss of life, immediate or delayed irreversible adverse effects on health, or acute eye exposure that would prevent escape from a hazardous atmosphere. NIOSH Definition

Immediately Dangerous to Life or Health (**IDLH**): An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere. OSHA Definition

Interior Structural Firefighting: The physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures which are involved in a fire situation beyond the incipient stage. (See 29 CFR 1910.155) OSHA Definition

Loose-Fitting Facepiece: A respiratory inlet covering that is designed to form a partial seal with the face. OSHA Definition

Maximum Use Concentration (MUC): [Reserved] OSHA Definition

Mist: A liquid condensation particulate. NIOSH Definition

Negative Pressure Respirator (Tight Fitting): A respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator. OSHA Definition

Orinasal Respirator: A respirator that covers the nose and mouth and that generally consists of a quarter- or half-facepiece. NIOSH Definition

Oxygen Deficient Atmosphere: An atmosphere with an oxygen content below 19.5% by volume. OSHA Definition

Physician or Other Licensed Health Care Professional (PLHCP): Means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section. OSHA Definition

Planned or Unplanned Entry into an IDLH Environment, an Environment of Unknown Concentration of Hazardous Contaminant, or an Environment of Unknown Composition: A situation in which respiratory devices are recommended to provide adequate protection to workers entering an area where the contaminant concentration is above the IDLH or is unknown. NIOSH Definition

Positive Pressure Respirator: A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator. OSHA Definition

Potential Occupational Carcinogen: Any substance, or combination or mixture of substances, which causes an increased incidence of benign and/or malignant neoplasms, or a substantial decrease in the latency period between exposure and onset of neoplasms in humans or in one or more experimental mammalian species as the result of any oral, respiratory, or dermal exposure, or any other exposure which results in the induction of tumors at a site other than the site of administration. This definition also includes any substance that is metabolized into one or more potential occupational carcinogens by mammals (29 CFR 1990.103, OSHA Cancer Policy). NIOSH Definition

Powered Air-Purifying Respirator (PAPR): An air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering. OSHA Definition

Pressure Demand Respirator: A positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation. OSHA Definition

Protection Factors: NIOSH Definition

Assigned Protection Factor (APF): The minimum anticipated protection provided by a properly functioning respirator or class of respirators to a given percentage of properly fitted and trained users.

Simulated Workplace Protection Factor (SWPF): A surrogate measure of the workplace protection provided by a respirator.

Workplace Protection Factor (WPF): A measure of the protection provided in the workplace by a properly functioning respirator when correctly worn and used.

Qualitative Fit Test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent. OSHA Definition

Quantitative Fit Test (QNFT): Means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator. OSHA Definition

Recommended Exposure Limit (REL): An 8- or 10-hour time-weighted average (TWA) or ceiling (C) exposure concentration recommended by NIOSH that is based on an evaluation of the health effects data. NIOSH Definition

Respiratory Inlet Covering: The portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, a helmet, a hood, a suit, or a mouthpiece respirator with nose clamp. OSHA Definition

Self-Contained Breathing Apparatus (SCBA): An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user. OSHA Definition

Service Life: The length of time required for an air-purifying element to reach a specific effluent concentration. Service life is determined by the type of substance being removed, the concentration of the substance, the ambient temperature, the specific element being tested (cartridge or canister), the flow rate resistance, and the selected breakthrough value. The service life for a self-contained breathing apparatus (SCBA) is the period of time, as determined by the NIOSH certification tests, in which adequate breathing gas is supplied. NIOSH Definition

Service Life: The period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer. OSHA Definition

Single-Use Dust or Dust and Mist Respirators: Respirators approved for use against dusts or mists that may cause pneumoconiosis and fibrosis. NIOSH Definition

Supplied-Air Respirator (SAR) or Airline Respirator: An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user. OSHA Definition

This Section: This respiratory protection standard. OSHA Definition

Tight-Fitting Facepiece: A respiratory inlet covering that forms a complete seal with the face. OSHA Definition

User Seal Check: An action conducted by the respirator user to determine if the respirator is properly seated to the face. OSHA Definition

Vapor: The gaseous state of a substance that is solid or liquid at temperatures and pressures normally encountered. NIOSH Definition



Exhaust Ventilation

- Use exhaust ventilation to capture dust/fumes whenever possible;
- HEPA vacuum dust covered work surfaces; dry sweeping or blowing is prohibited; wet methods may be used;
- Do not eat, drink, smoke or apply cosmetics in areas where lead is present;
- Wash hands and face after working with toxic materials.



Here are a few photographs from one of Technical Learning College (TLC)'s hands on chlorine class. Instructor Jeff Durbin is shown in top photograph.



§ 1910.134 Respiratory Protection Rule

[PUBLISHER'S NOTE: This section was added at 63 FR 1152, 1270, Jan. 8, 1998, effective April 8, 1998. Paragraphs (c), (e)(3) through (e)(6), (f)(1), (i)(4), (m)(1) through (m)(2) and (m)(4) contain information collection requirements and will not become effective until the Office of Management and Budget approves them. A document will be published in the Federal Register once approval has been obtained.]

This section applies to General Industry (part 1910), Shipyards (part 1915), Marine Terminals (part 1917), Longshoring (part 1918), and Construction (part 1926).

(a) Permissible practice. (1) In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used pursuant to this section.

(2) Respirators shall be provided by the employer when such equipment is necessary to protect the health of the employee. The employer shall provide the respirators which are applicable and suitable for the purpose intended. The employer shall be responsible for the establishment and maintenance of a respiratory protection program which shall include the requirements outlined in paragraph (c) of this section.

(b) Definitions. The following definitions are important terms used in the respiratory protection standard in this section.

Air-purifying respirator means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Assigned protection factor (APF) [Reserved]

Atmosphere-supplying respirator means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

Canister or cartridge means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

Emergency situation means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator means a respirator intended to be used only for emergency exit.

Filter or air purifying element means a component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Fit factor means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)
Helmet means a rigid respiratory inlet covering that also provides head protection against impact and penetration.
High efficiency particulate air (HEPA) filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.
Hood means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.
Immediately dangerous to life or health (IDLH) means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.
Interior structural firefighting means the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures which are involved in a fire situation beyond the incipient stage. (See 29 CFR 1910.155)
Loose-fitting facepiece means a respiratory inlet covering that is designed to form a partial seal with the face.
Maximum use concentration (MUC) [Reserved].
Negative pressure respirator (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.
Oxygen deficient atmosphere means an atmosphere with an oxygen content below 19.5% by volume.
Physician or other licensed health care professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section.
Positive pressure respirator means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.
Powered air-purifying respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.
Pressure demand respirator means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.
Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
Respiratory inlet covering means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.
Self-contained breathing apparatus (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.
Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.
Supplied-air respirator (SAR) or airline respirator means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.
This section means this respiratory protection standard.
Tight-fitting facepiece means a respiratory inlet covering that forms a complete seal with the face.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.
(c) Respiratory protection program. This paragraph requires the employer to develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program must be administered by a suitably trained program administrator. In addition, certain program elements may be required for voluntary use to prevent potential hazards associated with the use of the respirator. The Small Entity Compliance Guide contains criteria for the selection of a program administrator and a sample program that meets the requirements of this paragraph. Copies of the Small Entity Compliance Guide will be available on or about April 8, 1998 from the Occupational Safety and Health Administration's Office of Publications, Room N 3101, 200 Constitution Avenue, NW, Washington, DC, 20210 (202-219-4667).
(1) In any workplace where respirators are necessary to protect the health of the employee or whenever respirators are required by the employer, the employer shall establish and implement a written respiratory protection program with worksite-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:
(i) Procedures for selecting respirators for use in the workplace;
(ii) Medical evaluations of employees required to use respirators;
(iii) Fit testing procedures for tight-fitting respirators;
(iv) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
(v) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;
(vi) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
(vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations;
(viii) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and
(ix) Procedures for regularly evaluating the effectiveness of the program.
(2) Where respirator use is not required:
(i) An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and
(ii) In addition, the employer must establish and implement those elements of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).
(3) The employer shall designate a program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.
(4) The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

(d) Selection of respirators. This paragraph requires the employer to evaluate respiratory hazard(s) in the workplace, identify relevant workplace and user factors, and base respirator selection on these factors. The paragraph also specifies appropriately protective respirators for use in IDLH atmospheres, and limits the selection and use of air-purifying respirators.
(1) General requirements. (i) The employer shall select and provide an appropriate respirator based on the respiratory hazard(s) to which the worker is exposed and workplace and user factors that affect respirator performance and reliability.
(ii) The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.
(iii) The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH.
(iv) The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.
(2) Respirators for IDLH atmospheres. (i) The employer shall provide the following respirators for employee use in IDLH atmospheres:
(A) A full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or
(B) A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.
(ii) Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.
(iii) All oxygen-deficient atmospheres shall be considered IDLH. Exception: If the employer demonstrates that, under all foreseeable conditions, the oxygen concentration can be maintained within the ranges specified in Table II of this section (i.e., for the altitudes set out in the table), then any atmosphere-supplying respirator may be used.
(3) Respirators for atmospheres that are not IDLH. (i) The employer shall provide a respirator that is adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements, under routine and reasonably foreseeable emergency situations.
(A) Assigned Protection Factors (APFs) [Reserved]
(B) Maximum Use Concentration (MUC) [Reserved]
(ii) The respirator selected shall be appropriate for the chemical state and physical form of the contaminant.
(iii) For protection against gases and vapors, the employer shall provide:
(A) An atmosphere-supplying respirator, or
(B) An air-purifying respirator, provided that:
(1) The respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or
(2) If there is no ESLI appropriate for conditions in the employer's workplace, the employer implements a change schedule for canisters and cartridges that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. The employer shall describe in the respirator program the information and data relied upon and the basis for the canister and cartridge change schedule and the basis for reliance on the data.
(iv) For protection against particulates, the employer shall provide:
(A) An atmosphere-supplying respirator; or

(B) An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or
(C) For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH.

Table I.--Assigned Protection Factors [Reserved]

Table II

Altitude (ft.)	Oxygen deficient Atmospheres (% 0[2]) for which the employer may rely on atmosphere- supplying respirators
Less than 3,001	16.0-19.5
3,001-4,000	16.4-19.5
4,001-5,000	17.1-19.5
5,001-6,000	17.8-19.5
6,001-7,000	18.5-19.5
7,001-8,000 fn1	19.3-19.5.

Notes
fn1 Above 8,000 feet the exception does not apply. Oxygen-enriched breathing air must be supplied above 14,000 feet.

(e) Medical evaluation. Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Accordingly, this paragraph specifies the minimum requirements for medical evaluation that employers must implement to determine the employee's ability to use a respirator.
(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.
(2) Medical evaluation procedures. (i) The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire.
(ii) The medical evaluation shall obtain the information requested by the questionnaire in Sections 1 and 2, Part A of Appendix C of this section.
(3) Follow-up medical examination. (i) The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C or whose initial medical examination demonstrates the need for a follow-up medical examination.
(ii) The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.
(4) Administration of the medical questionnaire and examinations. (i) The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.
(ii) The employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

(5) Supplemental information for the PLHCP. (i) The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:
(A) The type and weight of the respirator to be used by the employee;
(B) The duration and frequency of respirator use (including use for rescue and escape);
(C) The expected physical work effort;
(D) Additional protective clothing and equipment to be worn; and
(E) Temperature and humidity extremes that may be encountered.
(ii) Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.
(iii) The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

Note to Paragraph (e)(5)(iii): When the employer replaces a PLHCP, the employer must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, OSHA does not expect employers to have employees medically reevaluated solely because a new PLHCP has been selected.
(6) Medical determination. In determining the employee's ability to use a respirator, the employer shall:
(i) Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:
(A) Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
(B) The need, if any, for follow-up medical evaluations; and
(C) A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.
(ii) If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, the employer shall provide a PAPR if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.
(7) Additional medical evaluations. At a minimum, the employer shall provide additional medical evaluations that comply with the requirements of this section if:
(i) An employee reports medical signs or symptoms that are related to ability to use a respirator;
(ii) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;
(iii) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
(iv) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on an employee.
(f) Fit testing. This paragraph requires that, before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used. This paragraph specifies the kinds of fit tests allowed, the procedures for conducting them, and how the results of the fit tests must be used.
(1) The employer shall ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) as stated in this paragraph.

(2) The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.
(3) The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or program administrator makes visual observations of, changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
(4) If after passing a QLFT or QNFT, the employee subsequently notifies the employer, program administrator, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.
(5) The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of this section.
(6) QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.
(7) If the fit factor, as determined through an OSHA-accepted QNFT protocol, is equal to or greater than 100 for tight-fitting half facepieces, or equal to or greater than 500 for tight-fitting full facepieces, the QNFT has been passed with that respirator.
(8) Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.
(i) Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user's actual facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece.
(ii) Quantitative fit testing of these respirators shall be accomplished by modifying the facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate facepiece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.
(iii) Any modifications to the respirator facepiece for fit testing shall be completely removed, and the facepiece restored to NIOSH-approved configuration, before that facepiece can be used in the workplace.
(g) Use of respirators. This paragraph requires employers to establish and implement procedures for the proper use of respirators. These requirements include prohibiting conditions that may result in facepiece seal leakage, preventing employees from removing respirators in hazardous environments, taking actions to ensure continued effective respirator operation throughout the work shift, and establishing procedures for the use of respirators in IDLH atmospheres or in interior structural firefighting situations.
(1) Facepiece seal protection. (i) The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have:
(A) Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or
(B) Any condition that interferes with the face-to-facepiece seal or valve function.

(ii) If an employee wears corrective glasses or goggles or other personal protective equipment, the employer shall ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.
(iii) For all tight-fitting respirators, the employer shall ensure that employees perform a user seal check each time they put on the respirator using the procedures in Appendix B-1 or procedures recommended by the respirator manufacturer that the employer demonstrates are as effective as those in Appendix B-1 of this section.
(2) Continuing respirator effectiveness. (i) Appropriate surveillance shall be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the employer shall reevaluate the continued effectiveness of the respirator.
(ii) The employer shall ensure that employees leave the respirator use area:
(A) To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use; or
(B) If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece; or
(C) To replace the respirator or the filter, cartridge, or canister elements.
(iii) If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, the employer must replace or repair the respirator before allowing the employee to return to the work area.
(3) Procedures for IDLH atmospheres. For all IDLH atmospheres, the employer shall ensure that:
(i) One employee or, when needed, more than one employee is located outside the IDLH atmosphere;
(ii) Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;
(iii) The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue;
(iv) The employer or designee is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue;
(v) The employer or designee authorized to do so by the employer, once notified, provides necessary assistance appropriate to the situation;
(vi) Employee(s) located outside the IDLH atmospheres are equipped with:
(A) Pressure demand or other positive pressure SCBAs, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either
(B) Appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or
(C) Equivalent means for rescue where retrieval equipment is not required under paragraph (g)(3)(vi)(B).
(4) Procedures for interior structural firefighting. In addition to the requirements set forth under paragraph (g)(3), in interior structural fires, the employer shall ensure that:
(i) At least two employees enter the IDLH atmosphere and remain in visual or voice contact with one another at all times;
(ii) At least two employees are located outside the IDLH atmosphere; and
(iii) All employees engaged in interior structural firefighting use SCBAs.
Note 1 to paragraph (g): One of the two individuals located outside the IDLH atmosphere may be assigned to an additional role, such as incident commander in charge of the emergency or safety officer, so long as this individual is able to perform assistance or rescue activities without jeopardizing the safety or health of any firefighter working at the incident.

Note 2 to paragraph (g): Nothing in this section is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled.
(h) Maintenance and care of respirators. This paragraph requires the employer to provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by employees.
(1) Cleaning and disinfecting. The employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The employer shall ensure that respirators are cleaned and disinfected using the procedures in Appendix B-2 of this section, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness. The respirators shall be cleaned and disinfected at the following intervals:
(i) Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;
(ii) Respirators issued to more than one employee shall be cleaned and disinfected before being worn by different individuals;
(iii) Respirators maintained for emergency use shall be cleaned and disinfected after each use; and
(iv) Respirators used in fit testing and training shall be cleaned and disinfected after each use.
(2) Storage. The employer shall ensure that respirators are stored as follows:
(i) All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the facepiece and exhalation valve.
(ii) In addition to the requirements of paragraph (h)(2)(i) of this section, emergency respirators shall be:
(A) Kept accessible to the work area;
(B) Stored in compartments or in covers that are clearly marked as containing emergency respirators; and
(C) Stored in accordance with any applicable manufacturer instructions.
(3) Inspection. (i) The employer shall ensure that respirators are inspected as follows:
(A) All respirators used in routine situations shall be inspected before each use and during cleaning;
(B) All respirators maintained for use in emergency situations shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use; and
(C) Emergency escape-only respirators shall be inspected before being carried into the workplace for use.
(ii) The employer shall ensure that respirator inspections include the following:
(A) A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters; and
(B) A check of elastomeric parts for pliability and signs of deterioration.
(iii) In addition to the requirements of paragraphs (h)(3)(i) and (ii) of this section, self-contained breathing apparatus shall be inspected monthly. Air and oxygen cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. The employer shall determine that the regulator and warning devices function properly.
(iv) For respirators maintained for emergency use, the employer shall:
(A) Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator; and
(B) Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or

electronic files. This information shall be maintained until replaced following a subsequent certification.
(4) Repairs. The employer shall ensure that respirators that fail an inspection or are otherwise found to be defective are removed from service, and are discarded or repaired or adjusted in accordance with the following procedures:
(i) Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator;
(ii) Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and
(iii) Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.
(i) Breathing air quality and use. This paragraph requires the employer to provide employees using atmosphere-supplying respirators (supplied-air and SCBA) with breathing gases of high purity.
(1) The employer shall ensure that compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration accords with the following specifications:
(i) Compressed and liquid oxygen shall meet the United States Pharmacopoeia requirements for medical or breathing oxygen; and
(ii) Compressed breathing air shall meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:
(A) Oxygen content (v/v) of 19.5-23.5%;
(B) Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less;
(C) Carbon monoxide (CO) content of 10 ppm or less;
(D) Carbon dioxide content of 1,000 ppm or less; and
(E) Lack of noticeable odor.
(2) The employer shall ensure that compressed oxygen is not used in atmosphere-supplying respirators that have previously used compressed air.
(3) The employer shall ensure that oxygen concentrations greater than 23.5% are used only in equipment designed for oxygen service or distribution.
(4) The employer shall ensure that cylinders used to supply breathing air to respirators meet the following requirements:
(i) Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178);
(ii) Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air; and
(iii) The moisture content in the cylinder does not exceed a dew point of -50 [degrees] F (-45.6 [degrees] C) at 1 atmosphere pressure.
(5) The employer shall ensure that compressors used to supply breathing air to respirators are constructed and situated so as to:
(i) Prevent entry of contaminated air into the air-supply system;
(ii) Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 [degrees] C) below the ambient temperature;
(iii) Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions.
(iv) Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.

(6) For compressors that are not oil-lubricated, the employer shall ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm.
(7) For oil-lubricated compressors, the employer shall use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high-temperature alarms are used, the air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.
(8) The employer shall ensure that breathing air couplings are incompatible with outlets for nonrespirable worksite air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.
(9) The employer shall use breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.
(j) Identification of filters, cartridges, and canisters. The employer shall ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.
(k) Training and information. This paragraph requires the employer to provide effective training to employees who are required to use respirators. The training must be comprehensive, understandable, and recur annually and more often if necessary. This paragraph also requires the employer to provide the basic information on respirators in Appendix D of this section to employees who wear respirators when not required by this section or by the employer to do so.
(1) The employer shall ensure that each employee can demonstrate knowledge of at least the following:
(i) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
(ii) What the limitations and capabilities of the respirator are;
(iii) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
(iv) How to inspect, put on and remove, use, and check the seals of the respirator;
(v) What the procedures are for maintenance and storage of the respirator;
(vi) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
(vii) The general requirements of this section.
(2) The training shall be conducted in a manner that is understandable to the employee.
(3) The employer shall provide the training prior to requiring the employee to use a respirator in the workplace.
(4) An employer who is able to demonstrate that a new employee has received training within the last 12 months that addresses the elements specified in paragraph (k)(1)(i) through (vii) is not required to repeat such training provided that, as required by paragraph (k)(1), the employee can demonstrate knowledge of those element(s). Previous training not repeated initially by the employer must be provided no later than 12 months from the date of the previous training.
(5) Retraining shall be administered annually, and when the following situations occur:
(i) Changes in the workplace or the type of respirator render previous training obsolete;
(ii) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
(iii) Any other situation arises in which retraining appears necessary to ensure safe respirator use.
(6) The basic advisory information on respirators, as presented in Appendix D of this section, shall be provided by the employer in any written or oral format, to employees who wear respirators when such use is not required by this section or by the employer.
(l) Program evaluation. This section requires the employer to conduct evaluations of the workplace to ensure that the written respiratory protection program is being properly implemented, and to consult employees to ensure that they are using the respirators properly.

(1) The employer shall conduct evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.
(2) The employer shall regularly consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:
(i) Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
(ii) Appropriate respirator selection for the hazards to which the employee is exposed;
(iii) Proper respirator use under the workplace conditions the employee encounters; and
(iv) Proper respirator maintenance.
(m) Recordkeeping. This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.
(1) Medical evaluation. Records of medical evaluations required by this section must be retained and made available in accordance with 29 CFR 1910.1020.
(2) Fit testing. (i) The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:
(A) The name or identification of the employee tested;
(B) Type of fit test performed;
(C) Specific make, model, style, and size of respirator tested;
(D) Date of test; and
(E) The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.
(ii) Fit test records shall be retained for respirator users until the next fit test is administered.
(3) A written copy of the current respirator program shall be retained by the employer.
(4) Written materials required to be retained under this paragraph shall be made available upon request to affected employees and to the Assistant Secretary or designee for examination and copying.
(n) Dates. (1) Effective date. This section is effective April 8, 1998. The obligations imposed by this section commence on the effective date unless otherwise noted in this paragraph. Compliance with obligations that do not commence on the effective date shall occur no later than the applicable start-up date.
(2) Compliance dates. All obligations of this section commence on the effective date except as follows:
(i) The determination that respirator use is required (paragraph (a)) shall be completed no later than September 8, 1998.
(ii) Compliance with provisions of this section for all other provisions shall be completed no later than October 5, 1998.
(3) The provisions of 29 CFR 1910.134 and 29 CFR 1926.103, contained in the 29 CFR parts 1900 to 1910.99 and the 29 CFR part 1926 editions, revised as of July 1, 1997, are in effect and enforceable until October 5, 1998, or during any administrative or judicial stay of the provisions of this section.

Appendix A to § 1910.134: Fit Testing Procedures (Mandatory)
Part I. OSHA-Accepted Fit Test Protocols
A. Fit Testing Procedures-General Requirements

The employer shall conduct fit testing using the following procedures. The requirements in this appendix apply to all OSHA-accepted fit test methods, both QLFT and QNFT.

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.

3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following item A.6. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:

(a) Position of the mask on the nose

(b) Room for eye protection

(c) Room to talk

(d) Position of mask on face and cheeks

7. The following criteria shall be used to help determine the adequacy of the respirator fit:

(a) Chin properly placed;

(b) Adequate strap tension, not overly tightened;

(c) Fit across nose bridge;

(d) Respirator of proper size to span distance from nose to chin;

(e) Tendency of respirator to slip;

(f) Self-observation in mirror to evaluate fit and respirator position.

8. The test subject shall conduct a user seal check, either the negative and positive pressure seal checks described in Appendix B-1 of this section or those recommended by the respirator manufacturer which provide equivalent protection to the procedures in Appendix B-1. Before conducting the negative and positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.

9. The test shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during the tests, she or he shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing her or his duties.
11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.
12. Exercise regimen. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least 5 minutes before the start of the fit test.
13. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during actual respirator use which could interfere with respirator fit.
14. Test Exercises. (a) The following test exercises are to be performed for all fit testing methods prescribed in this appendix, except for the CNP method. A separate fit testing exercise regimen is contained in the CNP protocol. The test subject shall perform exercises, in the test environment, in the following manner:
(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally.
(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.
(3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
(4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

Rainbow Passage
When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.
(6) Grimace. The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)
(7) Bending over. The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.
(8) Normal breathing. Same as exercise (1).
(b) Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.
B. Qualitative Fit Test (QLFT) Protocols
1. General

(a) The employer shall ensure that persons administering QLFT are able to prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in proper working order.
(b) The employer shall ensure that QLFT equipment is kept clean and well maintained so as to operate within the parameters for which it was designed.
2. Isoamyl Acetate Protocol
Note: This protocol is not appropriate to use for the fit testing of particulate respirators. If used to fit test particulate respirators, the respirator must be equipped with an organic vapor filter.
(a) Odor Threshold Screening
Odor threshold screening, performed without wearing a respirator, is intended to determine if the individual tested can detect the odor of isoamyl acetate at low levels.
(1) Three 1 liter glass jars with metal lids are required.
(2) Odor-free water (e.g., distilled or spring water) at approximately 25 [degrees] C (77 [degrees] F) shall be used for the solutions.
(3) The isoamyl acetate (IAA) (also known at isopentyl acetate) stock solution is prepared by adding 1 ml of pure IAA to 800 ml of odor-free water in a 1 liter jar, closing the lid and shaking for 30 seconds. A new solution shall be prepared at least weekly.
(4) The screening test shall be conducted in a room separate from the room used for actual fit testing. The two rooms shall be well-ventilated to prevent the odor of IAA from becoming evident in the general room air where testing takes place.
(5) The odor test solution is prepared in a second jar by placing 0.4 ml of the stock solution into 500 ml of odor-free water using a clean dropper or pipette. The solution shall be shaken for 30 seconds and allowed to stand for two to three minutes so that the IAA concentration above the liquid may reach equilibrium. This solution shall be used for only one day.
(6) A test blank shall be prepared in a third jar by adding 500 cc of odor-free water.
(7) The odor test and test blank jar lids shall be labeled (e.g., 1 and 2) for jar identification. Labels shall be placed on the lids so that they can be peeled off periodically and switched to maintain the integrity of the test.
(8) The following instruction shall be typed on a card and placed on the table in front of the two test jars (i.e., 1 and 2): "The purpose of this test is to determine if you can smell banana oil at a low concentration. The two bottles in front of you contain water. One of these bottles also contains a small amount of banana oil. Be sure the covers are on tight, then shake each bottle for two seconds. Unscrew the lid of each bottle, one at a time, and sniff at the mouth of the bottle. Indicate to the test conductor which bottle contains banana oil."
(9) The mixtures used in the IAA odor detection test shall be prepared in an area separate from where the test is performed, in order to prevent olfactory fatigue in the subject.
(10) If the test subject is unable to correctly identify the jar containing the odor test solution, the IAA qualitative fit test shall not be performed.
(11) If the test subject correctly identifies the jar containing the odor test solution, the test subject may proceed to respirator selection and fit testing.
(b) Isoamyl Acetate Fit Test
(1) The fit test chamber shall be a clear 55-gallon drum liner suspended inverted over a 2-foot diameter frame so that the top of the chamber is about 6 inches above the test subject's head. If no drum liner is available, a similar chamber shall be constructed using plastic sheeting. The inside top center of the chamber shall have a small hook attached.
(2) Each respirator used for the fitting and fit testing shall be equipped with organic vapor cartridges or offer protection against organic vapors.
(3) After selecting, donning, and properly adjusting a respirator, the test subject shall wear it to the fit testing room. This room shall be separate from the room used for odor threshold screening and respirator selection, and shall be well-ventilated, as by an exhaust fan or lab hood, to prevent general room contamination.

(4) A copy of the test exercises and any prepared text from which the subject is to read shall be taped to the inside of the test chamber.
(5) Upon entering the test chamber, the test subject shall be given a 6-inch by 5-inch piece of paper towel, or other porous, absorbent, single-ply material, folded in half and wetted with 0.75 ml of pure IAA. The test subject shall hang the wet towel on the hook at the top of the chamber. An IAA test swab or ampule may be substituted for the IAA wetted paper towel provided it has been demonstrated that the alternative IAA source will generate an IAA test atmosphere with a concentration equivalent to that generated by the paper towel method.
(6) Allow two minutes for the IAA test concentration to stabilize before starting the fit test exercises. This would be an appropriate time to talk with the test subject; to explain the fit test, the importance of his/her cooperation, and the purpose for the test exercises; or to demonstrate some of the exercises.
(7) If at any time during the test, the subject detects the banana-like odor of IAA, the test is failed. The subject shall quickly exit from the test chamber and leave the test area to avoid olfactory fatigue.
(8) If the test is failed, the subject shall return to the selection room and remove the respirator. The test subject shall repeat the odor sensitivity test, select and put on another respirator, return to the test area and again begin the fit test procedure described in (b) (1) through (7) above. The process continues until a respirator that fits well has been found. Should the odor sensitivity test be failed, the subject shall wait at least 5 minutes before retesting. Odor sensitivity will usually have returned by this time.
(9) If the subject passes the test, the efficiency of the test procedure shall be demonstrated by having the subject break the respirator face seal and take a breath before exiting the chamber.
(10) When the test subject leaves the chamber, the subject shall remove the saturated towel and return it to the person conducting the test, so that there is no significant IAA concentration buildup in the chamber during subsequent tests. The used towels shall be kept in a self-sealing plastic bag to keep the test area from being contaminated.
3. Saccharin Solution Aerosol Protocol
The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.
(a) Taste threshold screening. The saccharin taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of saccharin.
(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches in diameter by 14 inches tall with at least the front portion clear and that allows free movements of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.
(2) The test enclosure shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.
(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his/her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a sweet taste.
(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the threshold check solution into the enclosure. The nozzle is directed away from the nose and mouth of the person. This nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.
(5) The threshold check solution is prepared by dissolving 0.83 gram of sodium saccharin USP in 100 ml of warm water. It can be prepared by putting 1 ml of the fit test solution (see (b)(5) below) in 100 ml of distilled water.

(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that it collapses completely, then released and allowed to fully expand.
(7) Ten squeezes are repeated rapidly and then the test subject is asked whether the saccharin can be tasted. If the test subject reports tasting the sweet taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.
(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.
(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the saccharin is tasted. If the test subject reports tasting the sweet taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.
(10) The test conductor will take note of the number of squeezes required to solicit a taste response.
(11) If the saccharin is not tasted after 30 squeezes (step 10), the test subject is unable to taste saccharin and may not perform the saccharin fit test.
Note to paragraph 3. (a): If the test subject eats or drinks something sweet before the screening test, he/she may be unable to taste the weak saccharin solution.
(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.
(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.
(14) The nebulizer shall be thoroughly rinsed in water, shaken dry, and refilled at least each morning and afternoon or at least every four hours.
(b) Saccharin solution aerosol fit test procedure.
(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.
(2) The fit test uses the same enclosure described in 3. (a) above.
(3) The test subject shall don the enclosure while wearing the respirator selected in section I. A. of this appendix. The respirator shall be properly adjusted and equipped with a particulate filter(s).
(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.
(5) The fit test solution is prepared by adding 83 grams of sodium saccharin to 100 ml of warm water.
(6) As before, the test subject shall breathe through the slightly open mouth with tongue extended, and report if he/she tastes the sweet taste of saccharin.
(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of saccharin fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test. A minimum of 10 squeezes is required.
(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
(9) Every 30 seconds the aerosol concentration shall be replenished using one half the original number of squeezes used initially (e.g., 5, 10 or 15).
(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of saccharin is detected. If the test subject does not report tasting the saccharin, the test is passed.

(11) If the taste of saccharin is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).
(12) Since the nebulizer has a tendency to clog during use, the test operator must make periodic checks of the nebulizer to ensure that it is not clogged. If clogging is found at the end of the test session, the test is invalid.
4. Bitrex<TM> (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol
The Bitrex<TM> (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.
(a) Taste Threshold Screening.
The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.
(1) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts # FT 14 and # FT 15 combined, is adequate.
(2) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.
(3) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.
(4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.
(5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.
(6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.
(7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.
(8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.
(9) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.
(10) The test conductor will take note of the number of squeezes required to solicit a taste response.
(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.
(12) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.
(14) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.
(b) Bitrex Solution Aerosol Fit Test Procedure.
(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.
(2) The fit test uses the same enclosure as that described in 4. (a) above.
(3) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).
(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall be clearly marked to distinguish it from the screening test solution nebulizer.
(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.
(6) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex..
(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.
(8) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).
(10) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.
(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).
5. Irritant Smoke (Stannic Chloride) Protocol
This qualitative fit test uses a person's response to the irritating chemicals released in the "smoke" produced by a stannic chloride ventilation smoke tube to detect leakage into the respirator.
(a) General Requirements and Precautions
(1) The respirator to be tested shall be equipped with high efficiency particulate air (HEPA) or P100 series filter(s).
(2) Only stannic chloride smoke tubes shall be used for this protocol.
(3) No form of test enclosure or hood for the test subject shall be used.
(4) The smoke can be irritating to the eyes, lungs, and nasal passages. The test conductor shall take precautions to minimize the test subject's exposure to irritant smoke. Sensitivity varies, and certain individuals may respond to a greater degree to irritant smoke. Care shall be taken when performing the sensitivity screening checks that determine whether the test subject can detect irritant smoke to use only the minimum amount of smoke necessary to elicit a response from the test subject.
(5) The fit test shall be performed in an area with adequate ventilation to prevent exposure of the person conducting the fit test or the build-up of irritant smoke in the general atmosphere.
(b) Sensitivity Screening Check
The person to be tested must demonstrate his or her ability to detect a weak concentration of the irritant smoke.

(1) The test operator shall break both ends of a ventilation smoke tube containing stannic chloride, and attach one end of the smoke tube to a low flow air pump set to deliver 200 milliliters per minute, or an aspirator squeeze bulb. The test operator shall cover the other end of the smoke tube with a short piece of tubing to prevent potential injury from the jagged end of the smoke tube.
(2) The test operator shall advise the test subject that the smoke can be irritating to the eyes, lungs, and nasal passages and instruct the subject to keep his/her eyes closed while the test is performed.
(3) The test subject shall be allowed to smell a weak concentration of the irritant smoke before the respirator is donned to become familiar with its irritating properties and to determine if he/she can detect the irritating properties of the smoke. The test operator shall carefully direct a small amount of the irritant smoke in the test subject's direction to determine that he/she can detect it.
(c) Irritant Smoke Fit Test Procedure
(1) The person being fit tested shall don the respirator without assistance, and perform the required user seal check(s).
(2) The test subject shall be instructed to keep his/her eyes closed.
(3) The test operator shall direct the stream of irritant smoke from the smoke tube toward the faceseal area of the test subject, using the low flow pump or the squeeze bulb. The test operator shall begin at least 12 inches from the facepiece and move the smoke stream around the whole perimeter of the mask. The operator shall gradually make two more passes around the perimeter of the mask, moving to within six inches of the respirator.
(4) If the person being tested has not had an involuntary response and/or detected the irritant smoke, proceed with the test exercises.
(5) The exercises identified in section I.A. 14. of this appendix shall be performed by the test subject while the respirator seal is being continually challenged by the smoke, directed around the perimeter of the respirator at a distance of six inches.
(6) If the person being fit tested reports detecting the irritant smoke at any time, the test is failed. The person being retested must repeat the entire sensitivity check and fit test procedure.
(7) Each test subject passing the irritant smoke test without evidence of a response (involuntary cough, irritation) shall be given a second sensitivity screening check, with the smoke from the same smoke tube used during the fit test, once the respirator has been removed, to determine whether he/she still reacts to the smoke. Failure to evoke a response shall void the fit test.
(8) If a response is produced during this second sensitivity check, then the fit test is passed.
C. Quantitative Fit Test (QNFT) Protocols
The following quantitative fit testing procedures have been demonstrated to be acceptable: Quantitative fit testing using a non-hazardous test aerosol (such as corn oil, polyethylene glycol 400 [PEG 400], di-2-ethyl hexyl sebacate [DEHS], or sodium chloride) generated in a test chamber, and employing instrumentation to quantify the fit of the respirator; Quantitative fit testing using ambient aerosol as the test agent and appropriate instrumentation (condensation nuclei counter) to quantify the respirator fit; Quantitative fit testing using controlled negative pressure and appropriate instrumentation to measure the volumetric leak rate of a facepiece to quantify the respirator fit.
1. General
(a) The employer shall ensure that persons administering QNFT are able to calibrate equipment and perform tests properly, recognize invalid tests, calculate fit factors properly and ensure that test equipment is in proper working order.
(b) The employer shall ensure that QNFT equipment is kept clean, and is maintained and calibrated according to the manufacturer's instructions so as to operate at the parameters for which it was designed.
2. Generated Aerosol Quantitative Fit Testing Protocol

(a) Apparatus.
(1) Instrumentation. Aerosol generation, dilution, and measurement systems using particulates (corn oil, polyethylene glycol 400 [PEG 400], di-2-ethyl hexyl sebacate [DEHS] or sodium chloride) as test aerosols shall be used for quantitative fit testing.
(2) Test chamber. The test chamber shall be large enough to permit all test subjects to perform freely all required exercises without disturbing the test agent concentration or the measurement apparatus. The test chamber shall be equipped and constructed so that the test agent is effectively isolated from the ambient air, yet uniform in concentration throughout the chamber.
(3) When testing air-purifying respirators, the normal filter or cartridge element shall be replaced with a high efficiency particulate air (HEPA) or P100 series filter supplied by the same manufacturer.
(4) The sampling instrument shall be selected so that a computer record or strip chart record may be made of the test showing the rise and fall of the test agent concentration with each inspiration and expiration at fit factors of at least 2,000. Integrators or computers that integrate the amount of test agent penetration leakage into the respirator for each exercise may be used provided a record of the readings is made.
(5) The combination of substitute air-purifying elements, test agent and test agent concentration shall be such that the test subject is not exposed in excess of an established exposure limit for the test agent at any time during the testing process, based upon the length of the exposure and the exposure limit duration.
(6) The sampling port on the test specimen respirator shall be placed and constructed so that no leakage occurs around the port (e.g., where the respirator is probed), a free air flow is allowed into the sampling line at all times, and there is no interference with the fit or performance of the respirator. The in-mask sampling device (probe) shall be designed and used so that the air sample is drawn from the breathing zone of the test subject, midway between the nose and mouth and with the probe extending into the facepiece cavity at least 1/4 inch.
(7) The test setup shall permit the person administering the test to observe the test subject inside the chamber during the test.
(8) The equipment generating the test atmosphere shall maintain the concentration of test agent constant to within a 10 percent variation for the duration of the test.
(9) The time lag (interval between an event and the recording of the event on the strip chart or computer or integrator) shall be kept to a minimum. There shall be a clear association between the occurrence of an event and its being recorded.
(10) The sampling line tubing for the test chamber atmosphere and for the respirator sampling port shall be of equal diameter and of the same material. The length of the two lines shall be equal.
(11) The exhaust flow from the test chamber shall pass through an appropriate filter (i.e., high efficiency particulate filter) before release.
(12) When sodium chloride aerosol is used, the relative humidity inside the test chamber shall not exceed 50 percent.
(13) The limitations of instrument detection shall be taken into account when determining the fit factor.
(14) Test respirators shall be maintained in proper working order and be inspected regularly for deficiencies such as cracks or missing valves and gaskets.
(b) Procedural Requirements.
(1) When performing the initial user seal check using a positive or negative pressure check, the sampling line shall be crimped closed in order to avoid air pressure leakage during either of these pressure checks.
(2) The use of an abbreviated screening QLFT test is optional. Such a test may be utilized in order to quickly identify poor fitting respirators that passed the positive and/or negative pressure test and reduce the amount of QNFT time. The use of the CNC QNFT instrument in the count

mode is another optional method to obtain a quick estimate of fit and eliminate poor fitting respirators before going on to perform a full QNFT.
(3) A reasonably stable test agent concentration shall be measured in the test chamber prior to testing. For canopy or shower curtain types of test units, the determination of the test agent's stability may be established after the test subject has entered the test environment.
(4) Immediately after the subject enters the test chamber, the test agent concentration inside the respirator shall be measured to ensure that the peak penetration does not exceed 5 percent for a half mask or 1 percent for a full facepiece respirator.
(5) A stable test agent concentration shall be obtained prior to the actual start of testing.
(6) Respirator restraining straps shall not be over-tightened for testing. The straps shall be adjusted by the wearer without assistance from other persons to give a reasonably comfortable fit typical of normal use. The respirator shall not be adjusted once the fit test exercises begin.
(7) The test shall be terminated whenever any single peak penetration exceeds 5 percent for half masks and 1 percent for full facepiece respirators. The test subject shall be refitted and retested.
(8) Calculation of fit factors.
(i) The fit factor shall be determined for the quantitative fit test by taking the ratio of the average chamber concentration to the concentration measured inside the respirator for each test exercise except the grimace exercise.
(ii) The average test chamber concentration shall be calculated as the arithmetic average of the concentration measured before and after each test (i.e., 7 exercises) or the arithmetic average of the concentration measured before and after each exercise or the true average measured continuously during the respirator sample.
(iii) The concentration of the challenge agent inside the respirator shall be determined by one of the following methods:
(A) Average peak penetration method means the method of determining test agent penetration into the respirator utilizing a strip chart recorder, integrator, or computer. The agent penetration is determined by an average of the peak heights on the graph or by computer integration, for each exercise except the grimace exercise. Integrators or computers that calculate the actual test agent penetration into the respirator for each exercise will also be considered to meet the requirements of the average peak penetration method.
(B) Maximum peak penetration method means the method of determining test agent penetration in the respirator as determined by strip chart recordings of the test. The highest peak penetration for a given exercise is taken to be representative of average penetration into the respirator for that exercise.
(C) Integration by calculation of the area under the individual peak for each exercise except the grimace exercise. This includes computerized integration.
(D) The calculation of the overall fit factor using individual exercise fit factors involves first converting the exercise fit factors to penetration values, determining the average, and then converting that result back to a fit factor. This procedure is described in the following equation:

$$\text{Overall Fit Factor} = \frac{\text{Number of exercises}}{1/ff1+1/ff2+1/ff3+1/ff4+1/ff5+1/ff7+1/ff8}$$

Where ff[1], ff[2], ff[3], etc. are the fit factors for exercises 1, 2, 3, etc.
(9) The test subject shall not be permitted to wear a half mask or quarter facepiece respirator unless a minimum fit factor of 100 is obtained, or a full facepiece respirator unless a minimum fit factor of 500 is obtained.
(10) Filters used for quantitative fit testing shall be replaced whenever increased breathing resistance is encountered, or when the test agent has altered the integrity of the filter media.
3. Ambient aerosol condensation nuclei counter (CNC) quantitative fit testing protocol.

The ambient aerosol condensation nuclei counter (CNC) quantitative fit testing (Portacount<TM>) protocol quantitatively fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator that allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employer uses and can be obtained from the respirator manufacturer or distributor. The CNC instrument manufacturer, TSI Inc., also provides probe attachments (TSI sampling adapters) that permit fit testing in an employee's own respirator. A minimum fit factor pass level of at least 100 is necessary for a half-mask respirator and a minimum fit factor pass level of at least 500 is required for a full facepiece negative pressure respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.
(a) Portacount Fit Test Requirements.
(1) Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used for the fit test (e.g., NIOSH 42 CFR 84 series 100, series 99, or series 95 particulate filter) per manufacturer's instruction.
(2) Instruct the person to be tested to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable. This individual shall already have been trained on how to wear the respirator properly.
(3) Check the following conditions for the adequacy of the respirator fit: Chin properly placed; Adequate strap tension, not overly tightened; Fit across nose bridge; Respirator of proper size to span distance from nose to chin; Tendency of the respirator to slip; Self-observation in a mirror to evaluate fit and respirator position.
(4) Have the person wearing the respirator do a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or another model of respirator.
(5) Follow the manufacturer's instructions for operating the Portacount and proceed with the test.
(6) The test subject shall be instructed to perform the exercises in section I. A. 14. of this appendix.
(7) After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.
(b) Portacount Test Instrument.
(1) The Portacount will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is over.
(2) Since the pass or fail criterion of the Portacount is user programmable, the test operator shall ensure that the pass or fail criterion meet the requirements for minimum respirator performance in this Appendix.
(3) A record of the test needs to be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style, and size of respirator used; and date tested.
4. Controlled negative pressure (CNP) quantitative fit testing protocol.
The CNP protocol provides an alternative to aerosol fit test methods. The CNP fit test method technology is based on exhausting air from a temporarily sealed respirator facepiece to generate and then maintain a constant negative pressure inside the facepiece. The rate of air exhaust is controlled so that a constant negative pressure is maintained in the respirator during the fit test. The level of pressure is selected to replicate the mean inspiratory pressure that causes leakage into the respirator under normal use conditions. With pressure held constant, air

flow out of the respirator is equal to air flow into the respirator. Therefore, measurement of the exhaust stream that is required to hold the pressure in the temporarily sealed respirator constant yields a direct measure of leakage air flow into the respirator. The CNP fit test method measures leak rates through the facepiece as a method for determining the facepiece fit for negative pressure respirators. The CNP instrument manufacturer Dynatech Nevada also provides attachments (sampling manifolds) that replace the filter cartridges to permit fit testing in an employee's own respirator. To perform the test, the test subject closes his or her mouth and holds his/her breath, after which an air pump removes air from the respirator facepiece at a pre-selected constant pressure. The facepiece fit is expressed as the leak rate through the facepiece, expressed as milliliters per minute. The quality and validity of the CNP fit tests are determined by the degree to which the in-mask pressure tracks the test pressure during the system measurement time of approximately five seconds. Instantaneous feedback in the form of a real-time pressure trace of the in-mask pressure is provided and used to determine test validity and quality. A minimum fit factor pass level of 100 is necessary for a half-mask respirator and a minimum fit factor of at least 500 is required for a full facepiece respirator. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

(a) CNP Fit Test Requirements.

(1) The instrument shall have a non-adjustable test pressure of 15.0 mm water pressure.

(2) The CNP system defaults selected for test pressure shall be set at -15 mm of water (-0.58 inches of water) and the modeled inspiratory flow rate shall be 53.8 liters per minute for performing fit tests.

(Note: CNP systems have built-in capability to conduct fit testing that is specific to unique work rate, mask, and gender situations that might apply in a specific workplace. Use of system default values, which were selected to represent respirator wear with medium cartridge resistance at a low-moderate work rate, will allow inter-test comparison of the respirator fit.)

(3) The individual who conducts the CNP fit testing shall be thoroughly trained to perform the test.

(4) The respirator filter or cartridge needs to be replaced with the CNP test manifold. The inhalation valve downstream from the manifold either needs to be temporarily removed or propped open.

(5) The test subject shall be trained to hold his or her breath for at least 20 seconds.

(6) The test subject shall don the test respirator without any assistance from the individual who conducts the CNP fit test.

(7) The QNFT protocol shall be followed according to section I. C. 1. of this appendix with an exception for the CNP test exercises.

(b) CNP Test Exercises.

(1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally for 1 minute. After the normal breathing exercise, the subject needs to hold head straight ahead and hold his or her breath for 10 seconds during the test measurement.

(2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply for 1 minute, being careful not to hyperventilate. After the deep breathing exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during test measurement.

(3) Turning head side to side. Standing in place, the subject shall slowly turn his or her head from side to side between the extreme positions on each side for 1 minute. The head shall be held at each extreme momentarily so the subject can inhale at each side. After the turning head side to side exercise, the subject needs to hold head full left and hold his or her breath for 10 seconds during test measurement. Next, the subject needs to hold head full right and hold his or her breath for 10 seconds during test measurement.

(4) Moving head up and down. Standing in place, the subject shall slowly move his or her head up and down for 1 minute. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling). After the moving head up and down exercise, the subject shall hold his or her head full up and hold his or her breath for 10 seconds during test measurement. Next, the subject shall hold his or her head full down and hold his or her breath for 10 seconds during test measurement.
(5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song for 1 minute. After the talking exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement.
(6) Grimace. The test subject shall grimace by smiling or frowning for 15 seconds.
(7) Bending Over. The test subject shall bend at the waist as if he or she were to touch his or her toes for 1 minute. Jogging in place shall be substituted for this exercise in those test environments such as shroud-type QNFT units that prohibit bending at the waist. After the bending over exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement.
(8) Normal Breathing. The test subject shall remove and re-don the respirator within a one-minute period. Then, in a normal standing position, without talking, the subject shall breathe normally for 1 minute. After the normal breathing exercise, the subject shall hold his or her head straight ahead and hold his or her breath for 10 seconds during the test measurement. After the test exercises, the test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of a respirator shall be tried.
(c) CNP Test Instrument.
(1) The test instrument shall have an effective audio warning device when the test subject fails to hold his or her breath during the test. The test shall be terminated whenever the test subject failed to hold his or her breath. The test subject may be refitted and retested.
(2) A record of the test shall be kept on file, assuming the fit test was successful. The record must contain the test subject's name; overall fit factor; make, model, style and size of respirator used; and date tested.
Part II. New Fit Test Protocols
A. Any person may submit to OSHA an application for approval of a new fit test protocol. If the application meets the following criteria, OSHA will initiate a rulemaking proceeding under section 6(b)(7) of the OSH Act to determine whether to list the new protocol as an approved protocol in this Appendix A.
B. The application must include a detailed description of the proposed new fit test protocol. This application must be supported by either:
1. A test report prepared by an independent government research laboratory (e.g., Lawrence Livermore National Laboratory, Los Alamos National Laboratory, the National Institute for Standards and Technology) stating that the laboratory has tested the protocol and had found it to be accurate and reliable; or
2. An article that has been published in a peer-reviewed industrial hygiene journal describing the protocol and explaining how test data support the protocol's accuracy and reliability.
C. If OSHA determines that additional information is required before the Agency commences a rulemaking proceeding under this section, OSHA will so notify the applicant and afford the applicant the opportunity to submit the supplemental information. Initiation of a rulemaking proceeding will be deferred until OSHA has received and evaluated the supplemental information.



One Ton Chlorine Cylinders

These are now a target for terrorists to steal and use against human targets. You can best figure that this threat will increase the cost of chlorine and security also. A funny side note is every once in a while you will find a chlorine containers from World War II, used both for water disinfection and for a weapon, just in case. I guess history is repeating itself at the cost of civilians and taxpayers.

Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

Appendix B-2 to § 1910.134: Respirator Cleaning Procedures (Mandatory)

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

I. Procedures for Cleaning Respirators

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 [degrees] C [110 [degrees] F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 [degrees] C [110 [degrees] F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 [degrees] C (110 [degrees] F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 [degrees] C (110 [degrees] F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 [degrees] C [110 [degrees] F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
F. Components should be hand-dried with a clean lint-free cloth or air-dried.
G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.
H. Test the respirator to ensure that all components work properly.



Appendix C to § 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:
Can you read (circle one): Yes/No
Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.
Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).
1. Today's date: ----------
2. Your name: ---------- -
3. Your age (to nearest year): ----------
4. Sex (circle one): Male/Female
5. Your height: ----- ft. ----- in.
6. Your weight: ------ lbs.
7. Your job title: ----------
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): ----------
9. The best time to phone you at this number: --------
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
a. --- N, R, or P disposable respirator (filter-mask, non-cartridge type only).
b. --- Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No
If "yes," what type(s): ----------
---------- ----------

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you ever had any of the following conditions?
a. Seizures (fits): Yes/No
b. Diabetes (sugar disease): Yes/No
c. Allergic reactions that interfere with your breathing: Yes/No
d. Claustrophobia (fear of closed-in places): Yes/No
e. Trouble smelling odors: Yes/No
3. Have you ever had any of the following pulmonary or lung problems?
a. Asbestosis: Yes/No
b. Asthma: Yes/No
c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No
e. Pneumonia: Yes/No
f. Tuberculosis: Yes/No
g. Silicosis: Yes/No
h. Pneumothorax (collapsed lung): Yes/No
i. Lung cancer: Yes/No
j. Broken ribs: Yes/No
k. Any chest injuries or surgeries: Yes/No
l. Any other lung problem that you've been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
a. Shortness of breath: Yes/No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
d. Have to stop for breath when walking at your own pace on level ground: Yes/No
e. Shortness of breath when washing or dressing yourself: Yes/No
f. Shortness of breath that interferes with your job: Yes/No
g. Coughing that produces phlegm (thick sputum): Yes/No
h. Coughing that wakes you early in the morning: Yes/No
i. Coughing that occurs mostly when you are lying down: Yes/No
j. Coughing up blood in the last month: Yes/No
k. Wheezing: Yes/No
l. Wheezing that interferes with your job: Yes/No
m. Chest pain when you breathe deeply: Yes/No
n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you ever had any of the following cardiovascular or heart problems?
a. Heart attack: Yes/No
b. Stroke: Yes/No
c. Angina: Yes/No
d. Heart failure: Yes/No
e. Swelling in your legs or feet (not caused by walking): Yes/No
f. Heart arrhythmia (heart beating irregularly): Yes/No
g. High blood pressure: Yes/No
h. Any other heart problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
a. Frequent pain or tightness in your chest: Yes/No
b. Pain or tightness in your chest during physical activity: Yes/No
c. Pain or tightness in your chest that interferes with your job: Yes/No
d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
e. Heartburn or indigestion that is not related to eating: Yes/No
f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
a. Breathing or lung problems: Yes/No
b. Heart trouble: Yes/No

c. Blood pressure: Yes/No
d. Seizures (fits): Yes/No
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
a. Eye irritation: Yes/No
b. Skin allergies or rashes: Yes/No
c. Anxiety: Yes/No
d. General weakness or fatigue: Yes/No
e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.
10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No
11. Do you currently have any of the following vision problems?
a. Wear contact lenses: Yes/No
b. Wear glasses: Yes/No
c. Color blind: Yes/No
d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No
13. Do you currently have any of the following hearing problems?
a. Difficulty hearing: Yes/No
b. Wear a hearing aid: Yes/No
c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
a. Weakness in any of your arms, hands, legs, or feet: Yes/No
b. Back pain: Yes/No
c. Difficulty fully moving your arms and legs: Yes/No
d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
e. Difficulty fully moving your head up or down: Yes/No
f. Difficulty fully moving your head side to side: Yes/No
g. Difficulty bending at your knees: Yes/No
h. Difficulty squatting to the ground: Yes/No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No
Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.
1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No
If "yes," name the chemicals if you know them: ----------
---------- ----------
---------- ----------
3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
a. Asbestos: Yes/No
b. Silica (e.g., in sandblasting): Yes/No
c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
d. Beryllium: Yes/No
e. Aluminum: Yes/No
f. Coal (for example, mining): Yes/No
g. Iron: Yes/No
h. Tin: Yes/No
i. Dusty environments: Yes/No
j. Any other hazardous exposures: Yes/No
If "yes," describe these exposures: ----------
---------- ----------
---------- ----------
4. List any second jobs or side businesses you have:----------
---------- ----------
5. List your previous occupations:----------
---------- ----------
6. List your current and previous hobbies:----------
---------- ----------
7. Have you been in the military services? Yes/No
If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No
8. Have you ever worked on a HAZMAT team? Yes/No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No
If "yes," name the medications if you know them: ----------
10. Will you be using any of the following items with your respirator(s)?
a. HEPA Filters: Yes/No
b. Canisters (for example, gas masks): Yes/No
c. Cartridges: Yes/No
11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:
a. Escape only (no rescue): Yes/No
b. Emergency rescue only: Yes/No
c. Less than 5 hours per week: Yes/No
d. Less than 2 hours per day: Yes/No
e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No
12. During the period you are using the respirator(s), is your work effort:
a. Light (less than 200 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift:------ hrs.------ mins.
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.
b. Moderate (200 to 350 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift:------ hrs.------ mins.
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.
c. Heavy (above 350 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift:------ hrs.------ mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No
If "yes," describe this protective clothing and/or equipment:----------
---------- ----------
14. Will you be working under hot conditions (temperature exceeding 77 [degrees] F): Yes/No
15. Will you be working under humid conditions: Yes/No
16. Describe the work you'll be doing while you're using your respirator(s):
---------- ----------
---------- ----------
17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):
---------- ----------
---------- ----------
18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):
Name of the first toxic substance: ----------
Estimated maximum exposure level per shift: ----------
Duration of exposure per shift ----------
Name of the second toxic substance: ----------
Estimated maximum exposure level per shift: ----------
Duration of exposure per shift: ----------
Name of the third toxic substance: ----------
Estimated maximum exposure level per shift: ----------
Duration of exposure per shift: ----------

The name of any other toxic substances that you'll be exposed to while using your respirator:
---------- ----------
---------- ----------
---------- ----------
19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, and security):

Appendix D to § 1910.134 (Mandatory)

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

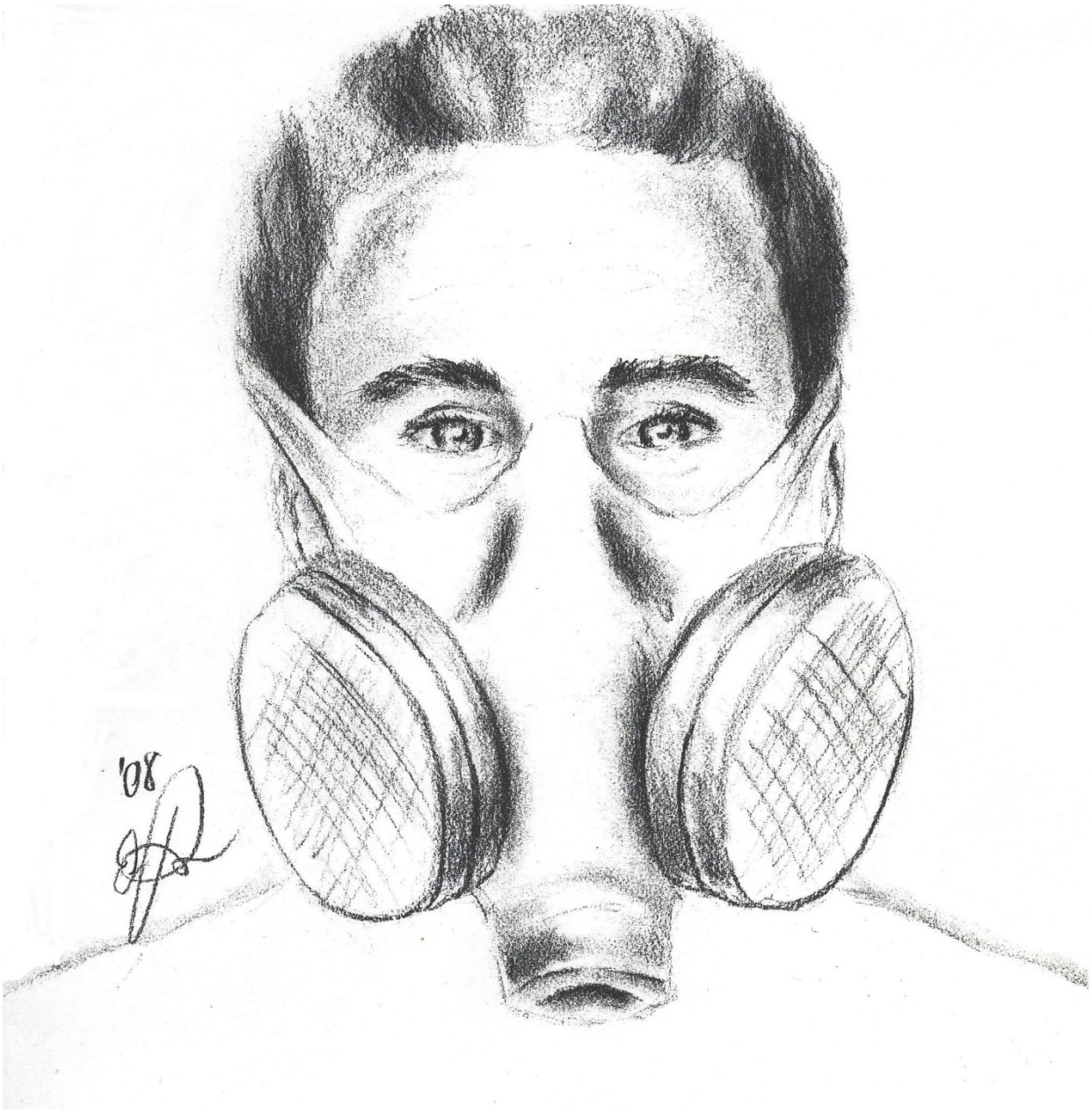
1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator



Summary

- Since the terrorist attacks of September 11th, water systems are giving greater attention to security at their facilities. These systems must consider threats such as chemical or biological contamination of the water supply, as well as the physical disruption of treatment or distribution systems. Chemical transportation, storage and handling may also pose security challenges as well.
- Most drinking water systems have completed or are in the process of conducting assessments of their vulnerability to terrorist attack or other security threats. Strengthening the physical security of treatment plants and distribution systems are top priorities.
- Several treatment plants in the United States have switched from chlorine gas to sodium hypochlorite disinfection. While change had been planned for some time, heightened security concerns following the terrorist attacks in September of 2001have led facility personnel to accelerate its implementation.
- The change to sodium hypochlorite requires a large capital investment for new equipment. In addition, the annual cost of purchasing chemicals has increased from gas chlorine for sodium hypochlorite.
- Local circumstances will dictate rather this is a good investment or not i.e. size of plant, amount of chlorine gas kept on site, surrounding community, how secure the plant is and etc.





Common Water Quality and Sampling Questions and Review

These statements will be more explained in the previous chapters.

1. What are the correct procedures to follow in collecting bacteriological samples?

Use a sterile plastic or glass bottle. Sodium thiosulfate should be added to neutralize the chorine residual. Refrigerate the sample to 4^{o} C. The regulations call for a minimum of five samples for the month from any system that has positive sample results. Small systems that take only one sample per month have to take four (4) repeats when they get a total coliform positive test result. If any system has to take repeat samples, it must also take a minimum of five (5) routine samples the following month. Small systems that normally take less than 5 samples/month will have to increase the number to 5 samples. They can return to normal sampling schedules the following month if no repeats are required.

2. What are the proper sampling techniques for microbiological sampling?

Proper sampling techniques are extremely important in obtaining accurate water quality information. An improperly taken coliform sample may indicate bacteriological contamination of your water when the water is actually safe. You can avoid the cost of additional testing by using good sampling procedures. Carefully follow these steps in taking a sample for bacteriological testing:

1. Select the sampling point. The sampling point must be a faucet from which water is commonly taken for public use.

The sampling point should be a non-swivel faucet.

Remove any aerator or screen and flush.

It should not be a faucet that leaks, permitting water to run over the outside of the faucet. Leaking faucets can promote bacterial growth.

If an outside faucet must be used, disconnect any hoses or other attachments and be sure to flush the line thoroughly.

Do not use fire hydrants as sampling points. Do not dip the bottle in reservoirs, spring boxes or storage tanks in order to collect the sample.

3. What do the following abbreviations stand for and what do they mean: gpm, MGD, TTHM, psi, HAA, NTU, and mg/L.

Gallons per minute- Million Gallons a Day - Total Trihalomethanes – Pounds Per Square Inch – Haloacetic acids - Nephelometric turbidity unit -Milligrams Per Liter

4. What is the relationship between mg/L and ppm; ug/L and ppb?

Milligram per liter: Milligram per liter of substance and part per million are equals amounts in water. While you can easily convert between micrograms/liter and milligrams/liter, and between PPM and PPB, it's not so easy to convert between the different types of units such as milligrams/liter to PPM.

To convert micrograms per liter to milligrams per liter, divide by 1000.

To convert to PPM, you would first need to know the density of the substance, and the density of what the substance is in.

5. Ug/L: Represents the concentration of something in water or soil. One ppb represents one microgram of something per liter of water (ug/l), or one microgram of something per kilogram of soil (ug/kg).

Parts per million (ppm) or Milligrams per liter (mg/l) - one part per million corresponds to one minute in two years or a single penny in $10,000.

Parts per billion (ppb) or Micrograms per liter - one part per billion corresponds to one minute in 2,000 years, or a single penny in $10,000,000.

Parts per trillion (ppt) or Nanograms per liter (nanograms/l) - one part per trillion corresponds to one minute in 2,000,000 years, or a single penny in $10,000,000,000.

6. What do the following terms represent in reference to water quality.
Total coliform: The coliform family has been divided into two groups. Results may come back as either total coliform positive (TC positive) or fecal coliform positive, or (FC positive or *E. coli* positive.) Total coliform positive means that no human coliform are present.

7. Fecal Coliform: Fecal coliform positive indicates the presence of *E. coli*, which means there is a greater chance of pathogens being present. The laboratory tests for coliform include the MPN method, the Membrane Filter test, the Colilert test, and the presence-absence test.

8. Presence-absence Test: Presence-Absence Broth is used for the detection of coliform bacteria in water treatment plants or distribution systems using the presence-absence coliform test.

9. Physical Characteristics of Water: A characteristic of water defined by the temperature, turbidity, color, taste, and odor of the water.

10. Point-of-entry sample (POE): A type of water sample taken after treatment and before reaching the first consumer.

11. Acute Health Effect: An immediate (i.e. within hours or days) effect that may result from exposure to certain drinking water contaminants (e.g., pathogens).

12. Non-acute violation: If the MCL is exceeded and none of the positive results indicated a presence of Fecal Coliform, a Tier 2 violation has occurred. This level of violation used to be called a non-acute violation.

13. Routine Sample: Samples collected on a routine basis to monitor for contamination. Collection should be in accordance with an approved sampling plan.

14. Repeat Sample: Short answer… Samples collected following a '***coliform present'*** routine sample. The number of repeat samples to be collected is based on the number of routine samples you normally collect. Long Answer. Anytime a microbiological sample result comes back positive, indicating the presence of total or fecal coliform/ E.coli, repeat samples must be taken. Three repeats are usually required. One must be taken at the site of the positive sample. The two samples must be taken upstream and downstream of the original site (within five service connections). These repeat samples must be taken within 24 hours of notification of positive results. They must be identified as a Repeat Sample on the sample form. Repeat samples may be required to be sealed with a red evidentiary seal tape. The tape must cover the cap and extend down the sides of the bottle. The sample forms must also include the reference number for the positive sample.

There is an important exception to the three repeat samples rule. The regulations also state that when repeats are taken the minimum number of samples is raised to five for the month. A system that collects just one sample a month must collect four repeat samples, when the sample is positive, in order to have five samples as required.

Whenever a system has to take repeat samples, a minimum of five routine samples must also be submitted the following month. This is only an issue for systems that normally turn in four or fewer samples each month. If the five samples are negative the system can return to its normal sampling schedule the next month.

Small systems that have fewer than four sampling sites have a problem complying with the "upstream and downstream" aspects of the repeat sampling requirements. In this case, samples should be taken at as many separate sites as possible and then wait a minimum of 2 hours before resampling enough sites to get the required number of samples. Repeat sample with red seal tape.

15. Treatment technique: An enforceable procedure or level of technical performance which public water systems must follow to ensure control of a contaminant.

16. Action level: The level of lead or copper which, if exceeded, triggers treatment or other requirements that a water system must follow.

17. What does the membrane filter test analyze with regards to bacteriological sampling?

Membrane Filter Technique: A standard test used for measuring coliform numbers (quantity) in water is the membrane filter technique. This technique involves filtering a known volume of water through a special sterile filter. These filters are made of nitrocellulose acetate and polycarbonate, are 150 µm thick, and have 0.45 µm diameter pores. A grid pattern is printed on these filter disks in order to facilitate colony counting. When the water sample is filtered, bacteria (larger than 0.45 µm) in the sample are trapped on the surface of the filter. The filter is then carefully removed, placed in a sterile petri plate on a pad saturated with a liquid medium, and incubated for 20-24 hours at 37°C.

One assumes that each bacterium trapped on the filter will then grow into a separate colony. By counting the colonies one can directly determine the number of bacteria in the water sample that was filtered. The broth medium usually employed in detecting total coliforms is M-Endo Broth MF. Total coliform colonies will be pink to dark red in color and will appear to have a golden green color.

18. What do the following terms mean in relation to drinking water quality: disinfection, pathogenic, toxic, pH, aesthetic, culinary and potable.
Disinfection: The chemical process of killing or inactivating most microorganisms in water. See also Sterilization.

19. Pathogenic: Organisms or bugs that cause disease. These include bacteria, viruses, cysts and anything capable of causing disease in humans, like cryptosporidiosis, typhoid, cholera and so on. There are other organisms that do not create disease, these are called non-pathogenic organisms.

20. Toxic: Stuff that will kill you. A substance which is poisonous to living organisms.

21. pH: A measure of the acidity of water. The pH scale runs from 0 to 14 with 7 being the mid point or neutral. A pH of less than 7 is on the acid side of the scale with 0 as the point of greatest acid activity. A pH of more than 7 is on the basic (alkaline) side of the scale with 14 as the point of greatest basic activity. For example, the acidity of a sample with a pH of **5** is ten times greater than that of a sample with a pH of **6**. A difference of 2 units, from **6** to **4**, would mean that the acidity is one hundred times greater, and so on. Normal rain has a pH of **5.6** – slightly acidic because of the carbon dioxide picked up in the earth's atmosphere by the rain.

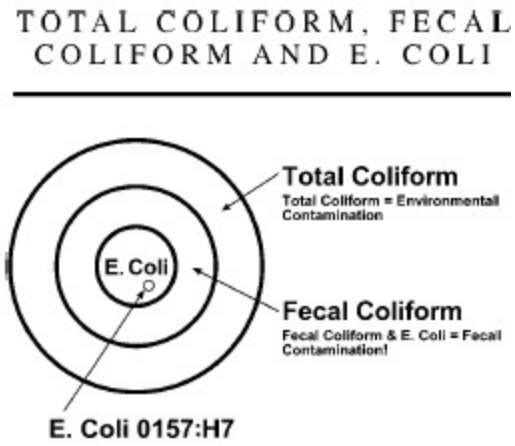
22. Aesthetic: Attractive or appealing water or things in water that will not make you sick but may appear to change the water's color or taste.

23. Culinary: Having to do with cooking food. Potable water is often called culinary water.

24. Potable: Water that is free of objectionable pollution, contamination, or infective agents. Generally speaking, we serve only potable water and not palatable water. Palatable is pleasant tasting water.

25. What is hardness in water and what chemicals cause it?
Hardness: Water that contains high amounts of dissolved minerals, specifically calcium and magnesium. **Ion Exchange:** A method of water softening where hardness causing ions are exchanged with sodium ions; also effective in removing many inorganic contaminants such as nitrates, copper, and lead; and treating aesthetic water problems.

26. What is Escherichia Coliform and what does it indicate in relation to drinking water?
E. coli is a sub-group of the fecal coliform group. Most *E. coli* bacteria are harmless and are found in great quantities in the intestines of people and warm-blooded animals. Some strains, however, can cause illness. The presence of *E. coli* in a drinking water sample almost always indicates recent fecal contamination meaning there is a greater risk that pathogens are present.



Total coliform, fecal coliform, and *E. coli* are all indicators of drinking water quality. The total coliform group is a large collection of different kinds of bacteria. Fecal coliforms are types of total coliform that mostly exist in feces. *E. coli* is a sub-group of fecal coliform. When a water sample is sent to a lab, it is tested for total coliform. If total coliform is present, the sample will also be tested for either fecal coliform or *E. coli*, depending on the lab testing method.

27. What problems are associated with Hydrogen Sulfide in the water?
Hydrogen sulfide is a gas which, when dissolved in water, gives it a “rotten egg” odor. Chlorination will remove this gas from the water but the effectiveness of the chlorine for disinfection is lessened.

28. When Hydrogen sulfide reacts with chlorine, it produces Sulfuric acid and elemental Sulfur: It is therefore recommended that aeration be applied prior to the addition of chlorine for the most effective disinfection.

29. Why is it important to know what the turbidity of the water is when using chlorine?
To be careful not to overdose with chlorine or properly dose with chlorine.

30. What is the log removal for Cryptosporidium?
The LT1ESWTR extends further this necessary protection from Cryptosporidium to communities of fewer than 10,000 persons. Today's rule for the first time establishes Cryptosporidium control requirements for systems serving less than 10,000 persons by requiring a minimum 2-log removal for Cryptosporidium. The rule also strengthens filter performance requirements to ensure 2-log Cryptosporidium removal, establishes individual filter monitoring to minimize poor performance in individual units, includes Cryptosporidium in the definition of GWUDI, and explicitly considers unfiltered system watershed control provisions. The rule also reflects a commitment to the importance of maintaining existing levels of microbial protection in public water systems as plants take steps to comply with newly applicable DBP standards.

31. What is the log removal?
This log-reduction terminology was developed by engineers as a way to express levels of decreased biological contamination in water by factors of 10 that could be easily converted to percent reduction. The most commonly used logarithmic base is 10 because it is compatible with our base-10 decimal system. The log of 10 in the base 10 logarithmic system is 1 and the log of 100 is 2, with the log of 1000 being 3, etc. A 1-log reduction is nine out of 10 and would be equivalent to a 90 percent reduction. A 2-log reduction would be 99 out of 100 or 99 percent reduction and a 3-log reduction would be 999 out of 1000 or 99.9 percent reduction. A 99.99 percent reduction would be called a 4-log reduction.

32. What are the turbidity requirements for Direct and Conventional filtration plants?
For conventional and direct filtration systems (including those systems utilizing in-line filtration), the turbidity level of representative samples of a system's filtered water (measured every four hours) must be less than or equal to ***0.3 NTU*** in at least 95 percent of the measurements taken each month. The turbidity level of representative samples of a system's filtered water must not exceed ***1 NTU*** at any time. Conventional filtration is defined as a series of processes including coagulation, flocculation, sedimentation, and filtration resulting in substantial particulate removal. Direct filtration is defined as a series of processes including coagulation and filtration but excluding sedimentation resulting in substantial particle removal.

33. What are chloramines, how are they formed, and do they have any beneficial use?
Chloramines: Ammonia and Chlorine are combined. Cl_2NH_3 Yes, limited use and this chemical will create less THMS than chlorine alone. Chloramine is a disinfectant used to treat drinking water. It is formed by mixing chlorine with ammonia. Although it is a weaker disinfectant than chlorine, it is more stable and extends disinfectant benefits throughout a water utility's distribution system (a system of pipes water is delivered to homes through). Some water systems use chloramine as a secondary disinfectant to maintain a disinfectant residual throughout the distribution system so that drinking water remains safe as it travels from the treatment facility to the customer. Chloramine has been used by water systems for almost 90 years, and its use is closely regulated. Since chloramine is not as reactive as chlorine, it forms fewer disinfection byproducts. Some disinfection byproducts, such as the trihalomethanes (THMs) and haloacetic acids (HAAs), may have adverse health effects and are closely regulated. Because a chloramine residual is more stable and longer lasting than free chlorine, it provides better protection against bacterial regrowth in systems with large storage tanks and dead-end water mains. Chloramine, like chlorine, is effective in controlling biofilm, which is a coating in the pipe caused by bacteria. Controlling biofilm also tends to reduce coliform bacteria concentrations and biofilm-induced corrosion of pipes.

Glossary

ABANDONED WELL: Wells that have been or need to be sealed by an approved method.

ABSENCE OF OXYGEN: The complete absence of oxygen in water described as Anaerobic.

ACCURACY: How closely an instrument measures the true or actual value.

ACID AND BASE ARE MIXED: When an acid and a base are mixed, an explosive reaction occurs and decomposition products are created under certain conditions.

ACID: Slowly add the acid to water while stirring. An operator should not mix acid and water or acid to a strong base.

ACID RAIN: A result of airborne pollutants.

ACTIVATED CHARCOAL (GAC or PAC): Granular Activated Charcoal or Powered Activated Charcoal. Used for taste and odor removal. A treatment technique that is not included in the grading of a water facility.

ACTIVATED CARBON FILTRATION: Can remove organic chemicals that produce off-taste and odor. These compounds are not dangerous to health but can make the water unpleasant to drink. Carbon filtration comes in several forms, from small filters that attach to sink faucets to large tanks that contain removable cartridges. Activated carbon filters require regular maintenance or they can become a health hazard.

ADSORPTION: *Not to be confused with absorption.* Adsorption is a process that occurs when a gas or liquid solute accumulates on the surface of a solid or a liquid (adsorbent), forming a film of molecules or atoms (the adsorbate). It is different from absorption, in which a substance diffuses into a liquid or solid to form a solution. The term sorption encompasses both processes, while desorption is the reverse process. Adsorption is present in many natural physical, biological, and chemical systems, and is widely used in industrial applications such as activated charcoal, synthetic resins, and water purification.

ADSORPTION CLARIFIERS: The concept of the adsorption clarifier package plant was developed in the early 1980s. This technology uses an up-flow clarifier with low-density plastic bead media, usually held in place by a screen. This adsorption media is designed to enhance the sedimentation/clarification process by combining flocculation and sedimentation into one step. In this step, turbidity is reduced by adsorption of the coagulated and flocculated solids onto the adsorption media and onto the solids already adsorbed onto the media. Air scouring cleans adsorption clarifiers followed by water flushing. Cleaning of this type of clarifier is initiated more often than filter backwashing because the clarifier removes more solids. As with the tube-settler type of package plant, the sedimentation/ clarification process is followed by mixed-media filtration and disinfection to complete the water treatment.

AIR GAP SEPARATION: A physical separation space that is present between the discharge vessel and the receiving vessel; for an example, a kitchen faucet.

AIR HAMMER: A pneumatic cylindrical hammering device containing a piston used on air rotary rigs. The air hammer's heavy piston moves up and down by the introduction of compressed air creating a hammering action on the bit.

AIR HOOD: The most suitable protection when working with a chemical that produces dangerous fumes.

AIR ENTRAINMENT: The dissolution or inclusion of air bubbles into water.

AIRLIFT: The lifting of water and/or cuttings to the surface by the injection of high pressure bursts of air. Airlift occurs continuously when drilling with air rotary and can be used for well development with a surging technique.

AIR PUMPING: Continuous airlifting to remove water from the well.

AIR ROTARY: A method of rotary well drilling that utilizes compressed air as the primary drilling fluid.

AGGLOMERATION: A jumbled cluster or mass of varied parts. The act or process of agglomerating.

ALKALINITY: Alkalinity or AT is a measure of the ability of a solution to neutralize acids to the equivalence point of carbonate or bicarbonate. Alkalinity is closely related to the acid neutralizing capacity (ANC) of a solution and ANC is often incorrectly used to refer to alkalinity. However, the acid neutralizing capacity refers to the combination of the solution and solids present (e.g., suspended matter, or aquifer solids), and the contribution of solids can dominate the ANC (see carbonate minerals below).

ALTERNATIVE DISINFECTANTS: Disinfectants - other than chlorination (halogens) - used to treat water, e.g. ozone, ultraviolet radiation, chlorine dioxide, and chloramine. There is limited experience and scientific knowledge about the by-products and risks associated with the use of alternatives.

ALGAE: Microscopic plants that are free-living and usually live in water. They occur as single cells floating in water, or as multicellular plants like seaweed or strands of algae that attach to rocks.

ALPHA AND BETA RADIOACTIVITY: Represent two common forms of radioactive decay. Radioactive elements have atomic nuclei so heavy that the nucleus will break apart, or disintegrate spontaneously. When decay occurs, high-energy particles are released. These high-energy particles are called radioactivity. Although radioactivity from refined radioactive elements can be dangerous, it is rare to find dangerous levels of radioactivity in natural waters. An alpha particle is a doubly-charged helium nucleus comprised of two protons, two neutrons, and no electrons. A beta particle is a high-speed electron. Alpha particles do not penetrate matter easily, and are stopped by a piece of paper. Beta particles are much more penetrating and can pass through a millimeter of lead.

ALUMINUM SULFATE: The chemical name for Alum. The molecular formula of Alum is $Al_2(SO_4)3{\sim}14H_2O$. It is a cationic polymer.

AMOEBA: Amoeba (sometimes amœba or ameba, plural amoebae) is a genus of protozoa that moves by means of pseudopods, and is well-known as a representative unicellular organism. The word amoeba or ameba is variously used to refer to it and its close relatives, now grouped as the Amoebozoa, or to all protozoa that move using pseudopods, otherwise termed amoeboids.

AMMONIA: NH_3 A chemical made with Nitrogen and Hydrogen and used with chlorine to disinfect water. Most ammonia in water is present as the ammonium ion rather than as ammonia.

AMMONIATOR: A control device which meters gaseous ammonia directly into water under positive pressure.

ANAEROBIC: An abnormal condition in which color and odor problems are most likely to occur.

ANAEROBIC CONDITIONS: When anaerobic conditions exist in either the metalimnion or hypolimnion of a stratified lake or reservoir, water quality problems may make the water unappealing for domestic use without costly water treatment procedures. Most of these problems are associated with Reduction in the stratified waters.

ANEROID: Using no fluid, as in aneroid barometer.

ASEPTIC: Free from the living germs of disease, fermentation, or putrefaction.

ANNULAR SPACE: The space between the borehole wall and either drill piping or casing within a well.

ANNULUS: See Annular Space.

AMMONIA: A chemical made with Nitrogen and Hydrogen and used with chlorine to disinfect water.

AQUICLUDE: A layer or layers of soils or formations which water cannot pass through (ex - solid bedrock or very stiff clay). The opposite of aquifer.

AQUIFER: A saturated layer or layers of soils or formations which water can pass through and be provided in usable quantities to supply wells or springs (ex – saturated semi consolidated sediment or saturated fractured bedrock.) An underground geologic formation capable of storing significant amounts of water.

AQUIFER PARAMETERS: Referring to such attributes as specific capacity, aquifer storage, transmissivity, hydraulic conductivity, gradient, and water levels. Refers to all of the components of Darcy's Law and related parameters.

ARTESIAN AQUIFER: A confined aquifer in which the pressure head results in a water elevation higher than the land surface.

ARTESIAN WELL: A well constructed within an artesian aquifer. When an artesian well is opened it will flow naturally.

As: The chemical symbol of Arsenic.

AS NITROGEN: An expression that tells how the concentration of a chemical is expressed mathematically. The chemical formula for the nitrate ion is NO_3 , with a mass of 62. The concentration of nitrate can be expressed either in terms of the nitrate ion or in terms of the principal element, nitrogen. The mass of the nitrogen atom is 14. The ratio of the nitrate ion mass to the nitrogen atom mass is 4.43. Thus a concentration of 10 mg/L nitrate expressed as nitrogen would be equivalent to a concentration of 44.3 mg/L nitrate expressed as nitrate ion. When dealing with nitrate numbers it is very important to know how numeric values are expressed.

ASYNCHRONOUS: Not occurring at the same time.

AUGER RIG: A drilling rig, which drives a rotating spiral flange to drill into the earth.

ATOM: The general definition of an ion is an atom with a positive or negative charge. Electron is the name of a negatively charged atomic particle.

BACKFLOW PREVENTION: To stop or prevent the occurrence of, the unnatural act of reversing the normal direction of the flow of liquid, gases, or solid substances back in to the public potable (drinking) water supply. See Cross-connection control.

BACKFLOW: To reverse the natural and normal directional flow of a liquid, gases, or solid substances back in to the public potable (drinking) water supply. This is normally an undesirable effect.

BACKSIPHONAGE: A liquid substance that is carried over a higher point. It is the method by which the liquid substance may be forced by excess pressure over or into a higher point.

BACTERIA: Small, one-celled animals too small to be seen by the naked eye. Bacteria are found everywhere, including on and in the human body. Humans would be unable to live without the bacteria that inhabit the intestines and assist in digesting food. Only a small percentage of bacteria cause disease in normal, healthy humans. Other bacteria can cause infections if they get into a cut or wound. Bacteria are the principal concern in evaluating the microbiological quality of drinking water, because some of the bacteria-caused diseases that can be transmitted by drinking water are potentially life-threatening.

BACTERIOPHAGE: Any of a group of viruses that infect specific bacteria, usually causing their disintegration or dissolution. A bacteriophage (from 'bacteria' and Greek phagein, 'to eat') is any one of a number of viruses that infect bacteria. The term is commonly used in its shortened form, phage. Typically, bacteriophages consist of an outer protein hull enclosing genetic material. The genetic material can be ssRNA (single stranded RNA), dsRNA, ssDNA, or dsDNA between 5 and 500 kilo base pairs long with either circular or linear arrangement. Bacteriophages are much smaller than the bacteria they destroy - usually between 20 and 200 nm in size.

BAILER: A device used to withdrawal water or sediment from a well utilizing a check valve type mechanism.

BARITE: Processed barium sulfate, often used to increase drilling fluid densities in mud rotary.

BATTERY: A source of direct current (**DC**) may be used for standby lighting in a water treatment facility. The electrical current used in a DC system may come from a battery.

BENTONITE: High quality clay composed primarily of montmorillonite. Used to thicken drilling mud in mud rotary drilling and used to form seals in well construction or abandonment.

BEST AVAILABLE TECHNOLOGY ECONOMICALLY ACHIEVABLE (BAT): A level of technology based on the best existing control and treatment measures that are economically achievable within the given industrial category or subcategory.

BEST MANAGEMENT PRACTICES (BMPs): Schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the U.S. BMPs also include treatment requirements, operating procedures and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

BEST PRACTICABLE CONTROL TECHNOLOGY CURRENTLY AVAILABLE (BPT): A level of technology represented by the average of the best existing wastewater treatment performance levels within an industrial category or subcategory.

BEST PROFESSIONAL JUDGMENT (BPJ): The method used by a permit writer to develop technology-based limitations on a case-by-case basis using all reasonably available and relevant data.

BIT: The primary cutting edge of a drill string.

BLANK CASING: A section of well casing that is solid.

BLOWDOWN: The discharge of water with high concentrations of accumulated solids from boilers to prevent plugging of the boiler tubes and/or steam lines. In cooling towers, blowdown is discharged to reduce the concentration of dissolved salts in the recirculating cooling water.

BOREHOLE DEVIATION: A boreholes' orientation deviates from vertical while drilling.

BOREHOLE GEOPHYSICS: A surveying technique of utilizing specialized tools to measure various physical parameters of the aquifer, formation, and well.

BOREHOLE: The hole that is formed when drilling into the earth.

BOULDER: An individual rock or solid mass of rock larger than 10 inches in diameter.

BREAK POINT CHLORINATION: The process of chlorinating the water with significant quantities of chlorine to oxidize all contaminants and organic wastes and leave all remaining chlorine as free chlorine.

BRIDGING: The tendency of sediment, filter, or seal media to create an obstruction if installed in too small an annulus or to rapidly. Also can occur within filter packs requiring development.

BROMINE: Chemical disinfectant (HALOGEN) that kills bacteria and algae. This chemical disinfectant has been used only on a very limited scale for water treatment because of its handling difficulties. This chemical causes skin burns on contact, and a residual is difficult to obtain.

BUCKET AUGER: A single cylindrical type of auger flight consisting of offset cutting blades at the bottom. A bucket auger rig rotates the bucket and its blades cut into the earth and fill the bucket with cuttings, which are dumped on the surface as needed.

BUFFER: Chemical that resists pH change, e.g. sodium bicarbonate

BUTTON BIT: A bit that is constructed with raised (typically carbide) buttons that strengthen the bit and aid in crushing and grinding efficiency. A button bit may be of a roller, hammer, or percussion type.

CABLE TOOL: (Also called Percussion Drilling) A method of drilling which utilizes the consecutive lifting and dropping of a heavy drill string via a system of cables.

CALCIUM HARDNESS: A measure of the calcium salts dissolved in water.

Ca: The chemical symbol for calcium.

CADMIUM: A contaminant that is usually not found naturally in water or in very small amounts.

CALCIUM HARDNESS: A measure of the calcium salts dissolved in water.

CALCIUM ION: Is divalent because it has a valence of +2.

CALCIUM, MAGNESIUM AND IRON: The three elements that cause hardness in water.

$CaOCl_2.4H_2O$: The molecular formula of Calcium hypochlorite.

CAPILLARY ACTION: The occurrence of an upward movement of fluid into previously unsaturated soil due to adhesion and surface tension which develops between the fluid and soil particles.

CAPILLARY FRINGE: The uppermost portion of an aquifer where the vadose zone ends. The capillary action of soils permits moisture to extend upwards into the vadose zone within the capillary fringe.

CARBON DIOXIDE GAS: The pH will decrease and alkalinity will change as measured by the Langelier index after pumping carbon dioxide gas into water.

CARBONATE HARDNESS: Carbonate hardness is the measure of Calcium and Magnesium and other hard ions associated with carbonate (CO_32^-) and bicarbonate (HCO_3^-) ions contained in a solution, usually water. It is usually expressed either as parts per million (ppm or mg/L), or in degrees (KH - from the German "Karbonathärte"). One German degree of carbonate hardness is equivalent to about 17.8575 mg/L. Both measurements (mg/L or KH) are usually expressed "as $CaCO_3$" – meaning the amount of hardness expressed as if calcium carbonate was the sole source of hardness. Every bicarbonate ion only counts for half as much carbonate hardness as a carbonate ion does. If a solution contained 1 liter of water and 50 mg $NaHCO_3$ (baking soda), it would have a carbonate hardness of about 18 mg/L as $CaCO_3$. If you had a liter of water containing 50 mg of Na_2CO_3, it would have a carbonate hardness of about 29 mg/L as $CaCO_3$.

CARBONATE, BICARBONATE AND HYDROXIDE: Chemicals that are responsible for the alkalinity of water.

CARBONATE ROCK: Rock that is composed primarily of calcium carbonate.

CASING DRIVER: A percussion or hammering device used to force casing into the subsurface.

CASING: A column of specially designed pipe of metal or plastic material installed in wells in order to keep a borehole open to permit serviceability of and/or construction and completion of a well within it.

CATHEAD: A specially designed auxiliary reel that normally utilizes heavy rope rather than steel cable. Often used on cable tool or percussion drilling rigs for the operation of drive blocks.

CATHODIC PROTECTION: An operator should protect against corrosion of the anode and/or the cathode by painting the copper cathode. Cathodic protection interrupts corrosion by supplying an electrical current to overcome the corrosion-producing mechanism. Guards against stray current corrosion.

CAUSTIC: NaOH (also called Sodium Hydroxide) is a strong chemical used in the treatment process to neutralize acidity, increase alkalinity or raise the pH value.

CAUSTIC SODA: Also known as sodium hydroxide and is used to raise pH.

CAVERN: Large open spaces (>5ft.) encountered while drilling. More often associated with limestone formations in a karst environment.

CEILING AREA: The specific gravity of ammonia gas is 0.60. If released, this gas will accumulate first at the ceiling area. Cl_2 gas will settle on the floor.

CEMENT GROUT: Cement of fine consistency, capable of being pumped. Used to seal in and around wells.

CENTRALIZER: Stand offs attached to well casing and screen to maintain annular space. In drilling, it has the same meaning as stabilizer or drill collar.

CENTRIFUGAL FORCE: That force when a ball is whirled on a string that pulls the ball outward. On a centrifugal pump, it is that force which throws water from a spinning impeller.

CENTRIFUGAL PUMP: A pump consisting of an impeller fixed on a rotating shaft and enclosed in a casing, having an inlet and a discharge connection. The rotating impeller creates pressure in the liquid by the velocity derived from centrifugal force.

CESIUM (also Caesium)**:** Symbol Cs- A soft, silvery-white ductile metal, liquid at room temperature, the most electropositive and alkaline of the elements, used in photoelectric cells and to catalyze hydrogenation of some organic compounds.

CHAIN OF CUSTODY (COC): A record of each person involved in the possession of a sample from the person who collects the sample to the person who analyzes the sample in the laboratory.

CHAIN OF CUSTODY (COC)**:** A record of each person involved in the possession of a sample from the person who collects the sample to the person who analyzes the sample in the laboratory.

CHECK VALVE: Allows water to flow in only one direction.

CHELATION: A chemical process used to control scale formation in which a chelating agent "captures" scale-causing ions and holds them in solution.

CHEMICAL FEED RATE: Chemicals are added to the water in order to improve the subsequent treatment processes. These may include pH adjusters and coagulants. Coagulants are chemicals, such as alum, that neutralize positive or negative charges on small particles, allowing them to stick together and form larger particles that are more easily removed by sedimentation (settling) or filtration. A variety of devices, such as baffles, static mixers, impellers and in-line sprays, can be used to mix the water and distribute the chemicals evenly.

CHEMICAL OXIDIZER: KMnO4 or Potassium Permanganate is used for taste and odor control because it is a strong oxidizer which eliminates many organic compounds.

CHEMICAL REATION RATE: In general, when the temperature decreases, the chemical reaction rate also decreases. The opposite is true for when the temperature increases.

CHEMISORPTION: (or chemical adsorption) Is adsorption in which the forces involved are valence forces of the same kind as those operating in the formation of chemical compounds.

CHLORAMINATION: Treating drinking water by applying chlorine before or after ammonia. This creates a persistent disinfectant residual called chloramines.

CHLORAMINES: A group of chlorine ammonia compounds formed when chlorine combines with organic wastes in the water. Chloramines are not effective as disinfectants and are responsible for eye and skin irritation as well as strong chlorine odors.

CHLORINATION: The process in water treatment of adding chlorine (gas or solid hypochlorite) for purposes of disinfection.

CHLORINE: A chemical used to disinfect water. Chlorine is extremely reactive, and when it comes in contact with microorganisms in water it kills them. Chlorine is added to swimming pools to keep the water safe for swimming. Chlorine is available as solid tablets for swimming pools. Some public water system's drinking water treatment plants use chlorine in a gas form because of the large volumes required. Chlorine is very effective against algae, bacteria and viruses. Protozoa are resistant to chlorine because they have thick coats; protozoa are removed from drinking water by filtration.

CHLORINE DEMAND: Amount of chlorine required to react on various water impurities before a residual is obtained. Also, means the amount of chlorine required to produce a free chlorine residual of 0.1 mg/l after a contact time of fifteen minutes as measured by iodmetic method of a sample at a temperature of twenty degrees in conformance with Standard methods.

CHLORINE FEED: Chlorine may be delivered by vacuum-controlled solution feed chlorinators. The chlorine gas is controlled, metered, introduced into a stream of injector water and then conducted as a solution to the point of application.

CHLORINE, FREE: Chlorine available to kill bacteria or algae. The amount of chlorine available for sanitization after the chlorine demand has been met. Also known as chlorine residual.

CIRCULATION: The continual flow of drilling fluid from injection to recovery and recirculation at the surface.

CLEAR WELL: A large underground storage facility sometimes made of concrete. A clear well or a plant storage reservoir is usually filled when demand is low. The final step in the conventional filtration process, the clearwell provides temporary storage for the treated water. The two main purposes for this storage are to have filtered water available for backwashing the filter and to provide detention time (or contact time) for the chlorine (or other disinfectant) to kill any microorganisms that may remain in the water.

ClO_2: The molecular formula of Chlorine dioxide.

COAGULATION: The best pH range for coagulation is between 5 and 7. Mixing is an important part of the coagulation process you want to complete the coagulation process as quickly as possible.

COBBLES: A rock smaller than a boulder but larger than a pebble. A cobble is greater than 2.5 inches in diameter and smaller than 10 inches in diameter.

COLIFORM: Bacteria normally found in the intestines of warm-blooded animals. Coliform bacteria are present in high numbers in animal feces. They are an indicator of potential contamination of water. Adequate and appropriate disinfection effectively destroys coliform bacteria. Public water systems are required to deliver safe and reliable drinking water to their customers 24 hours a day, 365 days a year. If the water supply becomes contaminated, consumers can become seriously ill. Fortunately, public water systems take many steps to ensure that the public has safe, reliable drinking water. One of the most important steps is to regularly test the water for coliform bacteria. Coliform bacteria are organisms that are present in the environment and in the feces of all warm-blooded animals and humans. Coliform bacteria will not likely cause illness. However, their presence in drinking water indicates that disease-causing organisms (pathogens) could be in the water system. Most pathogens that can contaminate water supplies come from the feces of humans or animals. Testing drinking water for all possible pathogens is complex, time-consuming, and expensive. It is relatively easy and inexpensive to test for coliform bacteria. If coliform bacteria are found in a water sample, water system operators work to find the source of contamination and restore safe drinking water. There are three different groups of coliform bacteria; each has a different level of risk.

COLIFORM TESTING: The effectiveness of disinfection is usually determined by Coliform bacteria testing. A positive sample is a bad thing and indicates that you have bacteria contamination.

COLLOIDAL SUSPENSIONS: Because both iron and manganese react with dissolved oxygen to form insoluble compounds, they are not found in high concentrations in waters containing dissolved oxygen except as colloidal suspensions of the oxide.

COLORIMETRIC MEASUREMENT: A means of measuring an unknown chemical concentration in water by measuring a sample's color intensity.

COMMUTATOR: A device for reversing the direction of a current. (in a DC motor or generator) a cylindrical ring or disk assembly of conducting members, individually insulated in a supporting structure with an exposed surface for contact with current-collecting brushes and mounted on the armature shaft, for changing the frequency or direction of the current in the armature windings.

CHRONIC: A stimulus that lingers or continues for a relatively long period of time, often one-tenth of the life span or more. Chronic should be considered a relative term depending on the life span of an organism. The measurement of chronic effect can be reduced growth, reduced reproduction, etc., in addition to lethality.

COMBINED CHLORINE: The reaction product of chlorine with ammonia or other pollutants, also known as chloramines.

COMMUNITY WATER SYSTEM: A water system which supplies drinking water to 25 or more of the same people year-round in their residences.

COMPLIANCE CYCLE: A 9-calendar year time-frame during which a public water system is required to monitor. Each compliance cycle consists of 3 compliance periods.

COMPLAINCE PERIOD: A 3-calendar year time-frame within a compliance cycle.

COMPLETION (WELL COMPLETION): Refers to the final construction of the well including the installation of pumping equipment.

COMPOSITE SAMPLE: A water sample that is a combination of a group of samples collected at various intervals during the day.

CONDENSATION: The process that changes water vapor to tiny droplets or ice crystals.

CONE OF DEPRESSION: That portion of the water table or potentiometric surface that experiences drawdown from a pumped well.

CONFINED AQUIFER: An aquifer that is isolated by confining layers on both its top and bottom. Pressures within a confined aquifer are normally greater than atmospheric pressure resulting in a potentiometric head.

CONFINING LAYER: An extensive layer of soil or formation that resists the movement of water from an aquifer below or above it. Confining layers isolate aquifers thereby confining them. May or may not be an aquiclude. (ex – Clay or silt rich layer)

CONSOLIDATED: Soil, sediment, or formation that is solidified or cemented together as a unit.

CONTACT TIME, pH and LOW TURBIDITY: Factors which are important in providing good disinfection using chlorine.

CONTACT TIME: If the water temperature decreases from 70°F (21°C) to 40°F (4°C). The operator needs to increase the detention time to maintain good disinfection of the water.

CONTAINS THE ELEMENT CARBON: A simple definition of an organic compound.

CONTAMINANT: Any natural or man-made physical, chemical, biological, or radiological substance or matter in water, which is at a level that may have an adverse effect on public health, and which is known or anticipated to occur in public water systems.

CONTAMINATE: tr.v. con·tam·i·nated, con·tam·i·nat·ing, con·tam·i·nates
1. To make impure or unclean by contact or mixture.
2. To expose to or permeate with radioactivity.

CONTAMINATION: A degradation in the quality of groundwater in result of the it's becoming polluted with unnatural or previously non-existent constituents.

CONTINUOUS SLOT SCREEN: A wire wrapped or plastic slotted screen in which the slot openings completely encircle the inner ribs of the screen.

CONTROL TASTE AND ODOR PROBLEMS: $KMnO_4$ Potassium permanganate is a strong oxidizer commonly used to control taste and odor problems.

CONVENTIONAL: A standard or common procedure to a group of more complex methods. (ex – Direct Rotary *conventional* vs. Reverse *non-conventional*)

COPPER: The chemical name for the symbol Cu.

CORROSION: The removal of metal from copper, other metal surfaces and concrete surfaces in a destructive manner. Corrosion is caused by improperly balanced water or excessive water velocity through piping or heat exchangers.

CORROSIVITY: The Langelier Index measures corrosivity.

COUPON: A coupon placed to measure corrosion damage in the water mains.

CROSS-CONNECTION: A physical connection between a public water system and any source of water or other substance that may lead to contamination of the water provided by the public water system through backflow. Might be the source of an organic substance causing taste and odor problems in a water distribution system.

CROSS-CONTAMINATION: The mixing of two unlike qualities of water. For example, the mixing of good water with a polluting substance like a chemical.

CUTTING HEAD (CUTTER HEAD): The bit portion of auger flighting that serves as the primary cutting edge of the auger.

CUTTING SHOE: A hardened steel sleeve with a wedged or armored cutting edge that is installed on well casing that is to be driven into the earth.

CUTTINGS: Crushed rock, soil, or formation material generated by the drilling action of a bit.

CRYPTOSPORIDIUM: A disease-causing parasite, resistant to chlorine disinfection. It may be found in fecal matter or contaminated drinking water. Cryptosporidium is a protozoan pathogen of the Phylum Apicomplexa and causes a diarrheal illness called cryptosporidiosis. Other apicomplexan pathogens include the malaria parasite Plasmodium, and Toxoplasma, the causative agent of toxoplasmosis. Unlike Plasmodium, which transmits via a mosquito vector, Cryptosporidium does not utilize an insect vector and is capable of completing its life cycle within a single host, resulting in cyst stages which are excreted in feces and are capable of transmission to a new host.

CYANURIC ACID: White, crystalline, water-soluble solid, $C_3H_3O_3N_3 \cdot 2H_2O$, used chiefly in organic synthesis. Chemical used to prevent the decomposition of chlorine by ultraviolet (UV) light.

CYANOBACTERIA: Cyanobacteria, also known as blue-green algae, blue-green bacteria or Cyanophyta, is a phylum of bacteria that obtain their energy through photosynthesis. The name "cyanobacteria" comes from the color of the bacteria (Greek: kyanós = blue). They are a significant component of the marine nitrogen cycle and an important primary producer in many areas of the ocean, but are also found on land.

DAILY MAXIMUM LIMITATIONS: The maximum allowable discharge of pollutants during a 24 hour period. Where daily maximum limitations are expressed in units of mass, the daily discharge is the total mass discharged over the course of the day. Where daily maximum limitations are expressed in terms of a concentration, the daily discharge is the arithmetic average measurement of the pollutant concentration derived from all measurements taken that day.

DANGEROUS CHEMICALS: The most suitable protection when working with a chemical that produces dangerous fumes is to work under an air hood or fume hood.

DARCY'S LAW: (Q=KIA) A fundamental equation used in the groundwater sciences to determine aquifer characteristics, where Q=Flux, K=Hydraulic Conductivity (Permeability), I = Hydraulic Gradient (change in head), and A = Cross Sectional Area of flow.

DECIBELS: The unit of measurement for sound.

DECOMPOSE: To decay or rot.

DECOMPOSTION OF ORGANIC MATERIAL: The decomposition of organic material in water produces taste and odors.

DEMINERALIZATION PROCESS: Mineral concentration of the feed water is the most important consideration in the selection of a demineralization process. Acid feed is the most common method of scale control in a membrane demineralization treatment system.

DENTAL CARIES PREVENTION IN CHILDREN: The main reason that fluoride is added to a water supply.

DEPOLARIZATION: The removal of hydrogen from a cathode.

DESICCANT: When shutting down equipment which may be damaged by moisture, the unit may be protected by sealing it in a tight container. This container should contain a desiccant.

DESORPTION: Desorption is a phenomenon whereby a substance is released from or through a surface. The process is the opposite of sorption (that is, adsorption and absorption). This occurs in a system being in the state of sorption equilibrium between bulk phase (fluid, i.e. gas or liquid solution) and an adsorbing surface (solid or boundary separating two fluids). When the concentration (or pressure) of substance in the bulk phase is lowered, some of the sorbed substance changes to the bulk state. In chemistry, especially chromatography, desorption is the ability for a chemical to move with the mobile phase. The more a chemical desorbs, the less likely it will adsorb, thus instead of sticking to the stationary phase, the chemical moves up with the solvent front. In chemical separation processes, stripping is also referred to as desorption as one component of a liquid stream moves by mass transfer into a vapor phase through the liquid-vapor interface.

DEVELOPMENT: The cleaning of the well and bore once construction is complete.

DETENTION LAG: Is the period of time between the moment of change in a chlorinator control system and the moment when the change is sensed by the chlorine residual indicator.

DETENTION LAG TIME: The minimum detention time range recommended for flocculation is 5 – 20 minutes for direct filtration and up to 30 minutes for conventional filtration.

DIATOMACEOUS EARTH: A fine silica material containing the skeletal remains of algae.

DIRECT CURRENT: A source of direct current (**DC**) may be used for standby lighting in a water treatment facility. The electrical current used in a DC system may come from a battery.

DIRECT ROTARY: The conventional method of rotary drilling involving the rotation of a drill string and standard use of drilling fluid to penetrate the earth.

DISCHARGE HEAD: See Total Dynamic Head.

DISINFECT: The application of a chemical to kill most, but not all, microorganisms that may be present. Chlorine is added to public water drinking systems drinking water for disinfection. Depending on your state rule, drinking water must contain a minimum of 0.2 mg/L free chlorine. Disinfection makes drinking water safe to consume from the standpoint of killing pathogenic microorganisms including bacteria and viruses. Disinfection does not remove all bacteria from drinking water, but the bacteria that can survive disinfection with chlorine are not pathogenic bacteria that can cause disease in normal healthy humans.

DISINFECTION: The treatment of water to inactivate, destroy, and/or remove pathogenic bacteria, viruses, protozoa, and other parasites.

DISINFECTION BY-PRODUCTS (DBPs): The products created due to the reaction of chlorine with organic materials (e.g. leaves, soil) present in raw water during the water treatment process. The EPA has determined that these DBPs can cause cancer. Chlorine is added to drinking water to kill or inactivate harmful organisms that cause various diseases. This process is called disinfection. However, chlorine is a very active substance and it reacts with naturally occurring substances to form compounds known as disinfection byproducts (DBPs). The most common DBPs formed when chlorine is used are trihalomethanes (THMs), and haloacetic acids (HAAs).

DISSOLVED OXYGEN: Can be added to zones within a lake or reservoir that would normally become anaerobic during periods of thermal stratification.

DISSOLUTION : The chemical and physical process of dissolving rock. Typically, limestone or carbonate rocks can be dissolved via the percolation or movement of groundwater that, in its infancy, is slightly acidic. As time goes on, the rock may also be physically worn away by the rapid movement of groundwater through the interconnected open spaces created by the initial chemical dissolving process.

DISTILLATION, REVERSE OSMOSIS AND FREEZING: Processes that can be used to remove minerals from the water.

DRAG BIT: A style of drill bit used in rotary drilling when soil or formation conditions are loosely consolidated and are comprised of fine-grained sediments.

DRAWDOWN: The change in water level from static to pumping level.

DRILL COLLAR: A section of the drill string that provides sufficient mass and diameter to maintain vertical borehole alignment and consistent borehole diameter.

DRILL FOAM: Surfactant used in air rotary drilling and well development.

DRILL PIPE: Sections of the drill string that are connected one to another in order to achieve a desired length while also providing a pathway for the circulation of drilling fluid.

DRILL STEM: The complete drill string or, in cable drilling, the equivalent of a drill collar.

DRILL STRING: The complete drilling assembly in rotary drilling including drill pipe, subs, collars, and bit.

DRILLER: A specially trained individual that operates the drilling rig.

DRILLING FLUID: Fluid circulated through the borehole in rotary drilling methods used to lift cuttings to the surface, provide borehole stability, and cool the bit. Drilling Fluid may consist of mud, water, air, foam, or other additives.

DRILLING PERMIT: A certificate of approval to drill and construct a well often required by the state or local regulating authority.

DRILLING PRESSURE: The pressure exerted within the borehole during drilling. The pressure required to circulate drilling fluid to the surface.

DRIVE BLOCK: A heavy collar that attaches over the drill pipe and is dropped successively to advance casing into the earth. Used primarily in cable tool or percussion drilling methods.

DRIVE CLAMP: A fitting that is attached to the top of a drill string or stem serving as a striking surface for driving casing into the earth.

DRIVE UNIT: The portion of a rotary rig that provides the rotation to the drill string. (ex – top drive or table drive unit). Also may be called the drive head.

DRIVING: The installation of a well or casing via forcing of it into the earth by repeated striking.

DRY ACID: A granular chemical used to lower pH and or total alkalinity.

E. COLI, Escherichia coli: A bacterium commonly found in the human intestine. For water quality analyses purposes, it is considered an indicator organism. These are considered evidence of water contamination. Indicator organisms may be accompanied by pathogens, but do not necessarily cause disease themselves.

EFFECTIVENESS OF CHLORINE: The factors which influence the effectiveness of chlorination the most are pH, turbidity and temperature. Effectiveness of Chlorine decreases occurs during disinfection in source water with excessive turbidity.

ELECTRON: The name of a negatively charged atomic particle.

ELEMENTARY BUSINESS PLAN: Technical Capacity, Managerial Capacity, and Financial Capacity make up the elementary business plan. To become a new public water system, an owner shall file an elementary business plan for review and approval by state environmental agency.

EMERGENCY RESPONSE TEAM: A local team that is thoroughly trained and equipped to deal with emergencies, e.g. chlorine gas leak. In case of a chlorine gas leak, get out of the area and notify your local emergency response team in case of a large uncontrolled chlorine leak.

ENHANCED COAGULATION: The process of joining together particles in water to help remove organic matter.

ENTAMOEBA HISTOLYTICA: Entamoeba histolytica, another water-borne pathogen, can cause diarrhea or a more serious invasive liver abscess. When in contact with human cells, these amoebae are cytotoxic. There is a rapid influx of calcium into the contacted cell, it quickly stops all membrane movement save for some surface blebbing. Internal organization is disrupted, organelles lyse, and the cell dies. The ameba may eat the dead cell or just absorb nutrients released from the cell.

ENTEROVIRUS: A virus whose presence may indicate contaminated water; a virus that may infect the gastrointestinal tract of humans.

EUGLENA: Euglena are common protists, of the class Euglenoidea of the phylum Euglenophyta. Currently, over 1000 species of Euglena have been described. Marin et al. (2003) revised the genus so and including several species without chloroplasts, formerly classified as Astasia and Khawkinea. Euglena sometimes can be considered to have both plant and animal features. Euglena gracilis has a long hair-like thing that stretches from its body. You need a very powerful microscope to see it. This is called a flagellum, and the euglena uses it to swim. It also has a red eyespot. Euglena gracilis uses its eyespot to locate light. Without light, it cannot use its chloroplasts to make itself food.

EVOLUTION: Any process of formation or growth; development: the evolution of a language; the evolution of the airplane. A product of such development; something evolved: The exploration of space is the evolution of decades of research.

Biology. Change in the gene pool of a population from generation to generation by such processes as mutation, natural selection, and genetic drift. A process of gradual, peaceful, progressive change or development, as in social or economic structure or institutions, a motion incomplete in itself, but combining with coordinated motions to produce a single action, as in a machine. A pattern formed by or as if by a series of movements: the evolutions of a figure skater.

An evolving or giving off of gas, heat, etc. **evolutional**, adjective ev·o·lu·tion·al·ly, adverb Synonyms 1. unfolding, change, progression, metamorphosis. Antonyms 1. stasis, inactivity, changelessness.

F: The chemical symbol of Fluorine.

FAUCET WITH AN AERATOR: When collecting a water sample from a distribution system, a faucet with an aerator should not be used as a sample location.

FAULT: A break in the earth's crust where movement has occurred.

FAULTING: A geological process involving the breaking and displacement of rock or formation through movements within the earth's crust along a fault.

FECAL COLIFORM: A group of bacteria that may indicate the presence of human or animal fecal matter in water. Total coliform, fecal coliform, and E. coli are all indicators of drinking water quality. The total coliform group is a large collection of different kinds of bacteria. Fecal coliforms are types of total coliform that mostly exist in feces. E. coli is a sub-group of fecal coliform. When a water sample is sent to a lab, it is tested for total coliform. If total coliform is present, the sample will also be tested for either fecal coliform or E. coli, depending on the lab testing method.

FILTRATION: The process of passing water through materials with very small holes to strain out particles. Most conventional water treatment plants used filters composed of gravel, sand, and anthracite. These materials settle into a compact mass that forms very small holes. Particles are filtered out as treated water passes through these holes. These holes are small enough to remove microorganisms including algae, bacteria, and protozoans, but not viruses. Viruses are eliminated from drinking water through the process of disinfection using chlorine. A series of processes that physically removes particles from water. A water treatment step used to remove turbidity, dissolved organics, odor, taste and color.

FILTER CLOGGING: An inability to meet demand may occur when filters are clogging.

FILTRATION METHODS: The conventional type of water treatment filtration method includes coagulation, flocculation, sedimentation, and filtration. Direct filtration method is similar to conventional except that the sedimentation step is omitted. Slow sand filtration process does not require pretreatment, has a flow of 0.1 gallons per minute per square foot of filter surface area, and is simple to operate and maintain. The Diatomaceous earth method uses a thin layer of fine siliceous material on a porous plate. This type of filtration medium is only used for water with low turbidity. Sedimentation, adsorption, and biological action treatment methods are filtration processes that involve a number of interrelated removal mechanisms. Demineralization is primarily used to remove total dissolved solids from industrial wastewater, municipal water, and seawater.

FINISHED WATER: Treated drinking water that meets minimum state and federal drinking water regulations.

FLIGHTING: The spiral flanged drill pipe used in auger drilling.

FLOATING SUB: A collapsible section of drill pipe shorter than primary drill pipe. Used to provide a cushion between the drive unit and the drill string.

FLOCCULATION: The process of bringing together destabilized or coagulated particles to form larger masses that can be settled and/or filtered out of the water being treated. Conventional coagulation–flocculation-sedimentation practices are essential pretreatments for many water purification systems—especially filtration treatments. These processes agglomerate suspended solids together into larger bodies so that physical filtration processes can more easily remove them. Particulate removal by these methods makes later filtering processes far more effective. The process is often followed by gravity separation (sedimentation or flotation) and is always followed by filtration. A chemical coagulant, such as iron salts, aluminum salts, or polymers, is added to source water to facilitate bonding among particulates. Coagulants work by creating a chemical reaction and eliminating the negative charges that cause particles to repel each other. The coagulant-source water mixture is then slowly stirred in a process known as flocculation. This water churning induces particles to collide and clump together into larger and more easily removable clots, or "flocs." The process requires chemical knowledge of source water characteristics to ensure that an effective coagulant mix is employed. Improper coagulants make these treatment methods ineffective. The ultimate effectiveness of coagulation/flocculation is also determined by the efficiency of the filtering process with which it is paired.

FLOCCULANTS: Flocculants, or flocculating agents, are chemicals that promote flocculation by causing colloids and other suspended particles in liquids to aggregate, forming a floc. Flocculants are used in water treatment processes to improve the sedimentation or filterability of small particles. For example, a flocculant may be used in swimming pool or drinking water filtration to aid removal of microscopic particles which would otherwise cause the water to be cloudy and which would be difficult or impossible to remove by filtration alone. Many flocculants are multivalent cations such as aluminum, iron, calcium or magnesium. These positively charged molecules interact with negatively charged particles and molecules to reduce the barriers to aggregation. In addition, many of these chemicals, under appropriate pH and other conditions such as temperature and salinity, react with water to form insoluble hydroxides which, upon precipitating, link together to form long chains or meshes, physically trapping small particles into the larger floc.

Long-chain polymer flocculants, such as modified polyacrylamides, are manufactured and sold by the flocculant producing business. These can be supplied in dry or liquid form for use in the flocculation process. The most common liquid polyacrylamide is supplied as an emulsion with 10-40 % actives and the rest is a carrier fluid, surfactants and latex. Emulsion polymers require activation to invert the emulsion and allow the electrolyte groups to be exposed.

FLOC SHEARING: Likely to happen to large floc particles when they reach the flocculation process.

FLOCCULATION BASIN: A compartmentalized basin with a reduction of speed in each compartment. This set-up or basin will give the best overall results.

FLOOD RIM: The point of an object where the water would run over the edge of something and begin to cause a flood.

FLOW MUST BE MEASURED: A recorder that measures flow is most likely to be located in a central location.

FLUORIDE: High levels of fluoride may stain the teeth of humans. This is called Mottling. This chemical must not be overfed due to a possible exposure to a high concentration of the chemical. The most important safety considerations to know about fluoride chemicals are that all fluoride chemicals are extremely corrosive**.** These are the substances most commonly used to furnish fluoride ions to water: Sodium fluoride, Sodium silicofluoride and Hydrofluosilicic acid.

FLUORIDE FEEDING: Always review fluoride feeding system designs and specifications to determine whether locations for monitoring readouts and dosage controls are convenient to the operation center and easy to read and correct.

FLUX: The term flux describes the rate of water flow through a semipermeable membrane. When the water flux decreases through a semipermeable membrane, it means that the mineral concentration of the water is increasing.

FORMATION: A series of layers, deposits, or bodies of rock, which are geologically similar and related in depositional environment or origin. A formation can be clearly distinguished relative to bounding deposits or formations due to its particular characteristics and composition.

FORMATION OF TUBERCLES: This condition is of the most concern regarding corrosive water effects on a water system. It is the creation of mounds of rust inside the water lines.

FRACTURE: A discrete break in a rock or formation.

FRACTURED AQUIFER: An aquifer within and otherwise massive block that has been made permeable due to the concentrated presence of fractures typically resultant of faulting or concentrated joints.

FREE CHLORINE: In disinfection, chlorine is used in the form of free chlorine or as hypochlorite ion.

FREE CHLORINE RESIDUAL: Regardless of whether pre-chloration is practiced or not, a free chlorine residual of at least 10 mg/L should be maintained in the clear well or distribution reservoir immediately downstream from the point of post-chlorination. The reason for chlorinating past the breakpoint is to provide protection in case of backflow.

GATE VALVE: The most common type of valve used in isolating a small or medium sized section of a distribution system and is the only linear valve used in water distribution. All the other valves are in the rotary classification.

GIARDIA LAMLIA: Giardia lamblia (synonymous with Lamblia intestinalis and Giardia duodenalis) is a flagellated protozoan parasite that colonizes and reproduces in the small intestine, causing giardiasis. The giardia parasite attaches to the epithelium by a ventral adhesive disc, and reproduces via binary fission. Giardiasis does not spread via the bloodstream, nor does it spread to other parts of the gastro-intestinal tract, but remains confined to the lumen of the small intestine. Giardia trophozoites absorb their nutrients from the lumen of the small intestine, and are anaerobes.

GIARDIASAS, HEPATITIS OR TYHOID: Diseases that may be transmitted through the contamination of a water supply but not AIDS.

GIS – GRAPHIC INFORMATION SYSTEM: Detailed information about the physical locations of structures such as pipes, valves, and manholes within geographic areas with the use of satellites.

GEOTECHNICAL: Characteristics of soil, rock, or formation such as grain size, shear strength, porosity, and compressibility, etc. Of particular concern to a geologist or engineer relative to soil or aquifer characteristics.

GLOBE VAVLVE: The main difference between a globe valve and a gate valve is that a globe valve is designed as a controlling device.

GOOD CONTACT TIME, pH and LOW TURBIDITY: These are factors that are important in providing good disinfection when using chlorine.

GPM: Gallons per minute.

GRAB SAMPLE: A sample which is taken from a water or wastestream on a one-time basis with no regard to the flow of the water or wastestream and without consideration of time. A single grab sample should be taken over a period of time not to exceed 15 minutes.

GRAINSIZE: The dimension of particle classifications such as gravel, sand, silt, and clay. Often based on the unified soil classification system.

GROUNDWATER: Water that percolates through and exists within saturated portions of the earth's crust and is replenished by the hydrologic cycle.

GROUT: A type of cement that is normally fine grained and used to effectively construct well seals and used in well abandonment. Grout may also be used to stabilize otherwise unstable boreholes, permitting continued drilling.

GT: Represents (Detention time) x (mixing intensity) in flocculation.

H_2SO_4: The molecular formula of Sulfuric acid.

HALIDES: A halide is a binary compound, of which one part is a halogen atom and the other part is an element or radical that is less electronegative than the halogen, to make a fluoride, chloride, bromide, iodide, or astatide compound. Many salts are halides. All Group 1 metals form halides with the halogens and they are white solids. A halide ion is a halogen atom bearing a negative charge. The halide anions are fluoride (F), chloride (Cl), bromide (Br), iodide (I) and astatide (At). Such ions are present in all ionic halide salts.

HALL EFFECT: Refers to the potential difference (Hall voltage) on the opposite sides of an electrical conductor through which an electric current is flowing, created by a magnetic field applied perpendicular to the current. Edwin Hall discovered this effect in 1879.

HALOACETIC ACIDS: Haloacetic acids are carboxylic acids in which a halogen atom takes the place of a hydrogen atom in acetic acid. Thus, in a monohaloacetic acid, a single halogen would replace a hydrogen atom. For example, chloroacetic acid would have the structural formula CH_2ClCO_2H. In the same manner, in dichloroacetic acid two chlorine atoms would take the place of two hydrogen atoms ($CHCl_2CO_2H$).

HAMMER BIT: The bit driven by the hammer to cut into rock or formation.

HAMMER: See Air Hammer

HARD ROCK: Consolidated formation or solid rock.

HARD WATER: Hard water causes a buildup of scale in household hot water heaters. Hard water is a type of water that has high mineral content (in contrast with soft water). Hard water primarily consists of calcium (Ca2+), and magnesium (Mg2+) metal cations, and sometimes other dissolved compounds such as bicarbonates and sulfates. Calcium usually enters the water as either calcium carbonate ($CaCO_3$), in the form of limestone and chalk, or calcium sulfate ($CaSO_4$), in the form of other mineral deposits. The predominant source of magnesium is dolomite ($CaMg(CO_3)2$). Hard water is generally not harmful. The simplest way to determine the hardness of water is the lather/froth test: soap or toothpaste, when agitated, lathers easily in soft water but not in hard water. More exact measurements of hardness can be obtained through a wet titration. The total water 'hardness' (including both Ca2+ and Mg2+ ions) is read as parts per million or weight/volume (mg/L) of calcium carbonate (CaCO3) in the water. Although water hardness usually only measures the total concentrations of calcium and magnesium (the two most prevalent, divalent metal ions), iron, aluminum, and manganese may also be present at elevated levels in some geographical locations.

HARDNESS: A measure of the amount of calcium and magnesium salts in water. More calcium and magnesium lead to greater hardness. The term "hardness" comes from the fact that it is hard to get soap suds from soap or detergents in hard water. This happens because calcium and magnesium react strongly with negatively-charged chemicals like soap to form insoluble compounds.

HARTSHORN: The antler of a hart, formerly used as a source of ammonia. Ammonium carbonate.

HAZARDS OF POLYMERS: Slippery and difficult to clean-up are the most common hazards associated with the use of polymers in a water treatment plant.

HEAD: The measure of the pressure of water expressed in feet of height of water. 1 PSI = 2.31 feet of water or 1 foot of head equals about a half a pound of pressure or .433 PSI. There are various types of heads of water depending upon what is being measured. Static (water at rest) and Residual (water at flow conditions).

HEADWORKS: The facility at the "**head**" of the water source where water is first treated and routed into the distribution system.

HEALTH ADVISORY: An EPA document that provides guidance and information on contaminants that can affect human health and that may occur in drinking water, but which the EPA does not currently regulate in drinking water.

HERTZ: The term used to describe the frequency of cycles in an alternating current (AC) circuit.

HETEROTROPHIC PLATE COUNT: A test performed on drinking water to determine the total number of all types of bacteria in the water.

HF: The molecular formula of Hydrofluoric acid.

HIGH TURBIDITY CAUSING INCREASED CHLORINE DEMAND: May occur or be caused by the inadequate disinfection of water.

HOLLOW STEM (AUGER): An auger form of drilling in which the flighting is hollow.

HOLLOW STEM FLIGHT: The hollow spiral flanged drill pipe used on hollow stem auger rigs.

HOMOPOLAR: Of uniform polarity; not separated or changed into ions; not polar in activity. Electricity. unipolar.

HYDRAULIC CONDUCTIVITY: A primary factor in Darcy's Law, the measure of a soil or formations ability to transmit water, measured in gallons per day (gpd) See also Permeability and Darcy's Law.

HYDRIDES: Hydride is the name given to the negative ion of hydrogen, H. Although this ion does not exist except in extraordinary conditions, the term hydride is widely applied to describe compounds of hydrogen with other elements, particularly those of groups 1–16. The variety of compounds formed by hydrogen is vast, arguably greater than that of any other element. Various metal hydrides are currently being studied for use as a means of hydrogen storage in fuel cell-powered electric cars and batteries. They also have important uses in organic chemistry as powerful reducing agents, and many promising uses in hydrogen economy.

HYDROCHLORIC AND HYPOCHLOROUS ACIDS: HCL and HOCL The compounds that are formed in water when chlorine gas is introduced.

HYDROFLUOSILIC ACID: (H_2SiF_6) a clear, fuming corrosive liquid with a pH ranging from 1 to 1.5. Used in water treatment to fluoridate drinking water.

HYDROGEN SULFIDE OR CHLORINE GAS: These chemicals can cause olfactory fatigue.

HYDROLOGIC CYCLE: (Water Cycle) The continual process of precipitation (rain and snowfall), evaporation (primarily from the oceans), peculation (recharge to groundwater), runoff (surface water), and transpiration (plants) constituting the renew ability and recycling of each component.

HYDROPHOBIC: Does not mix readily with water.

HYGROSCOPIC: Absorbing or attracting moisture from the air.

HYPOCHLORITE (OCL-) AND ORGANIC MATERIALS: Heat and possibly fire may occur when hypochlorite is brought into contact with an organic material.

HYPOLIMNION: The layer of water in a thermally stratified lake that lies below the thermocline, is noncirculating, and remains perpetually cold.

IMPELLERS: The semi-open or closed props or blades of a turbine pump that when rotated generate the pumping force.

IMPERVIOUS: Not allowing, or allowing only with great difficulty, the movement of water.

IN SERIES: Several components being connected one to the other without a bypass, requiring each component to work dependent on the one before it.

INFILTRATION: The percolation of fluid into soil or formation. See also percolation.

INFECTIOUS PATHOGENS/MICROBES/GERMS: Are considered disease-producing bacteria, viruses and other microorganisms.

INFLATABLE PACKER: A rubber or fiber bladder device that is inflated to seal against either casing or borehole walls.

INFORMATION COLLECTION RULE: ICR EPA collected data required by the Information Collection Rule (May 14, 1996) to support future regulation of microbial contaminants, disinfectants, and disinfection byproducts. The rule was intended to provide EPA with information on chemical byproducts that form when disinfectants used for microbial control react with chemicals already present in source water (disinfection byproducts (DBPs)); disease-causing microorganisms (pathogens), including Cryptosporidium; and engineering data to control these contaminants.

INITIAL MONITORING YEAR: An initial monitoring year is the calendar year designated by the Department within a compliance period in which a public water system conducts initial monitoring at a point of entry.

INORGANIC CONTAMINANTS: Mineral-based compounds such as metals, nitrates, and asbestos. These contaminants are naturally-occurring in some water, but can also get into water through farming, chemical manufacturing, and other human activities. EPA has set legal limits on 15 inorganic contaminants.

INORGANIC IONS: Present in all waters. Inorganic ions are essential for human health in small quantities, but in larger quantities they can cause unpleasant taste and odor or even illness. Most community water systems will commonly test for the concentrations of seven inorganic ions: nitrate, nitrite, fluoride, phosphate, sulfate, chloride, and bromide. Nitrate and nitrite can cause an illness in infants called methemoglobinemia. Fluoride is actually added to the drinking water in some public water systems to promote dental health. Phosphate, sulfate, chloride, and bromide have little direct effect on health, but high concentrations of inorganic ions can give water a salty or briny taste.

INSOLUBLE COMPOUNDS: Are types of compounds cannot be dissolved. When iron or manganese reacts with dissolved oxygen (DO) insoluble compound are formed.

INTAKE FACILITIES: One of the more important considerations in the construction of intake facilities is the ease of operation and maintenance over the expected lifetime of the facility. Every intake structure must be constructed with consideration for operator safety and for cathodic protection.

ION EXCHANGE: An effective treatment process used to remove iron and manganese in a water supply. The hardness of the source water affects the amount of water an ion exchange softener may treat before the bed requires regeneration.

IRON: Fe The elements iron and manganese are undesirable in water because they cause stains and promote the growth of iron bacteria.

IRON AND MANGANESE: Fe and Mn In water they can usually be detected by observing the color of the inside walls of filters and the filter media. If the raw water is pre-chlorinated, there will be black stains on the walls below the water level and a black coating over the top portion of the sand filter bed. When significant levels of dissolved oxygen are present, iron and manganese exist in an oxidized state and normally precipitate into the reservoir bottom sediments. The presence of iron and manganese in water promote the growth of Iron bacteria. Only when a water sample has been acidified then you can perform the analysis beyond the 48 hour holding time. Iron and Manganese in water may be detected by observing the color of the of the filter media. Maintaining a free chlorine residual and regular flushing of water mains may control the growth of iron bacteria in a water distribution system.

IRON BACTERIA: Perhaps the most troublesome consequence of iron and manganese in the water is they promote the growth of a group of microorganism known as Iron Bacteria.

IRON FOULING: You should look for an orange color on the resin and backwash water when checking an ion exchange unit for iron fouling

JARS (DRILLING JARS): Metal sections of a drill string that when released provide a jarring force or action to aid in removing drill string. Used primarily in cable tool or percussion drilling methods.

JETTING: The process of injecting high velocity streams of water and/or air through a system of nozzles or jets into the well screen and filter pack for well development.

KARST TOPOGRAPHY: The visual presence of karst on the surface.

KARST: The presence of caverns, voids, sink holes as characteristic features of a weathered limestone or other carbonate formation on or beneath the surface.

KELLY: A multi-faceted section of drill pipe driven by a kelly drive (table or top drive).

KILL = C X T: Where other factors are constant, the disinfecting action may be represented by: Kill=C x T. C= Chlorine T= Contact time.

KINETIC ENERGY: The ability of an object to do work by virtue of its motion. The energy terms that are used to describe the operation of a pump are pressure and head.

LACRIMATION: The secretion of tears, esp. in abnormal abundance Also, lachrymation, lachrimation.

LANGELIER INDEX: A measurement of Corrosivity. The water is becoming corrosive in the distribution system causing rusty water if the Langelier index indicates that the pH has decreased from the equilibrium point. Mathematically derived factor obtained from the values of calcium hardness, total alkalinity, and pH at a given temperature. A Langelier index of zero indicates perfect water balance (i.e., neither corroding nor scaling). The Langelier Saturation Index (sometimes Langelier Stability Index) is a calculated number used to predict the calcium carbonate stability of water. It indicates whether the water will precipitate, dissolve, or be in equilibrium with calcium carbonate. Langelier developed a method for predicting the pH at which water is saturated in calcium carbonate (called pHs). The LSI is expressed as the difference between the actual system pH and the saturation pH.
LSI = pH - pHs

LEACHING: A chemical reaction between water and metals that allows for removal of soluble materials.

LEAD AND COPPER: Initial tap water monitoring for lead and copper must be conducted during 2 consecutive 6-month periods.

LIME: Is a chemical that may be added to water to reduce the corrosivity. When an operator adds lime to water, Calcium and magnesium become less soluble.

LIME SODA SOFTENING: In a lime soda softening process, to the pH of the water is raised to 11.0. In a lime softening process, excess lime is frequently added to remove Calcium and Magnesium Bicarbonate. The minimum hardness which can be achieved by the lime-soda ash process is 30 to 40 mg/L as calcium carbonate. The hardness due to noncarbonate hardness is most likely to determine the choice between lime softening and ion exchange to remove hardness.

LIME SOFTENING: Lime softening is primarily used to “soften” water—that is to remove calcium and magnesium mineral salts. But it also removes harmful toxins like radon and arsenic. Though there is no consensus, some studies have even suggested that lime softening is effective at removal of Giardia. Hard water is a common condition responsible for numerous problems. Users often recognize hard water because it prevents their soap from lathering properly. However, it can also cause buildup (“scale”) in hot water heaters, boilers, and hot water pipes. Because of these inconveniences, many treatment facilities use lime softening to soften hard water for consumer use. Before lime softening can be used, managers must determine the softening chemistry required. This is a relatively easy task for groundwater sources, which remain more constant in their composition. Surface waters, however, fluctuate widely in quality and may require frequent changes to the softening chemical mix. In lime softening, lime and sometimes sodium carbonate are added to the water as it enters a combination solids contact clarifier. This raises the pH (i.e., increases alkalinity) and leads to the precipitation of calcium carbonate. Later, the pH of the effluent from the clarifier is reduced again, and the water is then filtered through a granular media filter. The water chemistry requirements of these systems require knowledgeable operators, which may make lime softening an economic challenge for some very small systems.

LINE SHAFT TURBINE: See vertical turbine.

LOGGED (LOGGING): The assessment and documentation of geological and water production data obtained while drilling progresses or following drilling through the use of borehole geophysical logging tools.

L.O.T.O.: Lock Out, Tag Out. If a piece of equipment is locked out, the key to the lock-out device the key should be held by the person who is working on the equipment. The tag is an identification device and the lock is a physical restraint.

M-ENDO BROTH: The coliform group is used as indicators of fecal pollution in water, for assessing the effectiveness of water treatment and disinfection, and for monitoring water quality. m-Endo Broth is used for selectively isolating coliform bacteria from water and other specimens using the membrane filtration technique. m-Endo Broth is prepared according to the formula of Fifield and Schaufus.1 It is recommended by the American Public Health Association in standard total coliform membrane filtration procedure for testing water, wastewater, and foods.2,3 The US EPA specifies using m-Endo Broth in the total coliform methods for testing water using single-step, two-step, and delayed incubation membrane filtration methods.

MAGNESIUM HARDNESS: Measure of the magnesium salts dissolved in water – it is not a factor in water balance.

MAGNETIC STARTER: Is a type of motor starter should be used in an integrated circuit to control flow automatically.

MARBLE AND LANGELIER TESTS: Are used to measure or determine the corrosiveness of a water source.

MAXIMUM CONTAMINANT LEVEL (MCLs): The maximum allowable level of a contaminant that federal or state regulations allow in a public water system. If the MCL is exceeded, the water system must treat the water so that it meets the MCL.

MAXIMUM CONTAMINANT LEVEL GOAL (MCLG): The level of a contaminant at which there would be no risk to human health. This goal is not always economically or technologically feasible, and the goal is not legally enforceable.

MCL for TURBIDITY: Turbidity is undesirable because it causes health hazards. An MCL for turbidity was established by the EPA because turbidity does not allow for proper disinfection.

MEASURE CORROSION DAMAGE: A coupon such as a strip of metal and is placed to measure corrosion damage in the distribution system in a water main.

MECHANICAL SEAL: A mechanical device used to control leakage from the stuffing box of a pump. Usually made of two flat surfaces, one of which rotates on the shaft. The two flat surfaces are of such tolerances as to prevent the passage of water between them. Held in place with spring pressure.

MEDIUM WATER SYSTEM: More than 3,300 persons and 50,000 or fewer persons.

MEGGER: Is a portable instrument used to measure insulation resistance. The megger consists of a hand-driven DC generator and a direct reading ohm meter. Used to test the insulation resistance on a motor.

M-ENDO BROTH: The media shall be brought to the boiling point when preparing M-Endo broth to be used in the membrane filter test for total coliform.

METALIMNION: Thermocline, middle layer of a thermally stratified lake which is characterized by a rapid decrease in temperature in proportion to depth.

METALLOID: Metalloid is a term used in chemistry when classifying the chemical elements. On the basis of their general physical and chemical properties, nearly every element in the periodic table can be termed either a metal or a nonmetal. A few elements with intermediate properties are, however, referred to as metalloids. (In Greek metallon = metal and eidos = sort)

METHANE: Methane is a chemical compound with the molecular formula CH_4. It is the simplest alkane, and the principal component of natural gas. Methane's bond angles are 109.5 degrees. Burning methane in the presence of oxygen produces carbon dioxide and water. The relative abundance of methane and its clean burning process makes it a very attractive fuel. However, because it is a gas at normal temperature and pressure, methane is difficult to transport from its source. In its natural gas form, it is generally transported in bulk by pipeline or LNG carriers; few countries still transport it by truck.

MILLILITER: One one-thousandth of a liter; A liter is a little more than a quart. A milliliter is about two drops from an eye dropper.

Mg/L: Stands for "**milligrams per liter**." A common unit of chemical concentration. It expresses the mass of a chemical that is present in a given volume of water. A milligram (one one-thousandth of a gram) is equivalent to about 18 grains of table salt. A liter is equivalent to about one quart.

MICROBIOLOGICAL: Is a type of analysis in which a composite sample unacceptable.

MICROBE OR MICROBIAL: Any minute, simple, single-celled form of life, especially one that causes disease.

MICROBIAL CONTAMINANTS: Microscopic organisms present in untreated water that can cause waterborne diseases.

MICROORGANISMS: Very small animals and plants that are too small to be seen by the naked eye and must be observed using a microscope. Microorganisms in water include algae, bacteria, viruses, and protozoa. Algae growing in surface waters can cause off-taste and odor by producing the chemicals MIB and geosmin. Certain types of bacteria, viruses, and protozoa can cause disease in humans. Bacteria are the most common microorganisms found in treated drinking water. The great majority of bacteria are not harmful. In fact, humans would not be able to live without the bacteria that inhabit the intestines. However, certain types of bacteria called coliform bacteria can signal the presence of possible drinking water contamination.

MILLILITER: One one-thousandth of a liter. A liter is a little more than a quart. A milliliter is about two drops from an eye dropper.

MOISTURE: If a material is hygroscopic, it must it be protected from water.

MOISTURE AND POTASSIUM PERMANGANATE: The combination of moisture and potassium permanganate produces heat.

MOLECULAR WEIGHT: The molecular mass (abbreviated Mr) of a substance, formerly also called molecular weight and abbreviated as MW, is the mass of one molecule of that substance, relative to the unified atomic mass unit u (equal to 1/12 the mass of one atom of carbon-12). This is distinct from the relative molecular mass of a molecule, which is the ratio of the mass of that molecule to 1/12 of the mass of carbon 12 and is a dimensionless number. Relative molecular mass is abbreviated to Mr.

MOTTLING: High levels of fluoride may stain the teeth of humans.

M.S.D.S.: Safety Data Sheet. A safety document must an employer provide to an operator upon request.

MUD BALLS IN FILTER MEDIA: Is a possible result of an ineffective or inadequate filter backwash.

MUD CAKE: A film of mud drilling fluid that builds up on borehole walls adding to borehole stability and limits the groundwater's ability to enter the borehole while drilling.

MUD CAKING: The process of building up the mud cake.

MUD ENGINEER: A specially trained individual who's responsible for maintaining proper drilling fluid densities and viscosity.

MUD PIT: Single or multiple subsurface or surface containment system used for settling cuttings out of drilling fluid and for recirculation of drilling fluid.

MUD PUMP: A specially designed pump that can pass particles of mud and cuttings (drilling fluid) at variable pressures, serving as the primary component in a mud rotary drilling system (similar to a grout or cement pump).

MUD ROTARY: The method of rotary drilling with mud circulation as the drilling fluid.

MURIATIC ACID: An acid used to reduce pH and alkalinity. Also used to remove stain and scale.

MYCOTOXIN: A toxin produced by a fungus.

NaOCl: Is the molecular formula of Sodium hypochlorite.

NaOH: Is the molecular formula of Sodium hydroxide.

NASCENT: Coming into existence; emerging.

NATURAL GRAVEL PACK (NATURALLY PACKED): Refers to a well that has no gravel pack installed but is simply allowed to develop a filter pack composed of the aquifer particles itself. Usually coarse grained and hard rock aquifers are naturally packed.

NH_3: The molecular formula of Ammonia.

NH_4+: The molecular formula of the Ammonium ion.

NITRATES: A dissolved form of nitrogen found in fertilizers and sewage by-products that may leach into groundwater and other water sources. Nitrates may also occur naturally in some waters. Over time, nitrates can accumulate in aquifers and contaminate groundwater.

NITROGEN: Nitrogen is a nonmetal, with an electronegativity of 3.0. It has five electrons in its outer shell and is therefore trivalent in most compounds. The triple bond in molecular nitrogen (N_2) is one of the strongest in nature. The resulting difficulty of converting (N_2) into other compounds, and the ease (and associated high energy release) of converting nitrogen compounds into elemental N_2, have dominated the role of nitrogen in both nature and human economic activities.

NITROGEN AND PHOSPHORUS: Pairs of elements and major plant nutrients that cause algae to grow.

NO_3^-: The molecular formula of the Nitrate ion.

NON-CARBONATE HARDNESS: The portion of the total hardness in excess of the alkalinity.

NON-CARBONATE IONS: Water contains non-carbonate ions if it cannot be softened to a desired level through the use of lime only.

NON-POINT SOURCE POLLUTION: Air pollution may leave contaminants on highway surfaces. This non-point source pollution adversely impacts reservoir water and groundwater quality.

NON-TRANSIENT, NON-COMMUNITY WATER SYSTEM: A water system which supplies water to 25 or more of the same people at least six months per year in places other than their residences. Some examples are schools, factories, office buildings, and hospitals which have their own water systems.

NORMALITY: It is the number of equivalent weights of solute per liter of solution. Normality highlights the chemical nature of salts: in solution, salts dissociate into distinct reactive species (ions such as H^+, Fe_3^+, or Cl^-). Normality accounts for any discrepancy between the concentrations of the various ionic species in a solution. For example, in a salt such as $MgCl_2$, there are two moles of Cl^- for every mole of Mg_2^+, so the concentration of Cl- as well as of Mg_2^+ is said to be 2 N (read: "two normal"). Further examples are given below. A normal is one gram equivalent of a solute per liter of solution. The definition of a gram equivalent varies depending on the type of chemical reaction that is discussed - it can refer to acids, bases, redox species, and ions that will precipitate. It is critical to note that normality measures a single ion which takes part in an overall solute. For example, one could determine the normality of hydroxide or sodium in an aqueous solution of sodium hydroxide, but the normality of sodium hydroxide itself has no meaning. Nevertheless it is often used to describe solutions of acids or bases, in those cases it is implied that the normality refers to the H+ or OH- ion. For example, 2 Normal sulfuric acid (H_2SO_4), means that the normality of H+ ions is 2, or that the molarity of the sulfuric acid is 1. Similarly for 1 Molar H_3PO_4 the normality is 3 as it contains three H+ ions.

NTNCWS: Non-transient non-community water system.

NTU (Nephelometric turbidity unit)**:** A measure of the clarity or cloudiness of water.

O_3: The molecular formula of ozone.

OIL TUBE: A tubular enclosure that houses the line shaft and bearings of a vertical turbine pump. Oil is allowed to pass through the oil tube in order to lubricate the pumps drive shaft and bearings.

OLIGOTROPHIC: A reservoir that is nutrient-poor and contains little plant or animal life. An oligotrophic ecosystem or environment is one that offers little to sustain life. The term is commonly utilized to describe bodies of water or soils with very low nutrient levels. It derives etymologically from the Greek oligo (small, little, few) and trophe (nutrients, food). Oligotrophic environments are of special interest for the alternative energy sources and survival strategies upon which life could rely.

ORGANIC PRESURSORS: Natural or man-made compounds with chemical structures based upon carbon that, upon combination with chlorine, leading to trihalomethane formation.

OSMOSIS: Osmosis is the process by which water moves across a semi permeable membrane from a low concentration solute to a high concentration solute to satisfy the pressure differences caused by the solute.

OVERBURDEN: Normally a thin loosely consolidated or unconsolidated sediment overlying competent formation.

OVER-RANGE PROTECTION DEVICES: Mechanical dampers, snubbers and an air cushion chamber are examples of surging and overrange protection devices.

OXIDE: An oxide is a chemical compound containing at least one oxygen atom as well as at least one other element. Most of the Earth's crust consists of oxides. Oxides result when elements are oxidized by oxygen in air. Combustion of hydrocarbons affords the two principal oxides of carbon, carbon monoxide and carbon dioxide. Even materials that are considered to be pure elements often contain a coating of oxides. For example, aluminum foil has a thin skin of Al_2O_3 that protects the foil from further corrosion.

OXIDIZED:
1. to convert (an element) into an oxide; combine with oxygen.
2. to cover with a coating of oxide or rust.
3. to take away hydrogen, as by the action of oxygen; add oxygen or any nonmetal.
4. to remove electrons from (an atom or molecule), thereby increasing the valence. Compare REDUCE (def. 12).

–verb (used without object)

5. to become oxidized.

OXIDIZING: The process of breaking down organic wastes into simpler elemental forms or by products. Also used to separate combined chlorine and convert it into free chlorine.

OXYGEN DEFICIENT ENVIRONMENT: One of the most dangerous threats to an operator upon entering a manhole.

OZONE: Ozone or trioxygen (O_3) is a triatomic molecule, consisting of three oxygen atoms. It is an allotrope of oxygen that is much less stable than the diatomic O_2. Ground-level ozone is an air pollutant with harmful effects on the respiratory systems of animals. Ozone in the upper atmosphere filters potentially damaging ultraviolet light from reaching the Earth's surface. It is present in low concentrations throughout the Earth's atmosphere. It has many industrial and consumer applications. Ozone, the first allotrope of a chemical element to be recognized by science, was proposed as a distinct chemical compound by Christian Friedrich Schönbein in 1840, who named it after the Greek word for smell (ozein), from the peculiar odor in lightning storms. The formula for ozone, O_3, was not determined until 1865 by Jacques-Louis Soret and confirmed by Schönbein in 1867. Ozone is a powerful oxidizing agent, far better than dioxygen. It is also unstable at high concentrations, decaying to ordinary diatomic oxygen (in about half an hour in atmospheric conditions):

$2\ O_3 = 3\ O_2$

This reaction proceeds more rapidly with increasing temperature and decreasing pressure. Deflagration of ozone can be triggered by a spark, and can occur in ozone concentrations of 10 wt% or higher.

OZONE DOES NOT PROVIDE A RESIDUAL: One of the major drawbacks to using ozone as a disinfectant.

OZONE, CHLORINE DIOXIDE, UV, CHLORAMINES: These chemicals may be used as alternative disinfectants.

PAC: A disadvantage of using PAC is it is very abrasive and requires careful maintenance of equipment. One precaution that should be taken in storing PAC is that bags of carbon should not be stored near bags of HTH. Removes tastes and odors by adsorption only. Powered activated carbon frequently used for taste and odor control because PAC is non-specific and removes a broad range of compounds. Jar tests and threshold odor number testing determines the application rate for powdered activated carbon. Powdered activated carbon, or PAC, commonly used for in a water treatment plant for taste and odor control. Powdered activated carbon may be used with some success in removing the precursors of THMs

PACKING: Material, usually of woven fiber, placed in rings around the shaft of a pump and used to control the leakage from the stuffing box.

PARAMECIUM: Paramecia are a group of unicellular ciliate protozoa formerly known as slipper animalcules from their slipper shape. They are commonly studied as a representative of the ciliate group. Simple cilia cover the body which allows the cell to move with a synchronous motion (like a caterpilla). There is also a deep oral groove containing inconspicuous compound oral cilia (as found in other peniculids) that is used to draw food inside. They generally feed upon bacteria and other small cells. Osmoregulation is carried out by a pair of contractile vacuoles, which actively expel water absorbed by osmosis from their surroundings. Paramecia are widespread in freshwater environments, and are especially common in scums. Paramecia are attracted by acidic conditions. Certain single-celled eukaryotes, such as Paramecium, are examples for exceptions to the universality of the genetic code (translation systems where a few codons differ from the standard ones).

PATHOGENS: Disease-causing pathogens; waterborne pathogens A pathogen may contaminate water and cause waterborne disease.

Pb: The chemical symbol of Lead.

PCE: Perchloroethylene. Known also as perc or tetrachloroethylene, perchloroethylene is a clear, colorless liquid with a distinctive, somewhat ether-like odor. It is non-flammable, having no measurable flashpoint or flammable limits in air. Effective over a wide range of applications, perchloroethylene is supported by closed loop transfer systems, stabilizers and employee exposure monitoring.

PEAK DEMAND: The maximum momentary load placed on a water treatment plant, pumping station or distribution system.

PERCOLATION: The process of fluid penetrating or slowly flowing through soil, rock, or formation. See also infiltration.

PERCUSSION RIG: See Cable Tool.

PERFORATED SCREEN: Well screen that has openings mechanically cut into it.

PERFORMANCE CURVE: A graphical representation of a pumps efficiency relative to gpm and feet of head.

PEPTIDOGLYCAN: A polymer found in the cell walls of prokaryotes that consists of polysaccharide and peptide chains in a strong molecular network. Also called *mucopeptide*, *murein*.

PERMEATE: The term for water which has passed through the membrane of a reverse osmosis unit.

PERMEABILITY: A measure of a soil or formation's capacity to transmit water, typically in volume per time units. Equivalent to Darcy's hydraulic conductivity.

PERMEABLE: Soil or formation of which water can pass through.

pH: A unit of measure which describes the degree of acidity or alkalinity of a solution. The pH scale runs from 0 to 14 with 7 being the mid-point or neutral. A pH of less than 7 is on the acid side of the scale with 0 as the point of greatest acid activity. A pH of more than 7 is on the basic (alkaline) side of the scale with 14 as the point of greatest basic activity. The term pH is derived from "p", the mathematical symbol of the negative logarithm, and "H", the chemical symbol of Hydrogen. The definition of pH is the negative logarithm of the Hydrogen ion activity. $pH=-\log[H^+]$.

pH OF SATURATION: The ideal pH for perfect water balance in relation to a particular total alkalinity level and a particular calcium hardness level, at a particular temperature. The pH where the Langelier Index equals zero.

PHENOLPHTHALEIN/TOTAL ALKALINITY: The relationship between the alkalinity constituent's bicarbonate, carbonate, and hydroxide can be based on the P and T alkalinity measurement.

PHENOL RED: Chemical reagent used for testing pH in the range of 6.8 - 8.4.

PHOSPHATE, NITRATE AND ORGANIC NITROGEN: Nutrients in a domestic water supply reservoir may cause water quality problems if they occur in moderate or large quantities.

PHYSISORPTION: (Or physical adsorption) Is adsorption in which the forces involved are intermolecular forces (van der Waals forces) of the same kind as those responsible for the imperfection of real gases and the condensation of vapors, and which do not involve a significant change in the electronic orbital patterns of the species involved. The term van der Waals adsorption is synonymous with physical adsorption, but its use is not recommended.

PICOCURIE: A unit of radioactivity. "Pico" is a metric prefix that means one one-millionth of one one-millionth. A picocurie is one one-millionth of one one-millionth of a Curie. A Curie is that quantity of any radioactive substance that undergoes 37 billion nuclear disintegrations per second. Thus a picocurie is that quantity of any radioactive substance that undergoes 0.037 nuclear disintegrations per second.

pCi/L: Picocuries per liter A curie is the amount of radiation released by a set amount of a certain compound. A picocurie is one quadrillionth of a curie.

PICOCURIE: A unit of radioactivity. "Pico" is a metric prefix that means one one-millionth of one one-millionth. A picocurie is one one-millionth of one one-millionth of a Curie. A Curie is that quantity of any radioactive substance that undergoes 37 billion nuclear disintegrations per second. Thus a picocurie is that quantity of any radioactive substance that undergoes 0.037 nuclear disintegrations per second.

PIEZOMETRIC SURFACE: See potentiometric surface.

PILOT BIT: A bit used on auger rigs to cut a pilot hole ahead of the cutter head when drilling into more resistant formations.

PIPELINE APPURTENANCE: Pressure reducers, bends, valves, regulators (which are a type of valve), etc.

PITLESS ADAPTER: A fitting installed on a section of column pipe and well casing permitting piping from the well to be installed below grade. (Often requires a special permit for construction)

PLANKTON: The aggregate of passively floating, drifting, or somewhat motile organisms occurring in a body of water, primarily comprising microscopic algae and protozoa.

PLATFORM: The portion of the drilling rig where a driller and crew operate the drill rig.

PLUG: A removable cap installed behind the pilot and cutter bits on hollow stem auger flighting.

PLUNGER: See Surge-block.

POINT OF ENTRY: POE.

POLLUTION: To make something unclean or impure. See Contaminated.

POLYPHOSPHATES: Chemicals that may be added to remove low levels of iron and manganese.

POLYMER: A type of chemical when combined with other types of coagulants aid in binding small suspended particles to larger particles to help in the settling and filtering processes.

PORE SPACE: The interstitial space between sediments and fractures that is capable of storing and transmitting water.

POROSITY: A factor representing a rock, soil, or formations percentage of open space available for the percolation and storage of groundwater.

POST-CHLORINE: Where the water is chlorinated to make sure it holds a residual in the distribution system.

POTABLE: Good water which is safe for drinking or cooking purposes. Non-Potable: A liquid or water that is not approved for drinking.

POTENTIAL ENERGY: The energy that a body has by virtue of its position or state enabling it to do work.

POTENTIOMETRIC SURFACE: An imaginary surface representing the height a column of water will reach at any location within a confined aquifer. The measured surface of a confined aquifer related to the aquifer's pressure head.

PPM: Abbreviation for parts per million.

PRE-CHLORINE: Where the raw water is dosed with a large concentration of chlorine.

PRE-CHLORINATION: The addition of chlorine before the filtration process will help:
> Control algae and slime growth
> Control mud ball formation
> Improve coagulation
> Precipate iron
The addition of chlorine to the water prior to any other plant treatment processes.

PERKINESIS: The aggregation resulting from random thermal motion of fluid molecules.

PRESSURE: Pressure is defined as force per unit area. It is usually more convenient to use pressure rather than force to describe the influences upon fluid behavior. The standard unit for pressure is the Pascal, which is a Newton per square meter. For an object sitting on a surface, the force pressing on the surface is the weight of the object, but in different orientations it might have a different area in contact with the surface and therefore exert a different pressure.

PRESSURE HEAD: The height of a column of water capable of being maintained by pressure. See also Total Head, Total Dynamic Head.

PRESSURE MEASUREMENT: Bourdon tube, Bellows gauge and Diaphragm are commonly used to measure pressure in waterworks systems. A Bellows-type sensor reacts to a change in pressure.

PREVENTION: To take action; stop something before it happens.

PROTON, NEUTRON AND ELECTRON: Are the 3 fundamental particles of an atom.

PRODUCING ZONE: A specific productive interval.

PRODUCTIVE INTERVAL: The portion or portions of an aquifer in which significant water production is obtained within the well.

PROTIST: Any of a group of eukaryotic organisms belonging to the kingdom Protista according to some widely used modern taxonomic systems. The protists include a variety of unicellular, coenocytic, colonial, and multicellular organisms, such as the protozoans, slime molds, brown algae, and red algae. A unicellular protoctist in taxonomic systems in which the protoctists are considered to form a kingdom.

PROTOCTIST: Any of various unicellular eukaryotic organisms and their multicellular, coenocytic, or colonial descendants that belong to the kingdom Protoctista according to some taxonomic systems. The protoctists include the protozoans, slime molds, various algae, and other groups. In many new classification systems, all protoctists are considered to be protists.

PROTOZOA: Microscopic animals that occur as single cells. Some protozoa can cause disease in humans. Protozoa form cysts, which are specialized cells like eggs that are very resistant to chlorine. Cysts can survive the disinfection process, then "hatch" into normal cells that can cause disease. Protozoa must be removed from drinking water by filtration, because they cannot be effectively killed by chlorine.

PUBLIC NOTIFICATION: An advisory that EPA requires a water system to distribute to affected consumers when the system has violated MCLs or other regulations. The notice advises consumers what precautions, if any, they should take to protect their health.

PUBLIC WATER SYSTEM (PWS): Any water system which provides water to at least 25 people for at least 60 days annually. There are more than 170,000 PWSs providing water from wells, rivers and other sources to about 250 million Americans. The others drink water from private wells. There are differing standards for PWSs of different sizes and types.

PUMP SURGING: A process of well development whereby water is pumped nearly to the surface and then is allowed to fall back into the well. The process creates a backwashing action that cleans the well and nearby formation.

PUMPING LIFT: The height to which water must be pumped or lifted to, feet of head.

PWS: 3 types of public water systems. Community water system, non-transient non-community water system, transient non community water system.

RADIOCHEMICALS: (Or radioactive chemicals) Occur in natural waters. Naturally radioactive ores are particularly common in the Southwestern United States, and some streams and wells can have dangerously high levels of radioactivity. Total alpha and beta radioactivity and isotopes of radium and strontium are the major tests performed for radiochemicals. The federal drinking water standard for gross alpha radioactivity is set at 5 picocuries per liter.

RADIUS OF INFLUENCE: The distance away from a pumping well that water levels are affected by a wells cone of depression.

RAWHIDING: See Pump Surging.

RAW TURBIDITY: The turbidity of the water coming to the treatment plant from the raw water source.

RAW WATER: Water that has not been treated in any way; it is generally considered to be unsafe to drink.

REAGENT: A substance used in a chemical reaction to measure, detect, examine, or produce other substances.

REAM: The process of enlarging a borehole.

REAMER BIT: A special bit designed to ream existing boreholes.

RECHARGE: The infiltration component of the hydrologic cycle. Often used in the context of referring to: The infiltration of water back into an aquifer, resulting in the restoration of lost storage and water levels which had been decreased due to pumping and/or natural discharges from the aquifer.

RECIRCULATING SYSTEM: A system of constructed or surface mud pits that settle out cuttings from drilling fluid to be circulated back down the borehole.

RECORDER, FLOW: A flow recorder that measures flow is most likely to be located anywhere in the plant where a flow must be measured and in a central location.

RED WATER AND SLIME: Iron bacteria are undesirable in a water distribution system because of red water and slime complaints.

REDOX POTENTIAL: Reduction potential (also known as redox potential, oxidation / reduction potential or ORP) is the tendency of a chemical species to acquire electrons and thereby be reduced. Each species has its own intrinsic reduction potential; the more positive the potential, the greater the species' affinity for electrons and tendency to be reduced. In aqueous solutions, the reduction potential is the tendency of the solution to either gain or lose electrons when it is subject to change by introduction of a new species. A solution with a higher (more positive) reduction potential than the new species will have a tendency to gain electrons from the new species (i.e. to be reduced by oxidizing the new species) and a solution with a lower (more negative) reduction potential will have a tendency to lose electrons to the new species (i.e. to be oxidized by reducing the new species).

RELAY LOGIC: The name of a popular method of automatically controlling a pump, valve, chemical feeder, and other devices.

RESERVOIR: An impoundment used to store water.

RESIDUAL DISINFECTION PROTECTION: A required level of disinfectant that remains in treated water to ensure disinfection protection and prevent recontamination throughout the distribution system (i.e., pipes).

REVERSE MUD ROTARY: A non-conventional drilling method in which drilling fluid is injected through the borehole annulus downward through the bit and circulated back to the surface through the drill string.

REVERSE OSMOSIS: Forces water through membranes that contain holes so small that even salts cannot pass through. Reverse osmosis removes microorganisms, organic chemicals, and inorganic chemicals, producing very pure water. For some people, drinking highly purified water exclusively can upset the natural balance of salts in the body. Reverse osmosis units require regular maintenance or they can become a health hazard.

RIBBED STABILIZER: A stabilizer or drill collar that has cutting ribs attached to its side. Ribs are normally installed in vertical or spiral arrangements.

ROLLER BIT: A rotary drill bit having rotating cutting heads.

ROTAMETER: The name of transparent tube with a tapered bore containing a ball is often used to measure the rate of flow of a gas or liquid.

ROTARY RIG: A conventional rotary drill rig. Can be either an air or mud rotary rig.

ROTIFER: Rotifers get their name (derived from Greek and meaning "wheel-bearer"; they have also been called wheel animalcules) from the corona, which is composed of several ciliated tufts around the mouth that in motion resemble a wheel. These create a current that sweeps food into the mouth, where it is chewed up by a characteristic pharynx (called the mastax) containing a tiny, calcified, jaw-like structure called the trophi. The cilia also pull the animal, when unattached, through the water. Most free-living forms have pairs of posterior toes to anchor themselves while feeding. Rotifers have bilateral symmetry and a variety of different shapes. There is a well-developed cuticle which may be thick and rigid, giving the animal a box-like shape, or flexible, giving the animal a worm-like shape; such rotifers are respectively called loricate and illoricate.

RUNOFF: Surface water sources such as a river or lake are primarily the result of natural processes of runoff.

SAFE YIELD: A possible consequence when the “safe yield” of a well is exceeded and water continues to be pumped from a well, is land subsidence around the well will occur. Safe yield refers to a long-term balance between the water that is naturally and artificially recharged to an aquifer and the groundwater that is pumped out. When more water is removed than is recharged, the aquifer is described as being out of safe yield. When the water level in the aquifer then drops, we are said to be mining groundwater.

SALTS ARE ABSENT: Is a strange characteristic that is unique to water vapor in the atmosphere.

SAMPLE: The water that is analyzed for the presence of EPA-regulated drinking water contaminants. Depending on the regulation, EPA requires water systems and states to take samples from source water, from water leaving the treatment facility, or from the taps of selected consumers.

SAMPLING LOCATION: A location where soil or cuttings samples may be readily and accurately collected.

SAND, ANTHRACITE AND GARNET: Mixed media filters are composed of these three materials.

SANITARY SURVEY: Persons trained in public health engineering and the epidemiology of waterborne diseases should conduct the sanitary survey. The importance of a detailed sanitary survey of a new water source cannot be overemphasized. An on-site review of the water sources, facilities, equipment, operation, and maintenance of a public water systems for the purpose of evaluating the adequacy of the facilities for producing and distributing safe drinking water. The purpose of a non-regulatory sanitary survey is to identify possible biological and chemical pollutants which might affect a water supply.

SANITIZER: A disinfectant or chemical which disinfects (kills bacteria), kills algae and oxidizes organic matter.

SATURATION INDEX: See Langelier's Index.

SATURATOR: A device which produces a fluoride solution for the fluoride process. Crystal-grade types of sodium fluoride should be fed with a saturator. Overfeeding must be prevented to protect public health when using a fluoridation system.

SATURATED ZONE: Where an unconfined aquifer becomes saturated beneath the capillary fringe.

SCADA: A remote method of monitoring pumps and equipment. 130 degrees F is the maximum temperature that transmitting equipment is able to with stand. If the level controller may be set with too close a tolerance 45 could be the cause of a control system that is frequently turning a pump on and off.

SCALE: Crust of calcium carbonate, the result of unbalanced water. Hard insoluble minerals deposited (usually calcium bicarbonate) which forms on pool and spa surfaces and clog filters, heaters and pumps. Scale is caused by high calcium hardness and/or high pH. The regular use of stain prevention chemicals can prevent scale.

SCHMUTZDECKE: German, "grime or filth cover", sometimes spelt schmutzedecke) is a complex biological layer formed on the surface of a slow sand filter. The schmutzdecke is the layer that provides the effective purification in potable water treatment, the underlying sand providing the support medium for this biological treatment layer. The composition of any particular schmutzdecke varies, but will typically consist of a gelatinous biofilm matrix of bacteria, fungi, protozoa, rotifera and a range of aquatic insect larvae. As a schmutzdecke ages, more algae tend to develop, and larger aquatic organisms may be present including some bryozoa, snails and annelid worms.

SCROLL AND BASKET: The two basic types of centrifuges used in water treatment.

SEAL: For wells: to abandon a well by filling up the well with approved seal material including cementing with grout from a required depth to the land surface.

SECONDARY DRINKING WATER STANDARDS: Non-enforceable federal guidelines regarding cosmetic effects (such as tooth or skin discoloration) or aesthetic effects (such as taste, odor, or color) of drinking water.

SECTIONAL MAP: The name of a map that provides detailed drawings of the distribution system's zones. Sometimes we call these quarter-sections.

SEDIMENTATION BASIN: Where the thickest and greatest concentration of sludge will be found. Twice a year sedimentation tanks should be drained and cleaned if the sludge buildup interferes with the treatment process.

SEDIMENTATION: The process of suspended solid particles settling out (going to the bottom of the vessel) in water.

SEDIMENT: Grains of soil, sand, gravel, or rock deposited by and generated by water movement.

SENSOR: A float and cable system are commonly found instruments that may be used as a sensor to control the level of liquid in a tank or basin.

SESSILE: *Botany*. attached by the base, or without any distinct projecting support, as a leaf issuing directly from the stem. *Zoology*. permanently attached; not freely moving.

SETTLED SOLIDS: Solids that have been removed from the raw water by the coagulation and settling processes.

SHAKER: A device used in mud containment systems that vibrates various sized screens as drilling fluid passes through it, thereby separating cuttings from drilling fluid and providing a good sampling location.

SHOCK: Also known as superchlorination or break point chlorination. Ridding a water of organic waste through oxidization by the addition of significant quantities of a halogen.

SHORT-CIRCUITING: Short Circuiting is a condition that occurs in tanks or basins when some of the water travels faster than the rest of the flowing water. This is usually undesirable since it may result in shorter contact, reaction or settling times in comparison with the presumed detention times.

SHROUD: A baffle or piece of pipe installed over a pump to force water to pass the pumps motor.

SIEVE ANALYSIS: The process of sifting soil or formation samples through a series of screens to determine percentages of particle sizes.

SINGLE PHASE POWER: The type of power used for lighting systems, small motors, appliances, portable power tools and in homes.

SINUSOID: A curve described by the equation y = a sin x, the ordinate being proportional to the sine of the abscissa.

SINUSOIDAL: Mathematics. Of or pertaining to a sinusoid. Having a magnitude that varies as the sine of an independent variable: a sinusoidal current.

SLUDGE BASINS: After cleaning sludge basins and before returning the tanks into service the tanks should be inspected, repaired if necessary, and disinfected.

SLUDGE REDUCTION: Organic polymers are used to reduce the quantity of sludge. If a plant produces a large volume of sludge, the sludge could be dewatered, thickened, or conditioned to decrease the volume of sludge. Turbidity of source water, dosage, and type of coagulant used are the most important factors which determine the amount of sludge produced in a treatment of water.

SLURRY: A mixture of crushed rock and water.

SMALL WATER SYSTEM: 3,300 or fewer persons.

SOC: Synthetic organic chemical. A common way for a synthetic organic chemical such as dioxin to be introduced to a surface water supply is from an industrial discharge, agricultural drainage, or a spill.

SODA ASH: Chemical used to raise pH and total alkalinity (sodium carbonate)

SODIUM BICARBONATE: Commonly used to increase alkalinity of water and stabilize pH.

SODIUM BISULFATE: Chemical used to lower pH and total alkalinity (dry acid).

SODIUM HYDROXIDE: Also known as caustic soda, a by-product chlorine generation and often used to raise pH.

SOIL MOISTURE: A relative consideration of the degree to which a soil is saturated.

SOFTENING WATER: When the water has a low alkalinity it is advantageous to use soda ash instead of caustic soda for softening water.

SOFTENING: The process that removes the ions which cause hardness in water.

SOLAR DRYING BEDS OR LAGOONS: Are shallow, small-volume storage pond where sludge is concentrated and stored for an extended periods.

SOLAR DRYING BEDS, CENTRIFUGES AND FILTER PRESSES: Are procedures used in the dewatering of sludge.

SOLID, LIQUID AND VAPOR: 3 forms of matter.

SOLDER: A fusible alloy used to join metallic parts.

SOLID STEM (AUGER): An auger that is constructed of solid stem drill flights.

SPADNS: The lab reagent called SPADNS solution is used in performing the Fluoride test.

SPECIFIC CAPACITY (Sc): A measure of a well's pumping performance in gallons per minute per foot of drawdown.

SPIDER: A bearing or flange used in vertical turbine pumps to stabilize the drive shaft or shaft tube and seal column joints.

SPIRAL FLANGE: A continuous blade that wraps spirally around auger flighting.

SPIRIT OF HARTSHORN: A colorless, pungent, suffocating, aqueous solution of about 28.5 percent ammonia gas: used chiefly as a detergent, for removing stains and extracting certain vegetable coloring agents, and in the manufacture of ammonium salts.

SPLIT SPOON: A sampling device that is driven into the earth and operated by a wire line for the retrieval of soil or formation samples.

SPLIT FLOW CONTROL SYSTEM: This type of control system is to control the flow to each filter influent which is divided by a weir.

SPRAY BOTTLE OF AMMONIA: An operator should use ammonia to test for a chlorine leak around a valve or pipe. You will see white smoke if there is a leak.

SPRING PRESSURE: Is what maintains contact between the two surfaces of a mechanical seal.

STABILE: Reference to formation, soil, or sediments of sufficient strength to remain in place under its own weight and existing pressures.

STABILIZE: Actions taken to enhance borehole stability or vertical rotational when drilling.

STABILIZER: The portion of a drill string used to stabilize rotation.

STANDPIPE: A water tank that is taller than it is wide. Should not be found in low point.

STERILIZED GLASSWARE: The only type of glassware that should be used in testing for coliform bacteria.

STORAGE TANKS: Three types of water usage that determine the volume of a storage tank are fire suppression storage, equalization storage, and emergency storage. Equalization storage is the volume of water needed to supply the system for periods when demand exceeds supply. Generally, a water storage tank's interior coating (paint) protects the interior about 3-5 years.

S.T.P.: Standard temperature and pressure standard temperature and pressure the temperature of 0°C and pressure of 1 atmosphere, usually taken as the conditions when stating properties of gases.

STRATIFIED: Layered.

STUFFING BOX: That portion of the pump that houses the packing or mechanical seal.

SUB: A small section of drill pipe used to connect larger sections.

SUBMERSIBLE PUMP: A turbine pump that has the motor attached directly to it and therefore is operated while submerged.

SULFATE: Will readily dissolve in water to form an anion. Sulfate is a substance that occurs naturally in drinking water. Health concerns regarding sulfate in drinking water have been raised because of reports that diarrhea may be associated with the ingestion of water containing high levels of sulfate. Of particular concern are groups within the general population that may be at greater risk from the laxative effects of sulfate when they experience an abrupt change from drinking water with low sulfate concentrations to drinking water with high sulfate concentrations.

Sulfate in drinking water currently has a secondary maximum contaminant level (SMCL) of 250 milligrams per liter (mg/L), based on aesthetic effects (i.e., taste and odor). This regulation is not a federally enforceable standard, but is provided as a guideline for States and public water systems. EPA estimates that about 3% of the public drinking water systems in the country may have sulfate levels of 250 mg/L or greater. The Safe Drinking Water Act (SDWA), as amended in 1996, directs the U.S. Environmental Protection Agency (EPA) and the Centers for Disease Control and Prevention (CDC) to jointly conduct a study to establish a reliable dose-response relationship for the adverse human health effects from exposure to sulfate in drinking water, including the health effects that may be experienced by sensitive subpopulations (infants and travelers). SDWA specifies that the study be based on the best available peer-reviewed science and supporting studies, conducted in consultation with interested States, and completed in February 1999.

SULFIDE: The term sulfide refers to several types of chemical compounds containing sulfur in its lowest oxidation number of -2. Formally, "sulfide" is the dianion, S_2^-, which exists in strongly alkaline aqueous solutions formed from H_2S or alkali metal salts such as Li_2S, Na_2S, and K_2S. Sulfide is exceptionally basic and, with a pKa > 14, it does not exist in appreciable concentrations even in highly alkaline water, being undetectable at pH < ~15 (8 M NaOH). Instead, sulfide combines with electrons in hydrogen to form HS, which is variously called hydrogen sulfide ion, hydrosulfide ion, sulfhydryl ion, or bisulfide ion. At still lower pH's (<7), HS- converts to H_2S, hydrogen sulfide. Thus, the exact sulfur species obtained upon dissolving sulfide salts depends on the pH of the final solution. Aqueous solutions of transition metals cations react with sulfide sources (H_2S, NaSH, Na_2S) to precipitate solid sulfides. Such inorganic sulfides typically have very low solubility in water and many are related to minerals. One famous example is the bright yellow species CdS or "cadmium yellow". The black tarnish formed on sterling silver is Ag_2S. Such species are sometimes referred to as salts. In fact, the bonding in transition metal sulfides is highly covalent, which gives rise to their semiconductor properties, which in turn is related to the practical applications of many sulfide materials.

SUPERNATANT: The liquid layer which forms above the sludge in a settling basin.

SURFACE SEAL: The upper portion of a wells construction where surface contaminants are adequately prevented from entering the well, normally consisting of surface casing and neat cement grout.

SURFACE WATER SOURCES: Surface water sources such as a river or lake are primarily the result of Runoff.

SURFACE WATER: Water that is open to the atmosphere and subject to surface runoff; generally, lakes, streams, rivers.

SURFACTANT: Surfactants reduce the surface tension of water by adsorbing at the liquid-gas interface. They also reduce the interfacial tension between oil and water by adsorbing at the liquid-liquid interface. Many surfactants can also assemble in the bulk solution into aggregates. Examples of such aggregates are vesicles and micelles. The concentration at which surfactants begin to form micelles is known as the critical micelle concentration or CMC. When micelles form in water, their tails form a core that can encapsulate an oil droplet, and their (ionic/polar) heads form an outer shell that maintains favorable contact with water. When surfactants assemble in oil, the aggregate is referred to as a reverse micelle. In a reverse micelle, the heads are in the core and the tails maintain favorable contact with oil. Surfactants are also often classified into four primary groups; anionic, cationic, non-ionic, and zwitterionic (dual charge).

SUSCEPTIBILITY WAIVER: A waiver that is granted based upon the results of a vulnerability assessment.

SURGE-BLOCK: A disc shaped device that fits tightly into a well and is moved up and down to agitate the water column in order to develop a well.

SURGING: The process of purging a well rapidly for well development.

SWAB: See Surge-block.

SWING ARM: A large moveable arm on a bucket auger rig that pulls the bucket auger out away from the drilling rig for dumping.

SYNCHRONY: Simultaneous occurrence; synchronism.

TABLE DRIVE: A drilling rig that uses a rotating table within the platform to turn a kelly driven drill string.

TABLE: The back portion of a drill rig where the drill pipe is inserted (or driven if a table drive), adjacent to or within the driller's platform.

TAPPING VALVE: The name of the valve that is specifically designed for connecting a new water main to an existing main that is under pressure.

TARGET DEPTH: The proposed construction depth of a well prior to drilling.

TASTE AND ODORS: The primary purpose to use potassium permanganate in water treatment is to control taste and odors. Anaerobic water undesirable for drinking water purposes because of color and odor problems are more likely to occur under these conditions. Taste and odor problems in the water may happen if sludge and other debris are allowed to accumulate in a water treatment plant.

TCE, *trichloroethylene*: A solvent and degreaser used for many purposes; for example dry cleaning, it is a common groundwater contaminant. Trichloroethylene is a colorless liquid which is used as a solvent for cleaning metal parts. Drinking or breathing high levels of trichloroethylene may cause nervous system effects, liver and lung damage, abnormal heartbeat, coma, and possibly death. Trichloroethylene has been found in at least 852 of the 1,430 National Priorities List sites identified by the Environmental Protection Agency (EPA).

TDS-TOTAL DISSOLVED SOLIDS: An expression for the combined content of all inorganic and organic substances contained in a liquid which are present in a molecular, ionized or micro-granular (colloidal sol) suspended form. Generally, the operational definition is that the solids (often abbreviated TDS) must be small enough to survive filtration through a sieve size of two micrometers. Total dissolved solids are normally only discussed for freshwater systems, since salinity comprises some of the ions constituting the definition of TDS. The principal application of TDS is in the study of water quality for streams, rivers and lakes, although TDS is generally considered not as a primary pollutant (e.g. it is not deemed to be associated with health effects), but it is rather used as an indication of aesthetic characteristics of drinking water and as an aggregate indicator of presence of a broad array of chemical contaminants. Ion exchange is an effective treatment process used to remove iron and manganese in a water supply. This process is ideal as long as the water does not contain a large amount of TDS. When determining the total dissolved solids, a sample should be filtered before being poured into an evaporating dish and dried. Demineralization may be necessary in a treatment process if the water has a very high value Total Dissolved Solids.

TELEMETERING: The use of a transmission line with remote signaling to monitor a pumping station or motors. Can be used to accomplish accurate and reliable remote monitoring and control over a long distribution system.

TEMPERATURE SAMPLE: This test should be performed immediately in the field, this is a grab sample.

TELESCOPING KELLY: A kelly with successively smaller sized pipe within itself that drops out as a borehole is drilled. This permits that drilling may proceed without adding drill pipe. Normally found on bucket auger rigs.

TELESCOPING: The successive decrease in borehole size with depth.

THE RATE DECREASES: In general, when the temperature decreases, the chemical reaction rate decreases also.

THICKENING, CONDITIONING AND DEWATERING: Common processes that are utilized to reduce the volume of sludge.

TIME FOR TURBIDITY BREAKTHROUGH AND MAXIMUM HEADLOSS: Are the two factors which determine whether or not a change in filter media size should be made.

TITRATION: A method of testing by adding a reagent of known strength to a water sample until a specific color change indicates the completion of the reaction.

TITRIMETRIC: Chemistry. Using or obtained by titration. Titrimetrically, adverb.

TOP DRIVE: A rotary type drill head that moves freely up and down the rigs mast while driving the drill string.

TOROID: A surface generated by the revolution of any closed plane curve or contour about an axis lying in its plane. The solid enclosed by such a surface.

TOTAL ALKALINITY: A measure of the acid-neutralizing capacity of water which indicates its buffering ability, i.e. measure of its resistance to a change in pH. Generally, the higher the total alkalinity, the greater the resistance to pH change.

TOTAL COLIFORM: Total coliform, fecal coliform, and E. coli are all indicators of drinking water quality. The total coliform group is a large collection of different kinds of bacteria. Fecal coliforms are types of total coliform that mostly exist in feces. E. coli is a sub-group of fecal coliform. When a water sample is sent to a lab, it is tested for total coliform. If total coliform is present, the sample will also be tested for either fecal coliform or E. coli, depending on the lab testing method.

TOTAL DISSOLVED SOLIDS (TDS): The accumulated total of all solids that might be dissolved in water.

TOTAL DYNAMIC HEAD: The pressure (psi) or equivalent feet of water, required for a pump to lift water to its point of storage overcoming elevation head, friction loss, line pressure, drawdown and pumping lift.

TRANSIENT, NON-COMMUNITY WATER SYSTEM: TNCWS A water system which provides water in a place such as a gas station or campground where people do not remain for long periods of time. These systems do not have to test or treat their water for contaminants which pose long-term health risks because fewer than 25 people drink the water over a long period. They still must test their water for microbes and several chemicals. A Transient Non-community Water System: Is not required to sample for VOC's.

TREATED WATER: Disinfected and/or filtered water served to water system customers. It must meet or surpass all drinking water standards to be considered safe to drink.

TRIHALOMETHANES (THM): Four separate compounds including chloroform, dichlorobromomethane, dibromochloromethane, and bromoform. The most common class of disinfection by-products created when chemical disinfectants react with organic matter in water during the disinfection process. See Disinfectant Byproducts.

TRICONE BIT: A roller bit with three independent rolling bits with teeth or buttons that intermesh for efficient rock crushing and cutting.

TUBE SETTLERS: This modification of the conventional process contains many metal tubes that are placed in the sedimentation basin, or clarifier. These tubes are approximately 1 inch deep and 36 inches long, split-hexagonal shape and installed at an angle of 60 degrees or less. These tubes provide for a very large surface area upon which particles may settle as the water flows upward. The slope of the tubes facilitates gravity settling of the solids to the bottom of the basin, where they can be collected and removed. The large surface settling area also means that adequate clarification can be obtained with detention times of 15 minutes or less. As with conventional treatment, this sedimentation step is followed by filtration through mixed media.

TUBERCLES: The creation of this condition is of the most concern regarding corrosive water effects on a water system. Tubercles are formed due to joining dissimilar metals, causing electro-chemical reactions. Like iron to copper pipe. We have all seen these little rust mounds inside cast iron pipe.

TURBIDIMETER: Monitoring the filter effluent turbidity on a continuous basis with an in-line instrument is a recommended practice. Turbidimeter is best suited to perform this measurement.

TURBIDITY: A measure of the cloudiness of water caused by suspended particles.

TURBINE PUMP: A pump that utilizes rotating impellers on a shaft that generate centrifugal force for pumping water.

UNCONFINED AQUIFER: An aquifer that exists under atmospheric pressure and is not confined.

UNCONSOLIDATED: Sediment that is not cemented or is loosely arranged.

UNDER-REAM: The process of reaming, from within the borehole, a section of an existing smaller borehole area.

UNSATURATED ZONE: That portion of the subsurface, including the capillary fringe that is not saturated but may contain water in both vapor and liquid form. See also Vadose Zone.

UNSTABLE: Sediment or other material that cannot exit without rapidly decomposing or collapsing in on itself. (ex. unconsolidated sediment)

U.S. ENVIRONMENTAL PROTECTION AGENCY: In the United States, this agency responsible for setting drinking water standards and for ensuring their enforcement. This agency sets federal regulations which all state and local agencies must enforce.

UNDER PRESSURE IN STEEL CONTAINERS: After chlorine gas is manufactured, it is primarily transported in steel containers.

UNIT FILTER RUN VOLUME (UFRV): One of the most popular ways to compare filter runs. This technique is the best way to compare water treatment filter runs.

VADOSE ZONE: A portion of the subsurface above the water table that is not saturated but contains water in both vapor and liquid form. The portion of the subsurface where water percolates through to the saturated zone. See also Unsaturated Zone.

VANE: That portion of an impeller that throws the water toward the volute.

VARIABLE DISPLACEMENT PUMP: A pump that will produce different volumes of water dependent on the pressure head against it.

VELOCITY HEAD: The vertical distance a liquid must fall to acquire the velocity with which it flows through the piping system. For a given quantity of flow, the velocity head will vary indirectly as the pipe diameter varies.

VENTURI: If water flows through a pipeline at a high velocity, the pressure in the pipeline is reduced. Velocities can be increased to a point that a partial vacuum is created.

VERTICAL TURBINE: A type of variable displacement pump in which the motor or drive head is mounted on the wellhead and rotates a drive shaft connected to the pump impellers.

VIRION: A complete viral particle, consisting of RNA or DNA surrounded by a protein shell and constituting the infective form of a virus.

VIRUSES: Very small disease-causing microorganisms that are too small to be seen even with microscopes. Viruses cannot multiply or produce disease outside of a living cell.

VITRIFICATION: Vitrification is a process of converting a material into a glass-like amorphous solid that is free from any crystalline structure, either by the quick removal or addition of heat, or by mixing with an additive. Solidification of a vitreous solid occurs at the glass transition temperature (which is lower than melting temperature, Tm, due to supercooling). When the starting material is solid, vitrification usually involves heating the substances to very high temperatures. Many ceramics are produced in such a manner. Vitrification may also occur naturally when lightning strikes sand, where the extreme and immediate heat can create hollow, branching rootlike structures of glass, called fulgurite. When applied to whiteware ceramics, vitreous means the material has an extremely low permeability to liquids, often but not always water, when determined by a specified test regime. The microstructure of whiteware ceramics frequently contain both amorphous and crystalline phases.

VOC WAIVER: The longest term VOC waiver that a public water system using groundwater could receive is 9 years.

VOLATILE ORGANIC COMPOUNDS: (**VOCs**) Solvents used as degreasers or cleaning agents. Improper disposal of VOCs can lead to contamination of natural waters. VOCs tend to evaporate very easily. This characteristic gives VOCs very distinct chemical odors like gasoline, kerosene, lighter fluid, or dry cleaning fluid. Some VOCs are suspected cancer-causing agents. Volatile organic compounds (VOCs) are organic chemical compounds that have high enough vapor pressures under normal conditions to significantly vaporize and enter the atmosphere. A wide range of carbon-based molecules, such as aldehydes, ketones, and other light hydrocarbons are VOCs. The term often is used in a legal or regulatory context and in such cases the precise definition is a matter of law. These definitions can be contradictory and may contain "loopholes"; e.g. exceptions, exemptions, and exclusions. The United States Environmental Protection Agency defines a VOC as any organic compound that participates in a photoreaction; others believe this definition is very broad and vague as organics that are not volatile in the sense that they vaporize under normal conditions can be considered volatile by this EPA definition. The term may refer both to well characterized organic compounds and to mixtures of variable composition.

VOID: An opening, gap, or space within rock or sedimentary formations formed at the time of origin or deposition.

VOLTAGE: Voltage (sometimes also called electric or electrical tension) is the difference of electrical potential between two points of an electrical or electronic circuit, expressed in volts. It measures the potential energy of an electric field to cause an electric current in an electrical conductor. Depending on the difference of electrical potential it is called extra low voltage, low voltage, high voltage or extra high voltage. Specifically Voltage is equal to energy per unit charge.

VOLUTE: The spiral-shaped casing surrounding a pump impeller that collects the liquid discharge by the impeller.

VORTEX: The helical swirling of water moving towards a pump.

VIRUSES: Are very small disease-causing microorganisms that are too small to be seen even with microscopes. Viruses cannot multiply or produce disease outside of a living cell.

VOLATILE ORGANIC COMPOUNDS: (**VOCs**) Solvents used as degreasers or cleaning agents. Improper disposal of VOCs can lead to contamination of natural waters. VOCs tend to evaporate very easily. This characteristic gives VOCs very distinct chemical odors like gasoline, kerosene, lighter fluid, or dry cleaning fluid. Some VOCs are suspected cancer-causing agents.

VULNERABILITY ASSESSMENT: An evaluation of drinking water source quality and its vulnerability to contamination by pathogens and toxic chemicals.

WAIVERS: Monitoring waivers for nitrate and nitrite are prohibited.

WASHOUT: The rapid erosion of aquifer material from the borehole walls while a well is being drilled, which often results in a loss of circulation.

WATER COURSE: An opening within a cable tool drill string that allows fluid to flow in and out of the drill string thereby minimizing friction loss to the slurry.

WATER HAMMER: A surge in a pipeline resulting from the rapid increase or decrease in water flow. Water hammer exerts tremendous force on a system and can be highly destructive.

WATER PURVEYOR: The individuals or organization responsible to help provide, supply, and furnish quality water to a community.

WATER QUALITY: The 4 broad categories of water quality are: Physical, chemical, biological, radiological. Pathogens are disease causing organisms such as bacteria and viruses. A positive bacteriological sample indicates the presence of bacteriological contamination. Source water monitoring for lead and copper be performed when a public water system exceeds an action level for lead of copper.

WATER QUALITY CRITERIA: Comprised of both numeric and narrative criteria. Numeric criteria are scientifically derived ambient concentrations developed by EPA or States for various pollutants of concern to protect human health and aquatic life. Narrative criteria are statements that describe the desired water quality goal.

WATER QUALITY STANDARD: A statute or regulation that consists of the beneficial designated use or uses of a waterbody, the numeric and narrative water quality criteria that are necessary to protect the use or uses of that particular waterbody, and an antidegradation statement.

WATER TABLE: The measured water level surface of an unconfined aquifer.

WATER VAPOR: A characteristic that is unique to water vapor in the atmosphere is that water does not contain any salts.

WATERBORNE DISEASE: A disease, caused by a virus, bacterium, protozoan, or other microorganism, capable of being transmitted by water (e.g., typhoid fever, cholera, amoebic dysentery, gastroenteritis).

WATERSHED: An area that drains all of its water to a particular water course or body of water. The land area from which water drains into a stream, river, or reservoir.

WEATHERED: The existence of rock or formation in a chemically or physically broken down or decomposed state. Weathered material is in an unstable state.

WELL ABANDONMENT: The process of sealing a well by approved means. The filling of a well to the surface with cement grout.

WELL HEAD: The upper portion of the well that is constructed on the land surface, including the well manifold. Also a term used to refer to the area near the well that is subject to wellhead protection.

WELL HEAD PROTECTION: Programs designed to maintain the quality of groundwater used as public drinking water sources, by managing the land uses around the well field. A government program that encourages the limitation and elimination of activities, near and within a wells recharge area, which present a potential risk to the wells water supply.

WELL MANIFOLD: The piping, valves, and metering equipment used to connect the well to the distribution system, installed on the wellhead.

WELL SCREEN: A section of well casing that contains openings which permit water to enter the well but limit or prevent sediment from entering the well while pumping.

WELL SEAL: The watertight cap or seal installed within and between the well casing and pumping equipment. The metal or plastic plug or seal, which the pumping column rests on the top of casing.

WHOLE EFFLUENT TOXICITY: The total toxic effect of an effluent measured directly with a toxicity test.

YIELD: The volume of water measured in flow rates that are produced from the well.

ZONE OF AERATION: See Saturated Zone or Vadose Zone.

ZONE OF SATURATION: See Saturated Zone.

Water-Quality Data Appendix

Water-quality data (i.e., information regarding the presence of coliform bacteria, pathogens, or chemical contaminants) were available for 35 (89.7%) of the 39 drinking water outbreaks. Two reports of outbreaks of confirmed or suspected infectious etiology and two reports of outbreaks of confirmed or suspected chemical etiology did not provide water-quality data.

Of the 36 reports of outbreaks with a suspected or confirmed infectious etiology, 33 outbreaks provided water-quality data. Twenty-six (78.8%) of the 33 outbreaks with a suspected or confirmed infectious etiology reported a positive coliform, total coliform, or fecal coliform result. Organisms also were detected in the water in two of these outbreaks. In August 2000, *Ca. jejuni* was detected in the water in a mixed *Ca. jejuni*/*Es. coli* O157:H7 outbreak in Utah, although shiga toxins were not detected. *Es. coli* O157:H7 was found in the water in a July 2000 California outbreak. In a 2000 Colorado outbreak, the presence of *G. intestinalis* was demonstrated in a sample from the water holding tank, despite the lack of coliform data.

Of the three outbreaks with either a confirmed or suspected chemical etiology, only one demonstrated that the chemical had been directly in the water. Tap water was tested after the health department was notified that an infant had methemoglobinemia. Both fecal coliforms and 28 mg/L of nitrate were detected in the water. For an outbreak where burns and gastroenteritis were reported and linked to a sodium hydroxide spill, a pH test of the water that could indicate whether NaOH or another basic substance had spilled into the water was not documented. However, the environmental assessment indicated the tank contents had emptied into the water. A third suspected chemical outbreak involving a cross-connection between a toilet flush-valve and the drinking water system did not have water-quality data available.

In 11 of the 35 outbreaks, water was not sampled for coliforms until >1 month after the first case associated with the outbreak was reported (range: 5--16 weeks). In four of these 11 outbreaks, the water samples did not test positive for coliforms (fecal or total), chemicals, or pathogens. Instead, these were confirmed as outbreaks by epidemiologic data or by reports that treatment deficiencies had occurred.

Water Systems and Water Sources

Eleven (28.2%) of the 39 drinking water outbreaks were associated with community systems, 11 (28.2%) with noncommunity systems, and 17 (43.6%) with individual water systems (Tables 4 and 5). Ten (25.6%) of the 39 drinking water outbreaks were associated with surface water, including three outbreaks that implicated irrigation water not intended for consumption. Twenty-nine (74.4%) of the 39 drinking water outbreaks, including the outbreak associated with bottled water, were associated with groundwater sources (wells and springs).

Five (45.5%) of the 11 outbreaks associated with community water systems were caused by treatment deficiencies; one (9.0%) outbreak was related to contaminated, untreated groundwater, and five (45.5%) outbreaks were related to problems in the water distribution system. Two of the five distribution system problems were related to cross-connections between the distribution system and an irrigation well.

The third outbreak related to a community water source had a household cross-connection between the toilet water and main kitchen tap. One outbreak of *Cr. parvum* (Florida, December 2000) was related to a repeated history of water main breaks. In another outbreak in Ohio in August 2000, deficiencies in the distribution system of a fairgrounds might have allowed back-siphonage of animal manure into the water used by food and beverage vendors.

Ten (90.1%) of 11 outbreaks associated with noncommunity water systems occurred in groundwater systems. Seven of the 10 groundwater outbreaks were linked to untreated wells, and one of the 10 involved consumption of untreated spring water. Two of the 10 outbreaks were related to treatment deficiencies in water taken from wells or a spring and were associated with outbreaks of NLV and a small round-structured virus. An outbreak associated with *G. intestinalis* related to consumption of surface water occurred when a pump failure and a defective filter cartridge resulted in river water entering the drinking water holding tank without filtration. No information concerning chlorine levels from water samples was provided.

Nine (52.9%) of 17 outbreaks associated with individual water systems occurred in groundwater systems. Eight of these groundwater systems were wells that were not treated routinely; one outbreak of giardiasis occurred when the filtration system for a well was inadvertently turned off. Five (31.3%) of the 16 outbreaks occurred when persons drank water not intended for direct consumption from irrigation systems or when they consumed surface water that had been ineffectively or improperly treated. One (6.3%) of the 16 outbreaks in a system occurred in a home where creek water on the property was directly consumed without treatment.

Of the nine bacterial outbreaks, four occurred in groundwater systems (one was associated with a deficiency in the distribution system, one with a treatment deficiency, and two occurred in untreated systems). Six of seven parasitic outbreaks occurred in groundwater systems: three occurred in untreated systems; two involved problems in the distribution system; and one was related to a treatment deficiency. All four viral outbreaks occurred in noncommunity groundwater systems. Two occurred in untreated wells, and two were related to treatment deficiencies in a spring and well. Two chemical outbreaks were related to treatment deficiencies in well water. Fourteen of the 17 outbreaks of unknown etiology were linked to groundwater systems. Ten of these 14 outbreaks occurred in untreated systems; two were related to distribution system problems, and two were related to treatment deficiencies.

Outbreaks Associated with Recreational Water

During 1999--2000, a total of 23 states reported 59 outbreaks associated with recreational water (Tables 6--9) (see Appendix B for selected case descriptions).

Twenty-three outbreaks were reported for 1999, and 36 for 2000. The states that reported the largest number of outbreaks were Florida (14 outbreaks) and Minnesota (eight outbreaks). These 59 outbreaks affected 2,093 persons and resulted in 25 hospitalizations and four deaths. The median size of the outbreak was 10 persons (range: 1--700).

Of the 59 outbreaks, 36 were outbreaks of gastroenteritis (Tables 6 and 7); 15 were outbreaks of dermatitis (Table 9); four were cases of meningoencephalitis; and the remaining four outbreaks were of leptospirosis, chemical keratitis, acute respiratory infection of unknown etiology, and Pontiac fever (Table 8). Thirty-one (86.1%) of the 36 outbreaks involving gastroenteritis occurred during the summer months (i.e., June--August) (Figure 3). Outbreaks of dermatitis associated with recreational water contact were reported more frequently in February, March, June, and July. The four cases of primary amebic meningoencephalitis occurred in the warmer months (April--October).

Etiologic Agents

Of the 59 recreational water outbreaks, 44 (74.6%) were of known infectious etiology (Tables 6--9). Of the 36 outbreaks involving gastroenteritis, 17 (47.2%) were caused by parasites; nine

(25.0%) by bacteria; three (8.3%) by viruses; one (2.8%) by a combination of parasites and bacteria; and the remaining six (16.7%) were of unknown etiology (Figure 4).

Of the 23 nongastroenteritis-related recreational outbreaks, seven were attributed to *P. aeruginosa*, four to free-living amoebae, one to *Leptospira* species, one to *Legionella* species, and one to bromine (Tables 8 and 9). Nine nongastroenteritis-related recreational outbreaks were of unknown etiology, eight of which were suspected but not confirmed to be caused by *P. aeruginosa* or schistosomes. The ninth outbreak of unknown etiology was suspected to be caused by a virus or by *Legionella pneumophila* on the basis of observed symptoms and the epidemiologically implicated vehicle of transmission. Of the 59 recreational water outbreaks, 21 (35.6%) were associated with fresh or surface water, and 37 (62.7%) with treated (e.g., chlorinated) water. Information regarding the water venue for an outbreak of meningoencephalitis was not provided.

Parasites. Sixteen of the 17 parasitic recreational water outbreaks involving gastroenteritis were caused by *Cr. parvum*. The seventeenth outbreak was caused by *G. intestinalis*. Fifteen of the 17 parasitic outbreaks occurred in chlorinated venues; in these outbreaks, inadequate treatment, disrupted chlorine disinfection, or suboptimal pool maintenance were contributing factors to the outbreaks. *Cr. parvum* is highly resistant to chlorine disinfection and can survive for days in adequately chlorinated pools; therefore, suboptimal chlorination of the pool might not be the sole factor contributing to the occurrence of an outbreak.

Three outbreaks of laboratory-confirmed cryptosporidiosis occurred during the 1999 summer swim season. During the 2000 summer swim season, three substantial outbreaks of *Cr. parvum* occurred that were related to swimming in municipal pools. In August 2000, an outbreak occurred in Colorado that affected 112 persons attending a private pool party. In June 2000, the two other cryptosporidiosis outbreaks, one in Ohio affecting 700 persons and the other in Nebraska affecting 225 persons (*27*), occurred among members of private swim clubs. In both outbreaks, the protracted nature of the outbreaks during ≥2 months was the result of repeated recontamination of the pools by infected persons continuing to swim; 37 (18%) of 205 persons interviewed in the Nebraska outbreak admitted to swimming while symptomatic, and 32% swam while ill or during the 2 weeks after their illness (*27*). Another outbreak (Florida, August 2000) was associated with the outbreak that occurred in Ohio.

A family who were members of the implicated swim club in the Ohio outbreak were vacationing with a sick child. While in a pool in Florida, the infant had two fecal accidents. The resulting outbreak caused five cases of diarrheal illness and two hospitalizations.

Eight other outbreaks of cryptosporidiosis occurred in treated venues during the 2000 swim season. Two outbreaks of gastroenteritis occurred in untreated venues: one in a freshwater lake in Minnesota in July 2000 and one in a Massachusetts pond in July 1999 (Appendix B).

Four cases of laboratory-confirmed primary amebic meningoencephalitis attributed to *Naegleria fowleri* occurred during this 2-year reporting period. All four persons were aged ≤19 years. Three of the persons died from infection after having contact with a pond, lake, or mud hole. The fourth person's freshwater exposure could not be determined; that person had fallen from a jet ski into an unspecified body of water, sustained injuries, and died from an infection shortly after it was detected.

Bacteria. Nine recreational outbreaks involving gastroenteritis were attributed to bacterial pathogens, and five of the nine were linked to freshwater sources. Five cases (Wisconsin, August 1999) of *Es. coli* O157:H7 occurred among persons who had visited the same swimming beach. After a review of potential risk factors, the only common link found was swimming at the implicated beach. The popular beach featured a shallow, dammed area that was used for wading. Total and fecal coliforms were detected in water samples collected before and during the outbreak, although the levels detected did not exceed levels of EPA-recommended guidelines for microbiologic quality of water (*22*).

One sample that was tested for *Es. coli* O157:H7 was negative. *Es. coli* O157:H7 was implicated in another outbreak among 36 persons (August 1999) who visited a state park in Washington. *Es. coli* O121:H19 was implicated in an outbreak in a Connecticut community (July 2000). *Shigella sonnei* was implicated in two outbreaks that occurred at swimming beaches in Minnesota (July and August 2000).

Non-freshwater sources were implicated in four bacterial recreational water outbreaks involving gastroenteritis. In March 1999, an outbreak of *Ca. jejuni* was associated with a private pool in Florida that did not have continuous chlorine disinfection and reportedly had ducks swimming in the pool. Outbreaks of *Shigella flexneri* and *Es. coli* O157:H7 (Missouri, September 2000 and Nebraska, June 1999) occurred among children using unchlorinated wading pools. Fecal accidents were factors contributing to the contamination of the water in both outbreaks. *Es. coli* O157:H7 also was implicated as a cause of illness in an outbreak (Florida, September 1999) among two young children who had been playing in ditch water. Both clinical specimens and water samples tested positive for *Es. coli* O157:H7.

Two nongastroenteritis-related recreational water outbreaks were also reported. One outbreak of leptospirosis was reported among 21 persons who participated in an adventure race in Guam in July 2000 (Table 8). These persons reported multiple outdoor exposures, including running through jungles and savannahs, swimming in a river and a reservoir, and bicycling and kayaking in the ocean. *Leptospira* was confirmed by serology, and an epidemiologic investigation demonstrated that swimming in the reservoir, submerging one's head in the water, and swallowing water while swimming were risk factors for illness. Water samples were not tested, and an environmental assessment of the reservoir was not conducted. The second nongastroenteritis-related recreational water outbreak was an outbreak of Pontiac fever epidemiologically linked to use of a whirlpool at a hotel.

Viruses. During 1999--2000, three outbreaks of NLV (Calicivirus) that affected a total of 202 persons were reported. Two NLV outbreaks occurred in untreated systems; one outbreak of NLV occurred (Idaho, June 1999) at a resort and water park and affected 25 persons. The pool implicated in the investigation was untreated because the source of the pool's water was a natural hot springs that was high in mineral content. The investigators noted that geothermal pools used for swimming are not required to be regulated by public health officials in that locale. The pool implicated by the investigation also had been implicated in a previous outbreak of NLV in June 1996.

Other. During 1999--2000, six recreational water outbreaks involving gastroenteritis of unknown etiology were reported. One outbreak (Florida, August) involved a motel pool that was cloudy and dirty at the time of exposure. Nine persons who swam in this pool and did not share any other common exposure became ill with gastroenteritis. Disinfectant residuals and operation of the filtration system at the time of the investigation were deficient. Problems were also noted with the equipment used for adjusting pH.

Another outbreak (Florida, August 1999) among 38 persons who visited a beach park was attributed to both *Sh. sonnei* and *Cr. parvum* (*28*). Illness was epidemiologically linked to playing in an interactive fountain at the park, ingesting water, and consuming food and beverages at the fountain. The fountain's recirculation, filtration, and disinfection systems were not approved by the health department and were inadequate or not completely operational at the time of its use. Samples of the fountain water tested positive for coliforms but did not test positive for fecal coliforms. Nevertheless, the cause of the outbreak was determined to be the fountain, which was closed until the health department's concerns could be remedied.

Three cases of chemical keratitis (Vermont, February 2000) resulted from exposure to bromine in a hotel swimming pool. Bromine levels were >5 ppm (acceptable bromine levels are 1--3 ppm), and the pH level was >8.5. Patrons who spent time with their heads underwater with their eyes open were affected.

Twelve persons affected in an outbreak (Texas, September 1999) reported symptoms that included exhaustion, sore muscles, headache, chills, and fever after attending a conference at a guest ranch. One woman reported a miscarriage during her illness. Exposure to a hot tub, defined as either immersion or being near the hot tub, was associated with illness. Although clinical specimens (urine, blood, sputum, and throat swabs) were tested for organisms, including *Leg. pneumophila* serogroups 1 and 6, influenza virus, parainfluenza virus, and adenovirus, no infectious agent was identified. No testing for biologic or chemical agents was performed on water samples because the hot tub had already been drained, refilled, and hyperchlorinated before the environmental investigation.

During the 1999--2000 reporting period, 15 outbreaks of dermatitis were identified (Table 9). Three of these outbreaks were associated with swimming in freshwater and were assumed to be cercarial dermatitis caused by contact with the larval form (cercariae) of schistosomes, which are present in freshwater environments. Two of these dermatitis outbreaks occurred in lakes in California that were associated with past cases of cercarial dermatitis. The onset of dermatitis occurred within hours after swimming in the lake and resolved after a limited number of days (median days of illness were 2 and 3 days [range: 2--3 and 3--5 days], respectively).

The 12 remaining outbreaks were associated with pool and hot tub use and affected 5--29 persons each. *P. aeruginosa* was confirmed in clinical isolates in 3 of the 12 outbreaks and was confirmed in water/filter samples in five outbreaks, two of which also had a clinical isolate. In eight of these outbreaks of dermatitis, specific treatment deficiencies or problems were identified. Outbreaks in Arkansas (June 1999), Florida (August 2000), Colorado (December 1999), and Washington (March 2000) were attributed to deficiencies in treatment.

In one outbreak of dermatitis (Maine, February 2000), nine persons reported rash in addition to headache, fever, fatigue, and sore throat (*29*). Swimming in the hot tub or swimming in the pool was a risk factor. The pool and hot tub were on separate filtration systems, and both were used by the majority of persons in the outbreak. Low levels of free chlorine were found in the pool and hot tub, but the presence of chlorinate isocyanurates (chlorine stabilizers) might have influenced measured levels of free chlorine. A clinical isolate of *P. eruginosa* was obtained from an ill person; *P. aeruginosa* also was isolated from the pool filter even after the pool had been cleaned twice.

P. aeruginosa was isolated from clinical specimens and water samples in an outbreak at a Colorado hotel that affected 19 persons in February 1999 (*28*), 13 of whom were children aged <15 years. Symptoms were not limited to rash; they included diarrhea, vomiting, nausea, fever, fatigue, muscle aches, joint pain, swollen lymph nodes, and subcutaneous nodules on hands and feet. Because of the severity and range of symptoms, clinical specimens were examined for enteric bacterial and parasitic pathogens as well as *Legionella* species, *Leptospira* species, and *Entamoeba histolytica* but did not test positive for any of these etiologic agents. Swabs taken from the hot tub floor and rail were positive for *P. aeruginosa* and other *Pseudomonas* species.

Pool and hot tub records indicated that chlorine and pH had declined below the state-mandated levels at the time of exposure. Epidemiologic evidence implicated the hot tub as the likely vehicle of exposure for the outbreak. In both the Colorado outbreak and the Maine outbreak that occurred in February 2000, an offsite contractor had been engaged to monitor disinfectant and pH levels. Insufficient communication between pool staff and the remote monitoring company might have contributed to extended periods of usage with inadequate disinfection (*28*).

Outbreaks Associated with Occupational Exposure to Water

Two outbreaks not associated with drinking or recreational water exposure were reported during this period (Table 10). One outbreak of leptospirosis (Hawaii, August 1999) occurred among persons landscaping a pond. Leptospirosis was confirmed serologically for the two persons who had contact with the pond. Both persons reported multiple skin abrasions and were exposed to the pond water for a period of 5--10 days. One of the two persons was hospitalized.

An outbreak of acute respiratory illness occurred among sugar beet processing plant workers (Minnesota, August 2000). Of the 15 cases identified, 13 were hospitalized. Serology for 4 (26.7%) of the 15 persons tested positive for *Leg. pneumophila*; three (20.0%) persons were confirmed positive for *Leg. pneumophila* by sputum polymerase chain reaction (PCR). Fourteen (93.3%) of the 15 persons worked on a crew that had performed high-pressure cleaning in one area of the plant; the fifteenth patient had conducted high-pressure cleaning elsewhere in the plant.

The sources of water for the high-pressure cleaning contained 10^5 colony-forming unit (CFU)/mL of *Leg. pneumophila* and endotoxin levels of 22,200 endotoxin units/mL. Although the attack rate, symptoms, and laboratory findings were consistent with an outbreak of Pontiac fever, endotoxin exposure might have contributed to this outbreak.

Previously Unreported Outbreaks

Three previously unreported drinking water outbreaks that occurred in 1995 and 1997 were submitted during this reporting period (Table 11). An illegal cross-connection (Washington, July 1995) between a domestic water supply and an irrigation system at a plant nursery resulted in contamination of multiple wells in a community. Eighty-seven cases of gastroenteritis were reported, and one hospitalization was recorded. *G. intestinalis* was determined in 33 (52.4%) of 63 stool specimens; *Entamoeba coli* and *B. hominis* were each found in one stool specimen. One (7.1%) of 14 stool specimens that were cultured for *Ca. jejuni* tested positive.

NLV was implicated as the cause of an outbreak (New York, December 1997) of 1,450 cases at a restaurant at a ski resort. Epidemiologic data implicated water or consumption of ice made from water as the cause of the outbreak. The environmental assessment revealed possible problems with the well operation and location. The chlorinator for the well had been malfunctioning and had already been disconnected before the assessment. Testing of the water by the local health department determined that neither a free nor total chlorine residual was detectable in the potable water supply and indicated the presence of fecal coliforms. In addition, the well was located <24 inches away from a stream. During the period the chlorinator was not functioning, the pump for the well had been continuously pumping water. Surface water that might have been introduced into the water supply, plus a deficiency in treatment of the water, played a key role in the outbreak.

Seven persons who were either employees or visitors at a hospital (California, November 1997) were symptomatic for methemoglobinemia in one outbreak. An epidemiologic investigation indicated that the only shared exposure among these persons was a visit to the hospital cafeteria and the consumption of a carbonated beverage with ice from the self-service soda dispenser. The onset of symptoms occurred 1--5 minutes after or while drinking a carbonated beverage. One person was hospitalized, and no deaths occurred. The environmental investigation discovered a cross-connection in the plumbing system that might have allowed water from the cooling tower, which had been recently shock-treated with sodium metaborate, to be drawn into the drinking water system. Sodium metaborate has been associated with nitrate poisoning and methemoglobinemia in past incidents (*30*).

Outbreaks Not Classified as WBDOs

Outbreaks attributed to drinking water that was contaminated or potentially contaminated at the point of use rather than at the source or in the distribution system are not classified as WBDOs. Six outbreaks, causing illness among a total of 102 persons, are in this category. None of the six outbreaks reflected a common vehicle of contamination: one outbreak of *Cr. parvum* was epidemiologically associated with ice consumption; a school-based outbreak of *Sh. sonnei* was related to consumption of water from a dispenser stored in a bathroom facility; a third outbreak involved water taken from a garden hose (the water had been stored in an ice chest before consumption at a private residence); and a fourth outbreak was associated with bottled water that might have been contaminated at the point of use.

Two of the six reported point-of-use outbreaks involving a suspected chemical exposure occurred in food service facilities, but water testing was not performed to verify the presence of the chemical; and, because of the relatively limited number of cases associated with these incidents, the epidemiologic information was not adequate to include these incidents as outbreaks.

Data from six other possible or confirmed outbreaks were also not included in this analysis. One confirmed outbreak of leptospirosis was related to travel outside the United States or its territories and therefore was excluded. This outbreak occurred among student travelers who became ill after their return from Ecuador. Three cases of leptospirosis were confirmed by laboratory testing among the cohort, and four additional cases were suspected. Three other outbreaks of *G. intestinalis, Cr. parvum,* and NLV could not be included in the analysis. Although these outbreaks were probably caused by a recreational water exposure, the data provided did not meet the criteria for inclusion (i.e., the outbreaks did not meet the criteria for Classes I--IV).

Two additional outbreaks were excluded because of inadequate information: one outbreak of dermatitis caused by in-home bathing and one potential drinking water outbreak of *Cr. parvum* in a New England community. This outbreak of *Cr. parvum* occurred in a community near another reported community outbreak of *G. intestinalis* and *Cr. parvum* in 1999. The pond implicated in the recreational water outbreak of *G. intestinalis* also served as a surface water source, which was intermittently mixed into the municipal drinking water that supplied the community. However, not all the persons received their drinking water from the municipal water source. Although raw surface water samples later tested positive for *Cr. parvum* by immunomagnetic spectroscopy (IMS), household water samples either tested negative, were not tested, or the results were not provided. The epidemiologic information and water-quality information provided were not conclusive.

Discussion

Considerations Regarding Reported Results

The WBDO surveillance system provides information concerning epidemiologic and etiologic trends in outbreaks. In previous years, a decrease in the number of drinking water-associated outbreaks had been observed. However, the cumulative number of drinking water outbreaks reported for the 1999--2000 period demonstrates a reversal of this trend (Figures 5 and 6). The number of recreational water outbreaks has been gradually increasing for the past 15 years and is at the highest level since CDC began receiving such reports in 1978.

Although the number of outbreaks reported through the surveillance system has increased, the significance of this increase is unclear. Whether this indeed reflects a true increase in the number of outbreaks that occurred in the United States is unknown.

Not all outbreaks are recognized, investigated, and then reported to CDC or the EPA, and studies have not been performed that assess the sensitivity of this system and indicate what percentage of actual outbreaks this system is able to detect. Multiple factors exist that can influence whether WBDOs are recognized and investigated by local, territorial, and state public health agencies: the size of the outbreak; severity of disease caused by the outbreak; public awareness of the outbreak; routine laboratory testing for organisms; requirements for reporting cases of diseases; and resources available to the local health departments for surveillance and investigation of probable outbreaks.

This surveillance system probably underreports the true number of outbreaks because of the multiple steps required before an outbreak is identified and investigated. In addition, changes in

the capacity of local, county, and state public health agencies and laboratories to detect an outbreak might influence the numbers of outbreaks reported in each state relative to other states. The states with the majority of outbreaks reported during this period might not be the states where the majority of outbreaks actually occurred. An increase in the number of outbreaks reported could either reflect an actual increase in outbreaks or an improved sensitivity in surveillance practices.

Recognition of WBDOs is also dependent on certain outbreak characteristics; outbreaks associated with serious illness or affecting a substantial number of persons are more likely to receive attention from health authorities. Outbreaks involving acute diseases, including those characterized by a short incubation period, are more readily identified than outbreaks associated with chronic, low-level exposure to an agent (e.g., certain chemicals) or are associated with organisms that have a longer incubation period (e.g., certain parasitic organisms).

Larger Drinking Water Systems

Outbreaks involving larger drinking water systems (e.g., community systems) are more likely to be detected than outbreaks that involve noncommunity systems because these systems serve mostly nonresidential areas and transient populations. Outbreaks associated with individual systems are the most likely to be underreported because they typically involve a limited number of persons. Recreational outbreaks where persons congregate in one venue and then are geographically dispersed can be difficult to document.

The identification of the etiologic agent of a WBDO depends on the timely recognition of the outbreak so that appropriate clinical and environmental samples can be collected. The laboratory involved in the testing of specimens must have the capacity and capability to test for a particular organism. In certain cases, specific tests must be requested. Routine testing of stool specimens at laboratories will include tests for the presence of enteric bacterial pathogens and might also include an ova and parasite examination.

However, *Cr. parvum*, one of the most commonly reported waterborne parasites, is not often included in standard ova and parasite examinations and in certain instances, must be specifically requested (*31*). During 1999--2000, tests for NLV and other possible agents of viral origin were rarely performed or documented in the outbreaks that were reported to CDC. Collection of water-quality data depends primarily on local and state statutory requirements, the availability of investigative personnel, and the technical capacity of the laboratories that test the water. Furthermore, certain outbreaks can substantially alter the relative proportion of cases of waterborne disease attributed to a particular agent. The number of reported cases is typically an approximate figure, and the method and accuracy of the approximation vary among outbreaks.

One key limitation of the data collected as part of the WBDO surveillance system is that the information collected pertains only to outbreaks of waterborne illness. The epidemiologic trends and water-quality concerns observed in outbreaks might not necessarily reflect or correspond with trends associated with endemic waterborne illness.

Epidemiologic Studies

CDC and the EPA are collaborating on a series of epidemiologic studies to assess the magnitude of non-outbreak waterborne illness associated with consumption of municipal drinking water and with exposure to recreational marine and freshwaters.

Outbreaks Associated with Drinking Water

The number of outbreaks reported during 1999 (15) and 2000 (24) is higher than the number reported during 1997 (7) and 1998 (10). As described previously, the number of drinking water outbreaks had declined (*2*,*3*). The increase in reported outbreaks should be carefully interpreted. Although the number of drinking water outbreaks has changed, the total number of persons affected by a drinking water outbreak during 1999--2000 (n = 2,027) is comparable to what was initially reported in 1997--1998 (n = 2,038) and 1995--1996 (n = 2,567) (*2*,*3*).

Changes in surveillance and reporting of outbreaks might have improved detection of outbreaks affecting limited, private systems that in turn, affect a relatively limited number of persons. However, the increase in outbreaks that affect persons in limited, private systems merits further investigation by public health and water-quality agencies.

Certain states reported drinking water outbreaks for the first time in >10 years (e.g., Connecticut since 1976 or Utah since 1986). California reported multiple drinking water outbreaks after reporting no outbreaks in 1997 and 1998, and compared with other years during 1990--2000, the number of reported outbreaks in California increased slightly.

The number of outbreaks reported by Florida also increased. Although the numbers of reported outbreaks increased overall, the seasonality of the drinking water outbreaks is consistent with previous years, with the number peaking during the summer months. The observed increase in the number of outbreaks is associated with an increase in outbreaks associated with consumption of untreated water from both surface and groundwater sources, but specifically private wells.

The percentage of drinking water outbreaks associated with surface water during 1999--2000 was 17.9% (i.e., seven outbreaks) (Figure 2). This percentage is higher than the 11.8% reported during 1997--1998 period (i.e., two outbreaks). However, three of the seven surface water outbreaks reported during 1999--2000 were associated with the direct ingestion of surface water without any treatment or with inadequate individual treatment. Two of these outbreaks were associated with consumption of water during outdoor excursions where point-of-use treatment (e.g., filtration or disinfection) might have been attempted and was either inadequate to protect health or was inconsistently or incorrectly applied. The third outbreak occurred after a household had run out of potable water and instead served untreated creek water to their guests.

These three outbreaks illustrate that the public might be unaware that surface water, despite its clarity, is prone to contamination by organisms. Surface waters should not be directly consumed without being treated at the point of use or boiled. Manufacturers of point-of-use devices and the National Sanitation Foundation (NSF) provide information regarding different devices, instructions for use, and their ability to make water safe for human consumption.

The remaining four outbreaks comprise approximately 11% of all drinking water outbreaks, an equivalent percentage to that reported in 1997--1998. These four outbreaks were associated with systems that routinely received treatment. One outbreak of giardiasis occurred at a resort (Colorado, August 2000) served by a noncommunity system. The increased demand for water during the summer, coupled with multiple treatment failures, resulted in the delivery of unfiltered and non-disinfected water to the resort.

Cross-connections

These multiple failures illustrate the importance of routine maintenance, specifically among noncommunity systems, which do not have consistent demand for water year-round. Two outbreaks (Florida, March 1999 and August 1999) were associated with cross-connections: one to an irrigation well and another to a toilet. Another surface water outbreak (Ohio, August 2000) at a fairgrounds was suspected to have resulted from back-siphonage into the drinking water from an animal manure site. These outbreaks indicate that even when treatment of water at the source is adequate, deficiencies in the distribution system or at the home can result in illness. Such deficiencies are preventable, and the public should be informed of how to detect and avoid creating cross-connections.

Twenty-eight (71.8%) of the 39 outbreaks related to drinking water were associated with groundwater sources. This number is an 87% increase from the number reported in the previous period (i.e., 15). Seventeen of the 28 outbreaks (60.7%) were linked to consumption of untreated groundwater; eight of 28 (28.6%) outbreaks were associated with treatment deficiencies; and three (10.7%) were linked to deficiencies in the distribution system. The observed pattern of deficiencies is contrary to what was observed in the previous reporting period, where the majority of groundwater outbreaks were associated with treatment or distribution system problems.

This pattern indicates that untreated groundwater systems are increasingly associated with outbreaks of illness. Groundwater systems, with the exception of systems influenced by surface water, are not routinely required to use filtration or treatment that would be expected to reduce the number of pathogens in the water. The EPA's pending GWR** is expected to establish multiple barriers in groundwater systems to protect against bacteria and viruses in drinking water from groundwater sources and should establish a targeted strategy to identify groundwater systems at high risk for fecal contamination.

Twenty-six of these 28 groundwater outbreaks had a well as the implicated water source, and two were linked to a spring. The percentages of outbreaks associated with wells and springs were similar during this reporting period to the 1997--1998 period. Although GWR is expected to have public health benefits, these protections extend primarily to community groundwater systems. Of the 26 well-related outbreaks that occurred during the 1999--2000 period, only eight of 26 were associated with community wells. Ten were associated with individual private wells, and eight were associated with noncommunity wells.

These systems would not necessarily benefit from the promulgation of GWR, and therefore, the quality of water in wells remains a public health concern. Approximately 14--15 million households in the United States rely on a private, household well for drinking water each year, and >90,000 new wells are drilled throughout the United States each year (*32*). In addition, contamination of a private well is not only a health concern for the household served by the well, but can impact households using other nearby water supplies and could potentially contaminate the aquifer.[††] Additional education efforts should be targeted towards well owners, users, well

drillers, and local and state drinking water personnel to encourage practices that best ensure safe drinking water for private well users.

Irrigation Waters

Three outbreaks were associated with direct consumption of water from irrigation systems, comprising approximately 8% of drinking water outbreaks (Figure 2). Cross-connections to irrigation systems were implicated as contaminating factors in three other irrigation-related outbreaks. Irrigation waters are not regulated under the Safe Drinking Water Act, because they are typically intended for agricultural purposes, not for human consumption.

Therefore, irrigation water would not be expected to be treated to reduce the level of microorganisms or other contaminants potentially in the water to the same standards as water intended for consumption. In one outbreak, children drank directly from an irrigation canal while playing outside a home. In two other outbreaks, water was directly consumed from an irrigation tap by sports team members. In the first instance, the sports team consumed water from a labeled irrigation tap despite being informed that the water was not intended for consumption. In the second instance, two teams drank from taps on the field because no other source of potable water was available on field.

The multistate outbreak of *Sa.* Bareilly, which was detected through CDC's *Salmonella* Outbreak Surveillance Algorithm (SODA), epidemiologically implicated the consumption of bottled water as a risk factor for illness. This is the first widespread outbreak implicating bottled water in the United States. Previous bottled water outbreaks occurred in New Jersey in 1973 (*33*), Pennsylvania in 1980 (*34*), and in the Northern Mariana Islands in 1993 (*4*). Bottled water standards and regulations, unlike the majority of drinking water standards, are not set and enforced by the EPA, but by the FDA. The FDA regulates bottled water as a packaged food product and bases their bottled water standards on the EPA's tap water standards.

In addition, bottled water might be subject to state and voluntary industry regulation. Bottled water, before this outbreak, had not been identified as a vehicle for transmission of infectious organisms in the United States, although a bottled water outbreak of *Ca. jejuni* associated with consumption of water bottled in Greece was documented during the 1997--1998 surveillance period (*2*). Because of the wide geographic distribution of bottled water products, an outbreak associated with the consumption of bottled water would be difficult to recognize. FDA, EPA, CDC, and the bottled water industry together should address concerns regarding consumption of bottled water and public health.

Overall, the number of outbreaks associated with the five drinking water deficiencies (untreated surface water, untreated groundwater, treatment deficiency, distribution system deficiency, and unknown/miscellaneous deficiency) increased in each category from the 1997--1998 levels. The percentage of outbreaks caused by a treatment deficiency and distribution system problem decreased relative to reported increases in the other three categories.

Although problems with treatment and with distribution systems remain critical concerns for safe drinking water, the public's lack of understanding of the risk associated with consumption of untreated water and the assumption that all water is suitable for consumption is a concern also.

The relative proportion and number of outbreaks associated with different water systems also differs from the figures from the 1997--1998 period (Figure 2). Outbreaks in community systems increased from 8 to 11 outbreaks (37.5% increase); noncommunity outbreaks doubled from 5 to 11; and individual system outbreaks quadrupled, increasing from 4 to 17 outbreaks. However, the proportion of outbreaks in community systems decreased from 47.1% during 1997--1998 to 28.2% during 1999--2000, whereas the relative proportion of outbreaks in individual systems increased from 23.5% during 1997--1998 to 43.6 during 1999--2000. In addition, the number of outbreaks reported that were associated with individual systems during this period is the highest reported level since 1984.

The drinking water quality of community systems, which typically have been the focus of increased EPA regulation, has continually improved. But noncommunity systems and individual systems, which are not regulated to the same extent, are continuing problems. The majority of these individual system outbreaks are linked to currently unregulated groundwater supplies, specifically private wells. The populations served by these systems merit increased attention by public health officials.

Unknown Etiology

The etiologic agent was not identified in 17 (43.6%) of 39 outbreaks (Figure 2). These outbreaks of unknown etiology comprised the largest group of outbreaks, followed by outbreaks caused by bacteria (nine), parasites (seven), viruses (four), and chemicals (two). During 1997--1998, parasites accounted for the largest percentage of the 17 outbreaks (six [35.3%]), followed by unidentified pathogens (five [29.4%]), bacteria (four [23.5%]), chemicals (two [11.6%]), and viruses (zero [0%]). The number of outbreaks per type of agent were increased for all categories during 1999--2000, with the exception of chemicals.

Although the number of reported viral outbreaks increased, indicating an improvement in the availability and usage of laboratory detection methods during previous years, viral outbreaks are probably substantially underreported. Although viruses were suspected in other outbreaks, specifically in those of unknown etiology, testing for viruses was not performed. The technology for detection of viruses in stool and water samples has improved, but testing for viruses is not widely practiced. Investigators are encouraged to submit clinical specimens to CDC or state laboratories that conduct these tests.

Stool Specimens for Identification

Guidelines for collecting stool specimens for identification of viral organisms are available from CDC (*35*). Investigators are also encouraged to contact CDC and EPA regarding testing of water samples.

Only two outbreaks of chemical origin were identified during this surveillance period, the same number as was reported during the 1997--1998 period. One outbreak related to a spill of sodium hydroxide at a community water treatment plant demonstrated the need for safe water treatment practices.

The other outbreak was a single case of methemoglobinemia in an infant who required hospitalization after having been fed boiled water taken from a private well.

Coordination of public health messages is critical; an intervention that was intended to reduce the transmission of infections agents concentrated the chemicals present in the water. These figures, as in the past, probably under represent the actual waterborne chemical poisonings that occur.

Multiple factors can explain the low reporting rate, including the likelihood that:
1) the majority of waterborne chemical poisonings typically occur in private residences and affect a relatively limited number of persons;
2) exposures to chemicals through drinking water might cause illness that is difficult to link to a chemical exposure;
3) the mechanisms for reporting waterborne chemical poisonings to the WBDO surveillance system are not as established for chemicals as they are for WBDOs attributed to infectious agents; and 4) health-care providers and those affected might not as easily recognize chemical poisonings. As a result of these factors, WBDOs of chemical poisonings are less likely to be reported to public health officials.

We Need To Do More
Strengthening the capacity of local and state public health epidemiologists and environmental health specialists to detect and investigate outbreaks remains a priority at CDC and the EPA. As part of that effort, CDC and the EPA should partner with the states, CSTE, and the Association of Public Health Laboratories to develop training materials and online resources that would be useful and easily accessible to local and state public health personnel.

Although no federal regulation exists for monitoring private wells, developing educational materials targeted towards the general public, informing them of ways to maintain the safety and water quality of their wells would be valuable. In addition, health messages regarding the consumption of nonpotable water and appropriate point-of-use treatment should be developed and distributed to the public.

Outbreaks Associated with Recreational Water
Of the 59 recreational WBDOs, those involving gastroenteritis were most frequently reported (n = 36). The 15 outbreaks reported in 1999 and 21 outbreaks reported in 2000 equal or surpass the number reported in 1998, which previously was the highest number of outbreaks involving recreational water-related gastroenteritis reported in one year since the inception of the surveillance system. Together, the outbreaks involving gastroenteritis reported during the 1999--2000 period are higher than the 18 outbreaks documented in the previous reporting period (Figures 7 and 8). Since 1989, the number of gastroenteritis-related outbreaks has been gradually increasing, and this increase is statistically significant ($p = 0.01$).

Because swimming is essentially a shared water activity or communal bathing, rinsing of soiled bodies and overt fecal accidents cause contamination of the water. Unintentional ingestion of recreational water contaminated with pathogens can then lead to gastrointestinal illness, even in non-outbreak settings (*36,37*). Fresh and marine waters are also subject to other modes of contamination from point sources (i.e., sewage releases), watersheds (i.e., runoff from agriculture and residential areas), and floods.
Outbreaks involving gastroenteritis are more frequently observed during the swimming season, which usually starts on Memorial Day weekend (the last weekend in May) and ends Labor Day weekend (the first weekend in September). However, swimming also occurs year-round in

indoor venues and in states with more temperate climates. Outbreaks of illness by month (Figure 3) include two outbreaks that occurred noticeably outside the summer months: one outbreak in a Florida pool in March and another outbreak in an indoor pool in Wisconsin in January.

As during the previous reporting period, *Cr. parvum* accounted for the largest percentage of outbreaks involving gastroenteritis (44.4%), followed by *Es. coli* O157:H7 (11.1%), NLV (8.3%), and *Shigella* (8.3%). An outbreak of *G. intestinalis* was also reported in 1999. The last reported recreational water outbreak of *Giardia* occurred in 1996. Outbreaks of *Ca. jejuni*, *Es. coli* O121:H19, and a mixed *Sh. sonnei*/*Cr. parvum* outbreak were also reported for the first time to the surveillance system. Outbreaks of unknown etiology comprised 16.7% of the recreational water outbreaks involving gastroenteritis.

Twenty-two (61.1%) of the 36 outbreaks of gastroenteritis occurred in treated systems (i.e., pools) that would usually be expected to be chlorinated or disinfected to prevent transmission of infectious agents after unintentional ingestion. However, the term *treated system* might pertain to systems not routinely treated, including wading pools, interactive fountains, and in one case, an untreated pool that was served by a natural hot springs source.

Multiple interrelated factors can impede disinfection in treated venues, including an increased bather load in a pool, high levels of organic material (e.g., fecal material or environmental or skin debris) and ultraviolet light, all of which deplete chlorine residuals that usually maintain protection in the system. In certain outbreaks, fecal material was indicated on the report as a contributing factor to the outbreak; the majority of fecal accidents were attributed to young children who were in or near the water at the time the accident occurred.

Unlike previous years, a substantial number of different bacterial and viral organisms were reported as causing gastrointestinal illness in these treated recreational water venues (Figure 9). Nevertheless, >66% of these outbreaks were attributed to *Cr. parvum* (Figure 4). Unlike other organisms, which are more susceptible to the levels of chlorine typically found in a pool, *Cr. parvum* is highly chlorine-resistant and requires increased levels of chlorine and longer contact times with chlorine for inactivation. *Cr. parvum* can survive for days in public health-mandated chlorine concentrations required for pools. In addition, its relatively limited size (4--6 µm) can allow it to pass through particulate filtration systems during recirculation of water in the pool.

Because a low number of oocysts might cause illness in a person, even ingestion of a limited amount of water can cause infection. Although the number of *Cr. parvum* outbreaks has been steadily increasing during 1990--2000, multiple explanations could exist for the increase. The properties of the organism, coupled with the popularity of swimming and the tendency of persons to aggregate in larger water venues, increases the likelihood that swimming water can become contaminated and that swimmers will ingest the water and become infected.

However, the increases in outbreaks could be explained by a higher awareness of *Cr. parvum* as a potential cause of illness among swimmers by the public health community and the recreational water industry and, as a result, are more likely to be detected.

The majority of these *Cr. parvum* outbreak investigations noted inadequate pool maintenance. Although low chlorine levels are unlikely to have been the cause of the outbreaks, the frequent reporting of low chlorine levels in these outbreaks indicates a disturbing lack of awareness concerning the role of chlorine and pH control as the major protective barrier against infectious disease transmission in pools.

Inadequate disinfectant levels in any pool increases the risk for transmission of chlorine-sensitive pathogens (e.g., *Es. coli* O157:H7 or *Shigella* species) if an infected swimmer contaminates the pool. Pool operators and staff should be appropriately trained regarding the spread of recreational water illnesses and the critical role of pool maintenance (i.e., disinfection, pH control, and filtration) in preventing WBDOs.[§§]

Gastroenteritis
Fourteen outbreaks involving gastroenteritis after freshwater exposure were reported during 1999--2000, compared with eight during 1997--1998. *Es. coli* O157:H7 accounted for the most outbreaks of known etiology (three), followed by NLV (two), *Shigella* species (two), *Es. coli* O121:H19 (one), *G. intestinalis* (one), and *Cr. parvum* (one). Four outbreaks were of unknown etiology. Certain outbreaks occurred in beach areas that had substantial numbers of families bathing and swimming in the water. Again, a common element noted in these reports was the presence of diaper-aged children in the water, diaper-changing on the beach, and even washing off young children in the water. One incident involved persons who swam in a lake that was had posted signs indicating that the lake was unsafe for swimming.

Reports of infants and children swimming when they have diarrhea is a problem common to both freshwater systems and treated venues. Although health communication messages have been targeted in the past for treated venues, similar messages should be provided to those who swimming in freshwater venues. EPA, as part of the Beaches Action Plan, is developing guidelines and information for users of freshwaters.[¶¶]

Geothermal Pools and Hot Springs
Geothermal pools and hot springs should be examined closely. In one outbreak, pools in a complex were exempt from public health regulation because they were naturally occurring hot springs and mineral waters. Hot springs, which feature high levels of minerals and elevated temperatures, are potentially ideal venues for microbial growth or contamination. These springs and geothermal pools pose an increased risk to swimmers, compared with treated pools because of their lack of disinfection and filtration. Improved consumer and staff education and supplementary treatment might be necessary to prevent future outbreaks in these enclosed freshwater pools.

Twelve of the 15 outbreaks of dermatitis were associated with hot tub or pool use. The majority of these reports of dermatitis are associated with deficient maintenance and inadequate disinfection of the water. The higher temperatures commonly found in hot tubs deplete disinfectant levels at a more rapid rate; hot tub operators should be encouraged to actively check and maintain adequate disinfectant levels. In addition to rashes, reports have been received of other symptoms.

In Alaska, three of 29 persons reported nausea. In the two Maine outbreaks, persons also reported headache, fatigue, and other symptoms. The Colorado outbreak was notable for its severe symptomatology and an extended duration of illness. Extended and painful rashes associated with *P. aeruginosa* outbreaks are unusual but have been documented (*38,39*).

One report (*39*) also indicates that a substantial number of children are being affected by these outbreaks. In the Colorado outbreak of *P. aeruginosa*, the persons affected were primarily children, but no indication was provided that age was a risk factor for infection. More remarkable is the observed duration of illness. Certain persons reported chronic illness (i.e., rash, joint pain, abdominal pain, and chest pain) that lasted ≥6 weeks. Using remote pool monitoring services in two of these outbreaks underscores the need for training pool staff regarding the role of monitoring service and prompt communication between service and pool operators when problems are detected.

Three outbreaks of dermatitis that occurred after persons swam in fresh or marine water were presumed to be caused by an allergic reaction to the cercariae, the larval form of certain nonhuman species of schistosomes. Cercarial dermatitis was an identified problem in two of these lakes, and signs posted by the health department regarding this problem were ignored by swimmers. The extent of the problem of cercarial dermatitis caused by freshwater exposure is unknown, although it probably occurs more frequently than what is reported to the surveillance system. As schistosomes occur naturally in ecosystems that bring snails and birds or aquatic mammals close together, a substantial number of freshwater lakes in the United States might cause illness among swimmers. Swimmers should pay careful attention to where they swim, avoid shallow swimming areas known to be appropriate snail habitats in lakes associated with cercarial dermatitis, and report any incidents to their local health department to prevent further illnesses.

The four deaths associated with primary amebic meningoencephalitis (PAM) reported during the 1999--2000 period were all linked to freshwater exposure. Typically, these cases are associated with swimming in freshwater bodies in the late summer months because *N. fowleri*, which has been implicated in >90% of the cases reported to CDC, proliferate in warm, stagnant waters. Previous cases of PAM have been reported from states with more temperate climates (e.g., California, Florida, and Texas) or from areas with hot springs.

PAM

The amoebas associated with PAM are believed to enter through the nasal passage. Preventing forceful entry of water up the nasal passages during jumping or diving by holding one's nose or wearing nose plugs could reduce the risk for infection.

Swimming in waters contaminated by animal urine was the likely explanation for an outbreak of leptospirosis among persons participating in an adventure race in Guam. *Leptospira* species can be found frequently in wild animal urine, and can be contracted through inhalation of aerosolized water or ingestion of water while swimming.

Leptospirosis
Leptospirosis can also be acquired through abrasions. In this instance, the exposure was associated with immersion of persons' heads in a body of water while they swam and swallowed water. Although outdoor swimming is not necessarily dangerous, swimmers should be educated regarding the potential risks resulting from swimming in areas that are not secured from wild animal use.

An increased level of bromine, which is used to disinfect pools and hot tubs, caused certain cases of chemical keratitis. Inadequate disinfection of a whirlpool resulted in an outbreak of legionellosis among 20 persons who stayed at a motel. Safe disinfection practices and appropriate pool maintenance protocols should be communicated to operators and managers of facilities that treat recreational water.

Outbreaks Associated with Occupational Exposures to Water
Two outbreaks that do not fit into the previous categories were reported to CDC by Minnesota and Hawaii. Outbreaks associated with exposure to aerosolized water have previously occurred but have not been reported to the WBDO surveillance system (*40*,*41*). These outbreaks are discussed in this report to demonstrate that water exposures are not limited to ingestion and contact (e.g., through swimming), and these outbreaks are preventable. Using barrier masks to prevent inhalation of aerosolized water or disinfection of water that is not being used for drinking or swimming purposes could have prevented the respiratory illnesses associated with these two outbreaks.

Conclusion
Data collected as part of the national WBDO surveillance system are used to describe the epidemiology of waterborne diseases in the United States. Data regarding water systems and deficiencies implicated in these outbreaks are used to assess whether regulations for water treatment and monitoring of water quality are adequate to protect the public's health. Identification of the etiologic agents responsible for these outbreaks is also critical because new trends might necessitate different interventions and changes in policies and resource allotment.

Surveillance for waterborne agents and outbreaks occurs primarily at the local and state level. Local and state public health agencies need to detect and recognize WBDOs and implement appropriate prevention and control measures. Improved communication among local and state public health departments, regulatory agencies, water utilities, and recreational water facilities would aide the detection and control of outbreaks.

Share Water-Quality Data
Routine reporting or sharing of water-quality data with the health department is recommended. Other means of improving surveillance at the local, state, and federal level could include the additional review and follow-up of information gathered through other mechanisms (e.g., issuances of boil-water advisories or reports of illness associated with agents thought to be waterborne).

One repeated observation regarding outbreak data collected as part of the WBDO system was that the timely collection of clinical specimens and water samples for testing and commencement of an environmental investigation would have resulted in an improved ability to detect the outbreak's etiologic agent and the source of water contamination.

However, the course of an investigation is influenced by the ability and capacity of public health departments and laboratories to recognize and investigate potential outbreaks of illness. Even when personnel are available to investigate a potential outbreak in a timely manner, a common observation is that investigations cannot always be completed thoroughly. WBDO outbreak investigations typically require input from different disciplines, including infectious disease epidemiology, environmental epidemiology, clinical medicine, sanitation, water engineering, and microbiology. Either further cross-training of existing personnel needs to be implemented or additional personnel and resources need to be made available or linked to those who typically investigate reports of WBDOs.

Epidemiologic Assistance

State health departments can request epidemiologic assistance and laboratory testing from CDC to investigate WBDOs. CDC and the EPA can be consulted regarding engineering and environmental aspects of drinking water and recreational water treatment and regarding collection of large-volume water samples to identify pathogenic viruses and parasites, which require special protocols for their recovery.

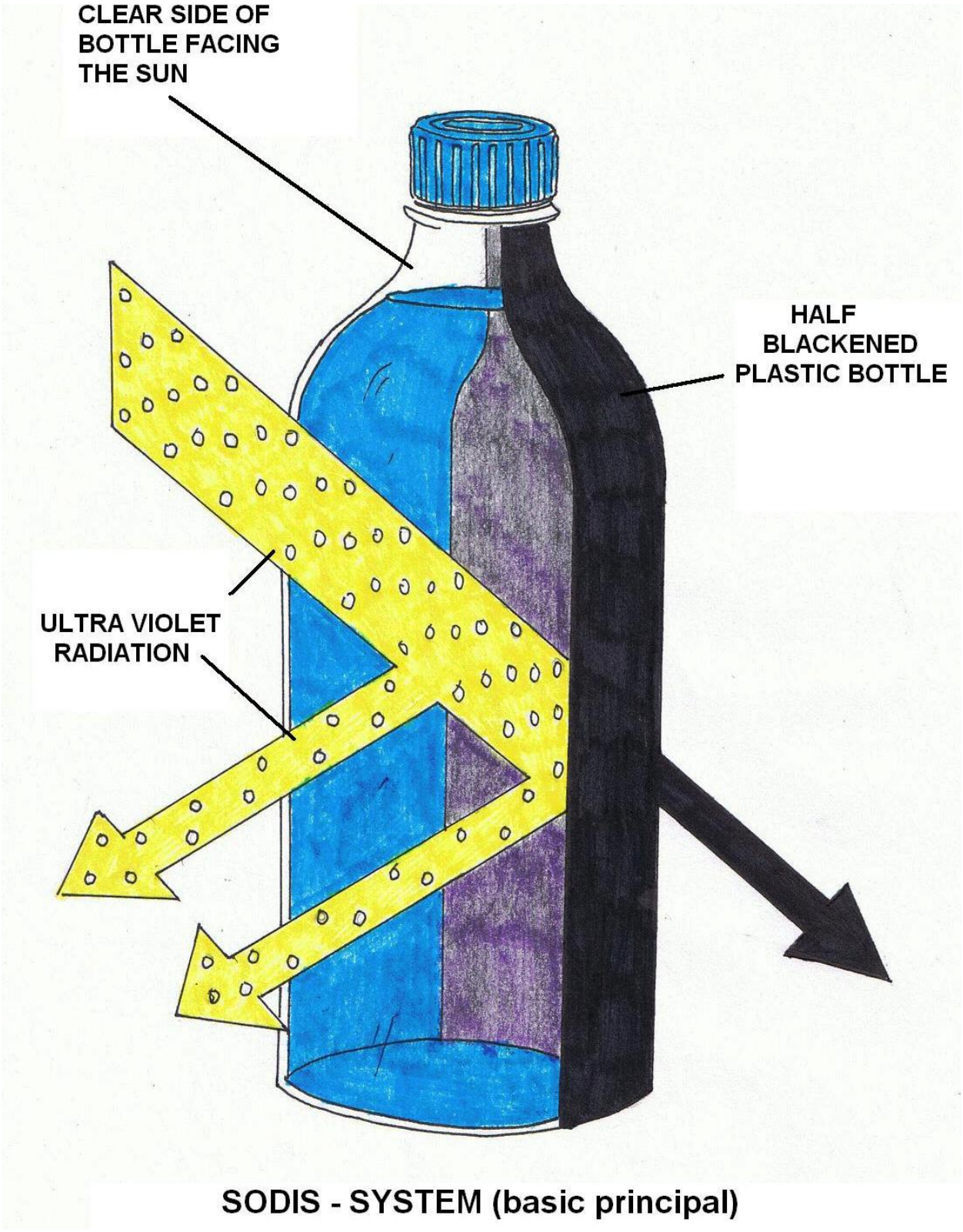
Requests for tests for viral organisms should be made to CDC's Viral Gastroenteritis Section, Respiratory and Enterovirus Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases (NCID), at 404-639-3577. Requests for tests for parasites should be made to CDC's Division of Parasitic Diseases, NCID, at 770-488-7760.

Additional information is available from

- EPA's Safe Drinking Water Hotline at 800-426-4791, on the Internet at http://www.epa.gov/safewater, or by e-mail at hotline-sdwa@epa.gov;
- CDC's NCID website at http://www.cdc.gov/ncidod;
- CDC's Healthy Swimming website at http://ww.cdc.gov/healthyswimming; includes recreational water health communication materials for the general public and pool maintenance staff (e.g., information regarding disinfection, guidelines on response to fecal accidents [*42*], fact sheets concerning recreational water illnesses), and an outbreak investigation toolkit that can be used by public health professionals;
- CDC's Voice and Fax Information System, 888-232-3228 (voice) or 888-232-3299 (fax). Choose cryptosporidiosis in the disease category; and
- for reporting WBDOs, CDC's Division of Parasitic Diseases, NCID, at 770-488-7760 or by fax at 770-488-7761.

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SODIS - SYSTEM (basic principal)

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* Total coliforms are considered indicator organisms that typically do not cause disease but might be associated with the presence of other disease-causing organisms. Additional information regarding total coliforms is available at http://www.epa.gov/safewater/dwa/electronic/tcr.pdf.
† Additional information is available at http://www.cleanwater.gov.
§ Additional terms are defined in the glossary.
¶ Additional information is available at http://www.nsf.org.
** Additional information is available at http://www.epa.gov/safewater/gwr.html.
†† Although EPA does not regulate private wells and will not regulate them as part of the proposed GWR, EPA lists recommendations for protecting private water supplies at http://www.epa.gov/safewater/pwells1.html and provides links to other sources of information.
§§ Guidelines for pool operators and other information related to recreational water illnesses is available at http://www.cdc.gov/healthyswimming.
¶¶ Additional information is available at http://www.epa.gov/waterscience/beaches.

Table 1

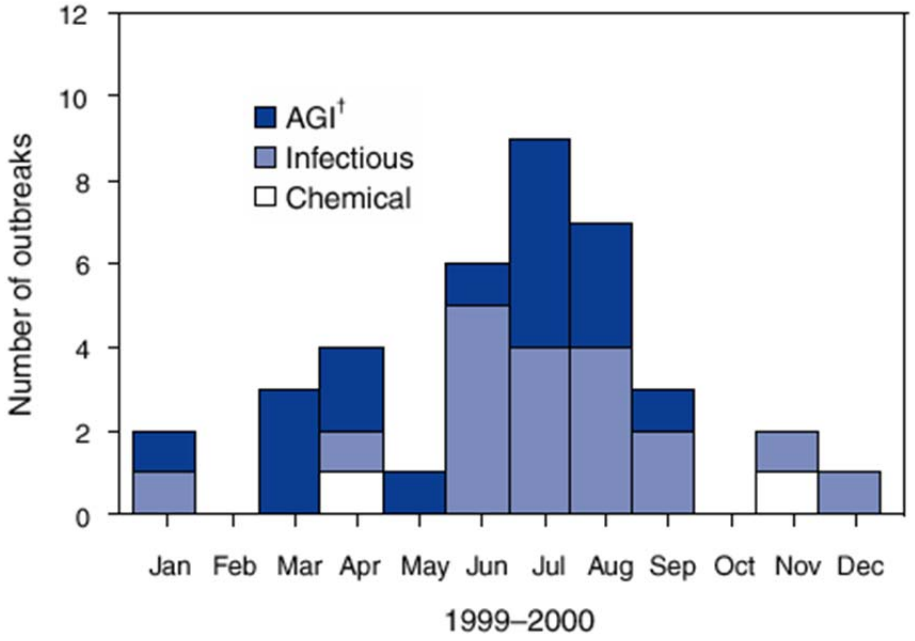
TABLE 1. Classification of investigations of waterborne-disease outbreaks — United States*

Class†	Epidemiologic data	Water-quality data
I	Adequate§ Data were provided regarding exposed and unexposed persons, and the relative risk or odds ratio was ≥2 or the p-value was <0.05	Provided and adequate Historical information or laboratory data (e.g., the history that a chlorinator malfunctioned or a water main broke, no detectable free-chlorine residual, or the presence of coliforms in the water)
II	Adequate	Not provided or inadequate (e.g., stating that a lake was crowded)
III	Provided, but limited Epidemiologic data were provided that did not meet the criteria for Class I, or the claim was made that ill persons had no exposures in common besides water, but no data were provided	Provided and adequate
IV	Provided, but limited	Not provided or inadequate

* Outbreaks of *Pseudomonas* and other water-related dermatitis and single cases of primary amebic meningoencephalitis or of illness resulting from chemical poisoning are not classified according to this scheme.
† On the basis of epidemiologic and water-quality data that were provided on CDC form 52.12.
§ Adequate data were provided to implicate water as the source of the outbreak.

Figure 1

FIGURE 1. Number of waterborne-disease outbreaks associated with drinking water, by etiologic agent and month — United States, 1999–2000 (n = 38)*



* One outbreak of *Salmonella* Bareilly was not included.
† Acute gastrointestinal illness of unknown etiology.

Table 2

TABLE 2. Waterborne-disease outbreaks associated with drinking water — United States, 1999 (n = 15)*

State	Month	Class†	Etiologic agent	Number of cases	Type of system§	Deficiency¶	Source	Setting
California	Jul	III	AGI**	31	Ncom	2	Well	Camp
Florida	Jan	III	AGI	4	Com	2	Well	Community
Florida	Jan	III	*Giardia intestinalis*	2	Ind	2	Well	Household
Florida	Mar	III	AGI	6	Com	4	River/stream	Apartment
Florida	Mar	III	AGI	3	Com	4	Well	Community
Florida	May	III	AGI	3	Ind	2	Well	Household
Florida	Aug	III	AGI††	4	Com	4	River/stream	Apartment
Missouri	Jun	II	*Salmonella* Typhimurium	124	Com	3	Well	Community
New Jersey	Nov	IV	Sodium hydroxide	2	Com	3	Well	Community
New Mexico	Jul	I	Small round-structured virus§§	70	Ncom	3	Spring	Camp
New York	Aug	I	*Escherichia coli* O157:H7, *Campylobacter jejuni*¶¶	781	Ncom	2	Well	Fairgrounds
Texas	Nov	I	*Es. coli* O157:H7	22	Com	3	Well	Community
Washington	Jul	II	AGI	46	Ind	1	River/creek	Household
Washington	Aug	I	AGI	68	Ncom	2	Well	Soccer match
Wisconsin	Apr	NA***	Nitrate	1	Ind	2	Well	Household

* An outbreak is defined as 1) ≥2 persons experiencing a similar illness after ingestion of drinking water and 2) epidemiologic evidence that implicates water as the probable source of the illness.

† On the basis of epidemiologic and water-quality data provided on CDC form 52.12.

§ Com = community; Ncom = noncommunity; Ind = individual; community and noncommunity water systems are public water systems that serve ≥15 connections or an average of ≥25 residents for ≥60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park with ≥15 service connections or an average of ≥25 residents. A noncommunity water system can be nontransient or transient. Nontransient systems serve ≥25 of the same persons for ≥6 months/year (e.g., factories or schools), whereas transient systems do not (e.g., restaurants, highway rest stations, or parks). Individual water systems are not owned or operated by a water utility and serve <15 connections or <25 persons. Outbreaks associated with water not intended for drinking (e.g., lakes, springs, and creeks used by campers and boaters; irrigation water; and other nonpotable sources with or without taps) are also classified as individual systems.

¶ 1 = untreated surface water; 2 = untreated groundwater; 3 = treatment deficiency (e.g., temporary interruption of disinfection, chronically inadequate disinfection, and inadequate or no filtration); 4 = distribution system deficiency (e.g., cross-connection, contamination of water mains during construction or repair, and contamination of a storage facility); and 5 = unknown or miscellaneous deficiency (e.g., contaminated bottled water).

** Acute gastrointestinal illness of unknown etiology.

†† Unidentified chemical poisoning.

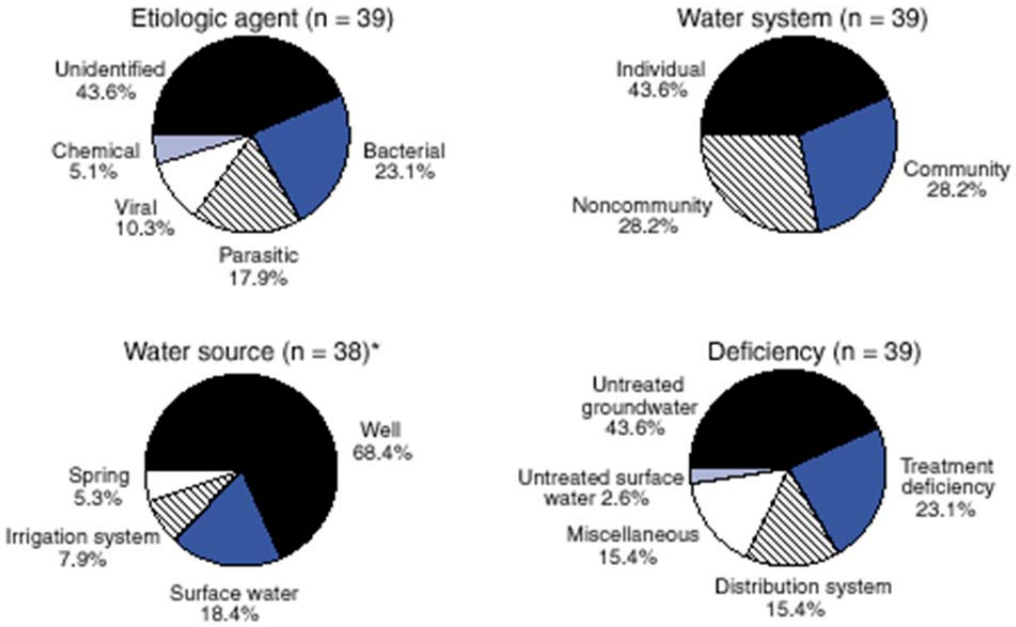
§§ Three persons had stool specimens that tested positive for small round-structured virus, and one person's stool specimen tested positive for *Ca. jejuni*.

¶¶ A total of 126 persons had stool specimens that tested positive for *Es. coli* O157:H7; 43 persons had stool specimens that tested positive for *Ca. jejuni*. One person's stool specimen tested positive for both organisms.

*** Not applicable, see Table 1.

Figure 2

FIGURE 2. Waterborne-disease outbreaks associated with drinking water, by etiologic agent, water system, water source, and deficiency — United States, 1999–2000 (n = 39)



* One outbreak of *Salmonella* Bareilly was not included.

Table 3

TABLE 3. Waterborne-disease outbreaks associated with drinking water — United States, 2000 (n = 24)*

State	Month	Class†	Etiologic agent	Number of cases	Type of system§	Deficiency¶	Source	Setting
California	Jul	I	Norwalk-like virus	147	Ncom	2	Well	Camp
California	Jul	I	*Escherichia coli* O157:H7	5	Ind	5	River/creek	Camp
California	Sep	III	AGI**	63	Ind	5	Irrigation system	Football game
Colorado	Aug	III	*Giardia intestinalis*	27	Ncom	3	River	Resort
Florida	Mar	III	AGI††	19	Com	3	Well	Trailer park
Florida	Apr	III	AGI	21	Com	3	Well	Trailer park
Florida	Apr	I	AGI	71	Ind	2	Well	Community
Florida	Jun	III	AGI§§	2	Ind	2	Well	Household
Florida	Jul	III	AGI	3	Ind	2	Well	Household
Florida	Jul	III	AGI	3	Ind	2	Well	Household
Florida	Aug	III	AGI	4	Ind	2	Well	Household
Florida	Sep	III	*G. intestinalis*	2	Ind	4	Well	Household
Florida	Dec	III	*Cryptosporidium parvum*	5	Com	4	Well	Community
Idaho	Apr	III	*Es. coli* O157:H7	4	Ind	5	Irrigation canal	Household
Idaho	Jun	III	*Campylobacter jejuni*	15	Ncom	2	Spring	Camp
Idaho	Jul	III	AGI	65	Ncom	2	Well	Restaurant
Kansas	Jun	III	Norwalk-like virus	86	Ncom	2	Well	Reception hall
Minnesota	Jun	III	*G. intestinalis*¶¶	12	Ncom	2	Well	Camp
New Hampshire	Sep	III	*G. intestinalis*	5	Ind	3	Well	Household
New Mexico	Jul	II	*G. intestinalis*	4	Ind	5	River	Rafting trip
Ohio	Aug	I	*Es. coli* O157:H7	29	Com	4	Surface water***	Fairgrounds
Utah	Aug	III	*Ca. jejuni*†††	102	Ind	5	Irrigation water	Football camp
West Virginia	Jun	III	Norwalk-like virus	123	Ncom	3	Wells	Camp
Multistate	Apr–Aug	I	*Salmonella* Bareilly	84	Ind	5§§§	Municipal/spring§§§	Wells/bottled water***

* An outbreak is defined as 1) ≥2 persons experiencing a similar illness after ingestion of drinking water and 2) epidemiologic evidence that implicates water as the probable source of the illness.

† On the basis of epidemiologic and water-quality data provided on CDC form 52.12.

§ Com = community; Ncom = noncommunity; Ind = individual; community and noncommunity water systems are public water systems that serve ≥15 service connections or an average of ≥25 residents for ≥60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park with ≥15 service connections or an average of ≥25 residents. A noncommunity water system can be nontransient or transient. Nontransient systems serve ≥25 of the same persons for ≥6 months/year (e.g., factories or schools), whereas transient systems do not (e.g., restaurants, highway rest stations, or parks). Individual water systems are not owned or operated by a water utility and serve <15 connections or <25 persons. Outbreaks associated with water not intended for drinking (e.g., lakes, springs, and creeks used by campers and boaters; irrigation water; and other nonpotable sources with or without taps) are also classified as individual systems.

¶ 1 = untreated surface water; 2 = untreated groundwater; 3 = treatment deficiency (e.g., temporary interruption of disinfection, chronically inadequate disinfection, and inadequate or no filtration); 4 = distribution system deficiency (e.g., cross-connection, contamination of water mains during construction or repair, and contamination of a storage facility); and 5 = unknown or miscellaneous deficiency (e.g., contaminated bottled water).

** Acute gastrointestinal illness of unknown etiology.

†† Persons also reported rashes in addition to acute gastrointestinal illness.

§§ One person had a stool specimen that tested positive for *Blastocystis hominis*.

¶¶ Eight persons had stool specimens that tested positive for *G. intestinalis*; one stool specimen tested positive for *Dientamoeba fragilis*.

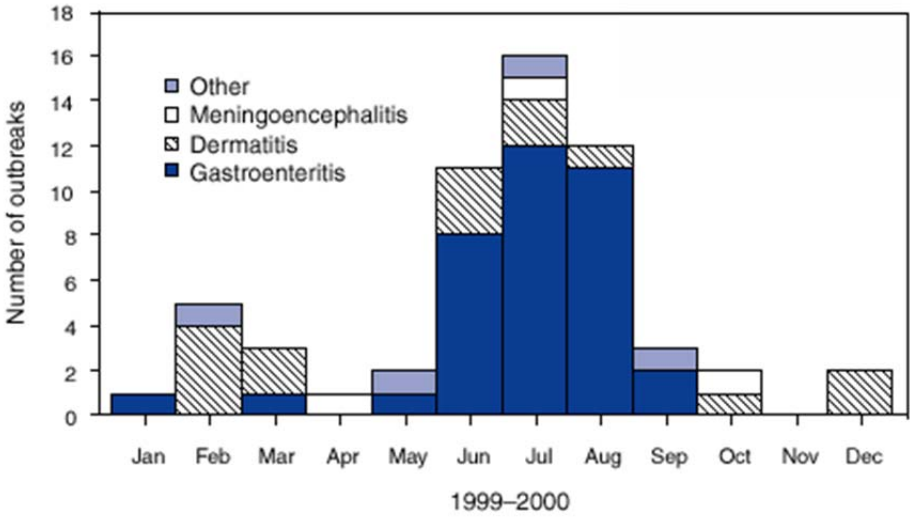
*** Type of water was not specified on report form.

††† Thirty-seven persons had stool specimens that tested positive for *Ca. jejuni*; four persons' stool specimens tested positive for *Es. coli* O157:H7, and three persons had stool that tested positive for *Es. coli* O111.

§§§ The outbreak implicated both drinking water from private wells and springs and water bottled by one facility. The bottling facility used two sources of water.

Figure 3

FIGURE 3. Number of waterborne-disease outbreaks associated with recreational water, by illness and month — United States, 1999–2000 (n = 58)*



* Information regarding the month was not provided for one outbreak of meningoencephalitis.

Table 4

TABLE 4. Waterborne-disease outbreaks associated with drinking water, by etiologic agent and type of water system — United States, 1999–2000 (n = 39)

Etiologic agent	Type of water system*						Total	
	Community		Noncommunity		Individual			
	Outbreaks	Cases	Outbreaks	Cases	Outbreaks	Cases	Outbreaks	Cases
AGI†	6§	57	3	164	8	195	**17**	**416**
Giardia intestinalis	0	0	2	39	4	13	**6**	**52**
Escherichia coli O157:H7	2	51	0	0	2	9	**4**	**60**
Norwalk-like viruses (NLV)	0	0	3	356	0	0	**3**	**356**
Salmonella species¶	1	124	0	0	1	84	**2**	**208**
Campylobacter jejuni	0	0	1	15	1	102	**2**	**117**
Es. coli O157:H7/*Ca. jejuni*	0	0	1	781	0	0	**1**	**781**
Small round-structured virus	0	0	1	70	0	0	**1**	**70**
Cryptosporidium parvum	1	5	0	0	0	0	**1**	**5**
Sodium hydroxide	1	2	0	0	0	0	**1**	**2**
Nitrate	0	0	0	0	1	1	**1**	**1**
Total	**11**	**239**	**11**	**1,425**	**17**	**404**	**39**	**2,068**
Percentage	**28.2**	**11.6**	**28.2**	**68.9**	**43.6**	**19.5**	**100.0**	**100.0**

* Community and noncommunity water systems are public water systems that serve ≥15 service connections or an average of ≥25 residents for ≥60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park with ≥15 service connections or an average of ≥25 residents. A noncommunity water system can be nontransient or transient. Nontransient systems serve ≥25 of the same persons for ≥6 months/year (e.g., factories or schools), whereas transient systems do not (e.g., restaurants, highway rest stations, or parks). Individual water systems are not owned or operated by a water utility and serve <15 connections or <25 persons. Outbreaks associated with water not intended for drinking (e.g., lakes, springs, and creeks used by campers and boaters; irrigation water; and other nonpotable sources with or without taps) are also classified as individual systems.

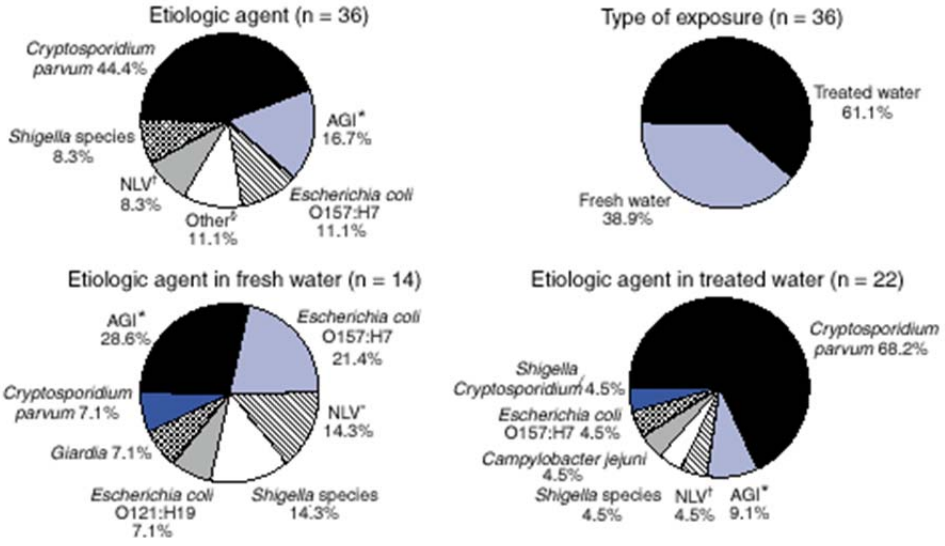
† Acute gastrointestinal illness of unknown etiology.

§ One outbreak of four cases was caused by an unidentified chemical.

¶ One outbreak was serotype Typhimurium, and one outbreak was serotype Bareilly.

Figure 4

FIGURE 4. Waterborne-disease outbreaks of gastroenteritis associated with recreational water, by etiologic agent and type of exposure — United States, 1999–2000



* Acute gastrointestinal illness of unknown etiology.

† Norwalk-like virus.

§ These included outbreaks of *Campylobacter jejuni*, *Giardia*, *Escherichia coli* O121:H19 and one mixed *Shigella/Cryptosporidium* outbreak.

Table 5

TABLE 5. Waterborne-disease outbreaks associated with drinking water, by type of deficiency and type of water system — United States, 1999–2000 (n = 39)

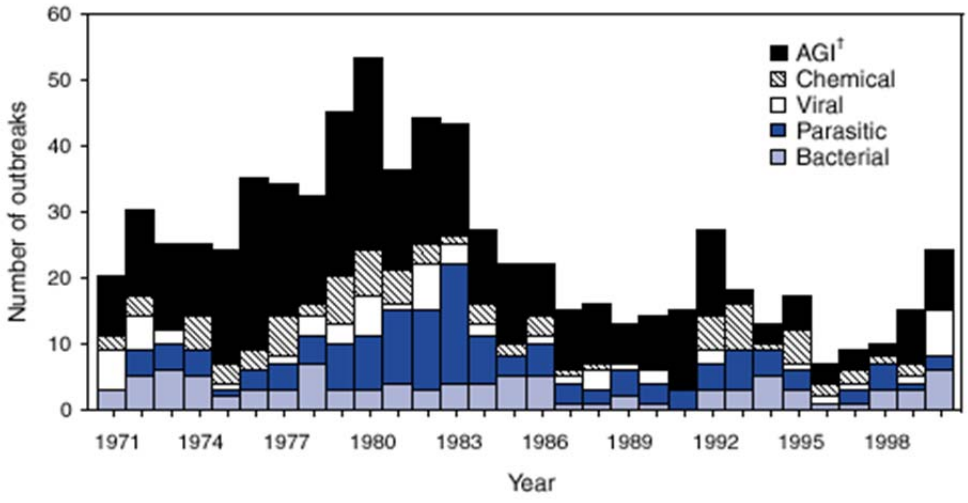
	Type of water system*							
	Community		Noncommunity		Individual		Total	
Type of deficiency†	Outbreaks	%	Outbreaks	%	Outbreaks	%	Outbreaks	%
Untreated surface water	0	0	0	0	1	5.9	**1**	**2.6**
Untreated groundwater	1	9.0	8	72.7	8	47.0	**17**	**43.6**
Inadequate treatment	5	45.5	3	27.3	1	5.9	**9**	**23.1**
Distribution system	5	45.5	0	0	1	5.9	**6**	**15.4**
Miscellaneous or unknown	0	0	0	0	6	35.3	**6**	**15.4**
Total	**11**	**100.0**	**11**	**100.0**	**17**	**100.0**	**39**	**100.0**

* Community and noncommunity water systems are public water systems that serve ≥15 service connections or an average of ≥25 residents for ≥60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park with ≥15 service connections or an average of ≥25 residents. A noncommunity water system can be nontransient or transient. Nontransient systems serve ≥25 of the same persons for ≥6 months/year (e.g., factories or schools), whereas transient systems do not (e.g., restaurants, highway rest stations, or parks). Individual water systems are not owned or operated by a water utility and serve <15 connections or <25 persons. Outbreaks associated with water not intended for drinking (e.g., lakes, springs, and creeks used by campers and boaters; irrigation water; and other nonpotable sources with or without taps) are also classified as individual systems.

† Examples of treatment deficiencies include temporary interruption of disinfection, chronically inadequate disinfection, or inadequate or no filtration; examples of distribution system deficiencies include cross-connection, contamination of water mains during construction or repair, or contamination of a storage facility; and examples of unknown or miscellaneous deficiencies include contaminated bottled water.

Figure 5

FIGURE 5. Number of waterborne-disease outbreaks associated with drinking water, by year and etiologic agent — United States, 1971–2000 (n = 730)*



* The total from previous reports has been corrected from n = 691 to n = 688.
† Acute gastrointestinal illness of unknown etiology.

Table 6

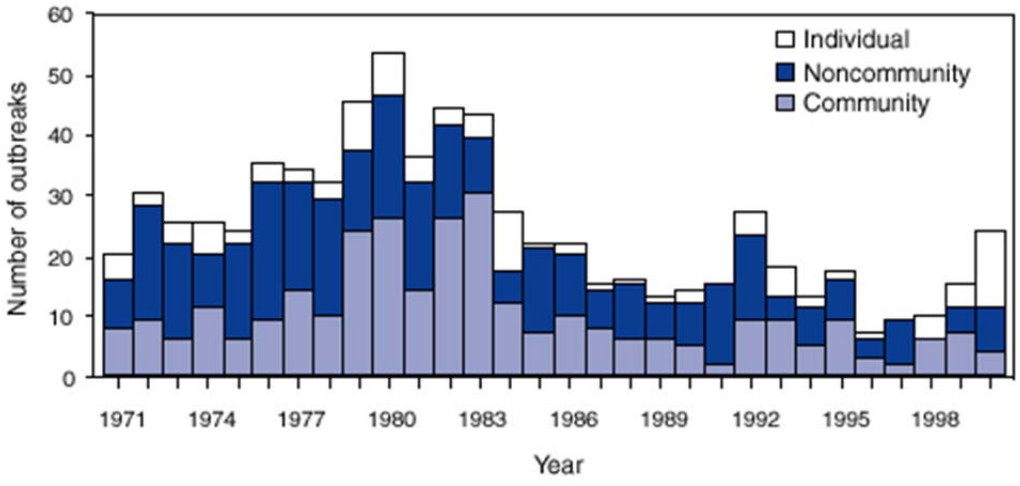
TABLE 6. Waterborne-disease outbreaks of gastroenteritis associated with recreational water — United States, 1999 (n = 15)

State	Month	Class*	Etiologic agent	Illness	Number of cases	Source	Setting
California	Jun	III	AGI†	Gastroenteritis	23	Pool	Apartment complex
Connecticut	Jul	II	*Escherichia coli* O121:H19	Gastroenteritis	11	Lake	Lake
Florida	Mar	III	*Campylobacter jejuni*	Gastroenteritis	6	Pool	Private home
Florida	Aug	I	*Shigella sonnei*, *Cryptosporidium parvum*§	Gastroenteritis	38	Interactive fountain	Beach park
Florida	Aug	IV	*Cr. parvum*	Gastroenteritis	6	Pool	Private home
Florida	Sep	III	*Es. coli* O157:H7	Gastroenteritis	2	Ditch water	Community
Idaho	Jun	IV	Norwalk-like virus	Gastroenteritis	25	Hot springs	Resort
Illinois	Jun	III	AGI	Gastroenteritis	25	Lake	Lake
Massachusetts	Jul	III	*Giardia intestinalis*	Gastroenteritis	18	Pond	Pond
Minnesota	Jul	III	*Cr. parvum*	Gastroenteritis	10	Pool	Trailer park
Nebraska	Jun	IV	*Es. coli* O157:H7	Gastroenteritis	7	Wading pool	Child care center
New York	Jun	II	Norwalk-like virus	Gastroenteritis	168	Lake	County park
Washington	Aug	I	*Es. coli* O157:H7	Gastroenteritis	36	Lake	State park
Wisconsin	Jul	IV	*Cr. parvum*	Gastroenteritis	10	Pool	Municipal pool
Wisconsin	Aug	II	*Es. coli* O157:H7	Gastroenteritis	5	Lake/pond	Swimming beach

* On the basis of epidemiologic and water-quality data provided on CDC form 52.12.
† Acute gastrointestinal illness of unknown etiology.
§ Five persons had stool specimens that tested positive for *Shigella sonnei*; two stools tested positive for *Cryptosporidium parvum*.

Figure 6

FIGURE 6. Number of waterborne-disease outbreaks associated with drinking water, by year and type of water system — United States, 1971–2000 (n = 730)*



* The total from previous reports has been corrected from n = 691 to n = 688.

Table 7

TABLE 7. Waterborne-disease outbreaks of gastroenteritis associated with recreational water — United States, 2000 (n = 21)

State	Month	Class*	Etiologic agent	Illness	Number of cases	Source	Setting
Colorado	Aug	I	*Cryptosporidium parvum*	Gastroenteritis	112	Pool	Municipal pool
Florida	May	IV	AGI†	Gastroenteritis	2	Lake	Lake
Florida	Jul	III	AGI	Gastroenteritis	4	Outdoor spring	County park
Florida	Jul	III	*Cr. parvum*	Gastroenteritis	3	Pool	Apartment complex
Florida	Aug	III	*Cr. parvum*	Gastroenteritis	5	Pool	Country club
Florida	Aug	I	*Cr. parvum*	Gastroenteritis	19	Pool	Resort
Florida	Aug	III	AGI	Gastroenteritis	9	Pool	Motel
Florida	Aug	III	*Cr. parvum*	Gastroenteritis	5	Pool	Condominium
Georgia	Jun	II	*Cr. parvum*	Gastroenteritis	36	Pools§	Community
Maine	Jul	II	AGI	Gastroenteritis	32	Lake/pond	Swimming beach
Minnesota	Jul	II	*Cr. parvum*¶	Gastroenteritis	220	Lake	Swimming beach
Minnesota	Jul	IV	*Shigella sonnei***	Gastroenteritis	15	Lake/pond	Swimming beach
Minnesota	Jul	III	*Cr. parvum*	Gastroenteritis	7	Pool	Day camp
Minnesota	Jul	II	*Cr. parvum*	Gastroenteritis	6	Pool	Hotel
Minnesota	Aug	II	*Sh. sonnei*	Gastroenteritis	25	Lake	Public beach
Minnesota	Aug	IV	*Cr. parvum*	Gastroenteritis	4	Pool	Municipal pool
Missouri	Sep	III	*Shigella flexneri*	Gastroenteritis	6	Wading pool	Community
Nebraska	Jun	I	*Cr. parvum*	Gastroenteritis	225	Pools	Community
Ohio	Jun	I	*Cr. parvum*	Gastroenteritis	700	Pool	Private swim club
South Carolina	Jul	IV	*Cr. parvum*	Gastroenteritis	26	Pool	Community
Wisconsin	Jan	IV	Norwalk-like virus	Gastroenteritis	9	Pool	Motel

* On the basis of epidemiologic and water-quality data provided on CDC form 52.12.

† Acute gastrointestinal illness of unknown etiology.

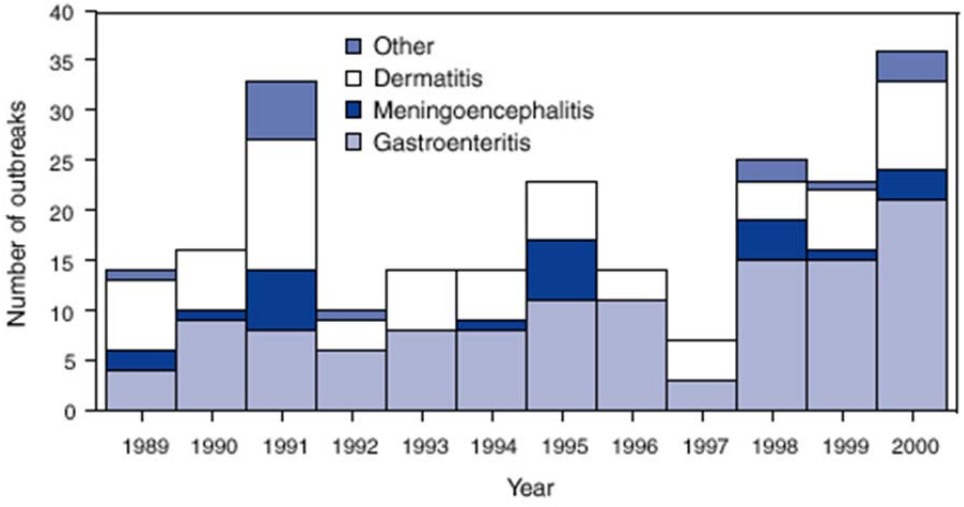
§ Persons swam in a community pool and an inflatable pool.

¶ Seventeen persons had stool specimens that tested positive for *Cr. parvum*. One person had a stool specimen that tested positive for *Giardia intestinalis*. One person had a stool specimen that tested positive for both organisms.

** Fourteen of 15 stool specimens tested positive for *Shigella*; one person tested positive for *Cr. parvum*; and one tested positive for both.

Figure 7

FIGURE 7. Number of waterborne-disease outbreaks associated with recreational water, by year and illness — United States, 1989–2000 (n = 229)*



* The total from previous reports has been corrected from n = 171 to n = 170.

Table 8

TABLE 8. Waterborne-disease outbreaks of meningoencephalitis, keratitis, leptospirosis, and Pontiac fever associated with recreational water — United States, 1999–2000 (n = 8)

State	Year	Month	Class*	Etiologic agent	Illness	Number of cases	Source	Setting
California	2000	Apr	NA†	*Naegleria fowleri*	Meningoencephalitis	1	Mudhole	Mudhole
Florida	1999	Oct	NA	*N. fowleri*	Meningoencephalitis	1	Pond	Pond
Florida	2000	—§	NA	*N. fowleri*	Meningoencephalitis	1	—	—
Guam	2000	Jul	II	*Leptospira interrogans*	Leptospirosis	21	Lake	Adventure race
Vermont	2000	Feb	NA	Bromine	Chemical keratitis	3	Pool	Pool
Texas	1999	Sep	II	Unknown¶	Acute respiratory infection	12	Hot tub	Ranch
Texas	2000	Jul	NA	*N. fowleri*	Meningoencephalitis	1	Lake	Lake
Wisconsin	2000	May	I	*Legionella pneumophila*	Pontiac fever	20	Whirlpool	Motel

* On the basis of epidemiologic and water-quality data provided on CDC form 52.12.
† Not applicable.
§ The month the outbreak occurred was not reported; the source and setting were not reported.
¶ Clinical specimens tested negative for *Legionella pneumophila* serotypes 1 and 6, adenovirus, influenza virus, and parainfluenza virus.

Figure 8

FIGURE 8. Number of outbreaks involving gastroenteritis associated with recreational water, by year and illness — United States, 1978–2000 (n = 146)

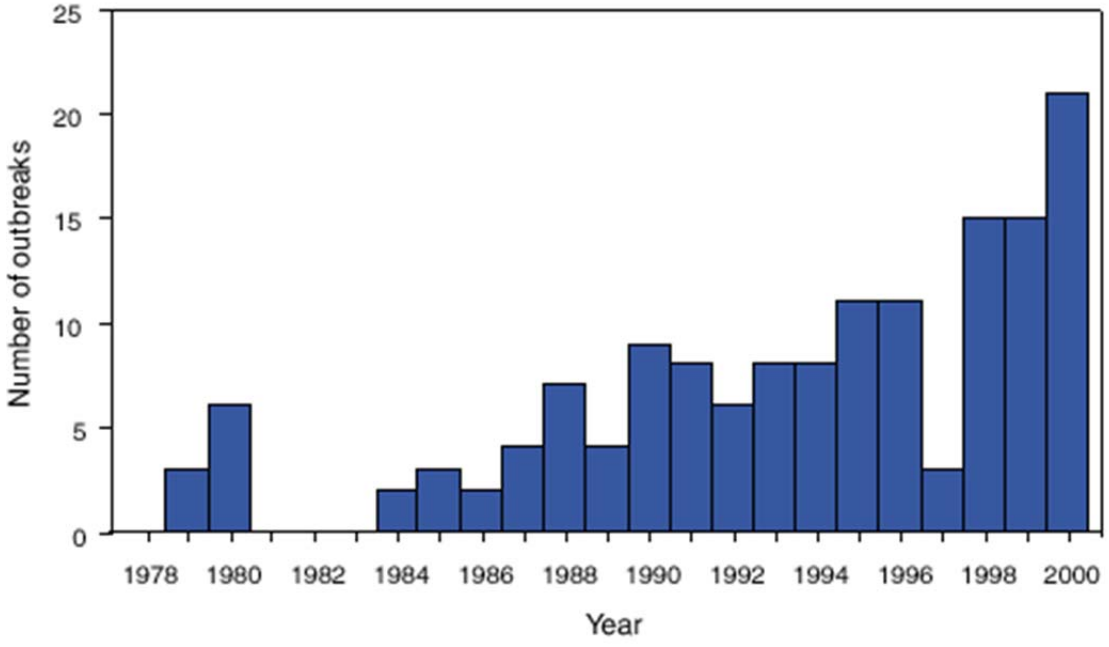


Table 9

TABLE 9. Waterborne-disease outbreaks of dermatitis associated with recreational water — United States, 1999–2000 (n = 15)

State	Year	Month	Class*	Etiologic agent	Number of cases	Source	Setting
Alaska	2000	Oct	NA†	*Pseudomonas aeruginosa*§	29	Pool/hot tub	Hotel
Arkansas	1999	Jun	NA	*P. aeruginosa*§	10	Pool	Community
Arkansas	2000	Feb	NA	*P. aeruginosa*§	26	Pool/ hot tub	Motel
California	2000	Jun	IV	Schistosomes**	6	Pond	Pond
California	2000	Jul	IV	Schistosomes**	4	Pond	Pond
Colorado	1999	Feb	NA	*P. aeruginosa*¶§	19	Hot tub	Hotel
Colorado	1999	Dec	NA	*P. aeruginosa*††	5	Hot tub	Ski lodge
Florida	2000	Aug	NA	*P. aeruginosa*††	6	Hot tub	Apartment complex
Maine	2000	Feb	NA	*P. aeruginosa*¶	9	Hot tub/pool	Hotel
Maine	2000	Mar	NA	*P. aeruginosa*§	11	Hot tub	Hotel
Minnesota	2000	Dec	NA	*P. aeruginosa*¶	16	Hot tub	Private
Oregon	1999	Jul	IV	Schistosomes**	2	Lake	Lake
Vermont	1999	Jun	NA	*P. aeruginosa*††	9	Hot tub	Hotel
Vermont	1999	Feb	NA	*P. aeruginosa*††	11	Hot tub	Vacation home
Washington	2000	Mar	NA	*P. aeruginosa*††	10	Pool/hot tub	Motel

* On the basis of epidemiologic and water-quality data provided on CDC form 52.12.
† Not applicable.
§ Organism isolated from water.
¶ Laboratory-confirmed case.
** Suspected etiology on the basis of clinical syndrome and setting.
†† Suspected etiology on the basis of clinical syndrome.

Figure 9

FIGURE 9. Number of outbreaks involving gastroenteritis associated with recreational water, by water type — United States, 1985–2000 (n = 135)

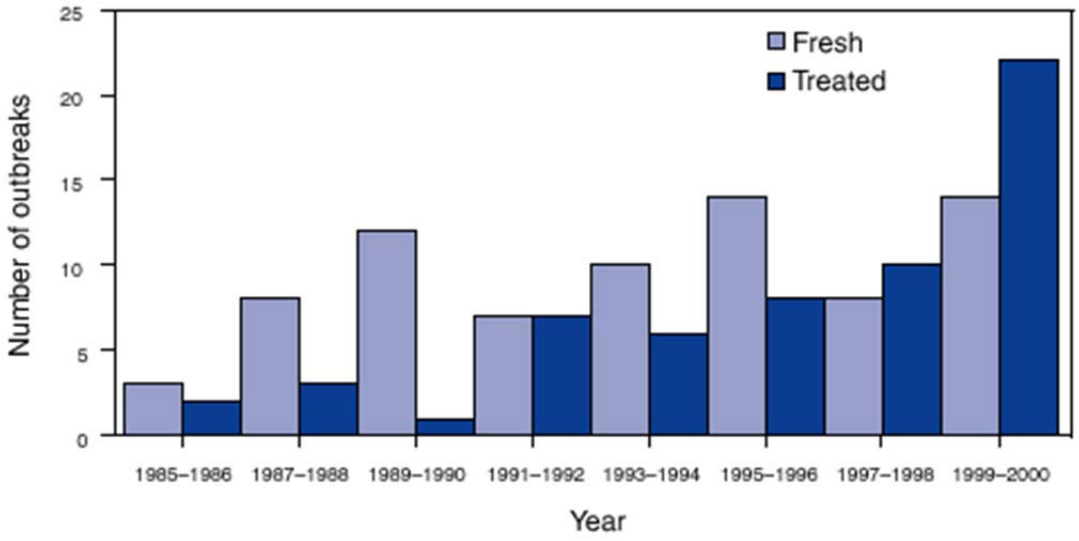


Table 10

TABLE 10. Waterborne-disease outbreaks associated with occupational exposures — United States, 1999–2000 (n = 2)

State	Year	Month	Class*	Etiologic agent	Exposure	Number of cases	Source	Setting
Hawaii	1999	Aug	IV	*Leptospira*	Contact with pond water	2	Pond	Outdoor landscaping
Minnesota	2000	Aug	III	Pontiac fever†	High-pressure cleaning using lagoon water	15	Plant lagoon	Sugar beet plant

* On the basis of epidemiologic and water-quality data provided on CDC form 52.12.
† Endotoxin was also isolated from environmental samples; the role of endotoxin is unclear.

Table 11

TABLE 11. Waterborne-disease outbreaks associated with drinking water that were not included in the previous surveillance summaries — United States, 1995–1997 (n = 3)*

State	Year	Month	Class*	Etiologic agent	Number of cases	Type of system§	Deficiency¶	Source	Setting
Washington	1995	Jul	III	*Giardia intestinalis***	87	Com	4	Well	Community
California	1997	Nov	III	Nitrite (sodium metaborite)	7	Com	4	Mixed river/groundwater	Hospital cafeteria
New York	1997	Dec	I	Norwalk-like virus	1,450	Ncom	3	Well	Ski resort

* An outbreak is defined as 1) ≥2 persons experiencing a similar illness after either ingestion of drinking water or exposure to water used for recreational purposes and 2) epidemiologic evidence that implicates water as the probable source of illness.
† On the basis of epidemiologic and water-quality data provided on CDC form 52.12.
§ Com = community; Ncom = noncommunity; Ind = individual; Community and noncommunity water systems are public water systems that serve ≥15 connections or an average of ≥25 residents for ≥60 days/year. A community water system serves year-round residents of a community, subdivision, or mobile home park with ≥15 service connections or an average of ≥25 residents. A noncommunity water system can be nontransient or transient. Nontransient systems serve ≥25 of the same persons for ≥6 months/year (e.g., factories or schools), whereas transient systems do not (e.g., restaurants, highway rest stations, or parks). Individual water systems are not owned or operated by a water utility and serve <15 connections or <25 persons. Outbreaks associated with water not intended for drinking (e.g., lakes, springs, and creeks used by campers and boaters; irrigation water; and other nonpotable sources with or without taps) are also classified as individual systems.
¶ 1 = untreated surface water; 2 = untreated groundwater; 3 = treatment deficiency (e.g., temporary interruption of disinfection, chronically inadequate disinfection, and inadequate or no filtration); 4 = distribution system deficiency (e.g., cross-connection, contamination of water mains during construction or repair, and contamination of a storage facility); and 5 = unknown or miscellaneous deficiency (e.g., contaminated bottled water).
** Thirty-three persons had stool specimens that tested positive for *G. intestinalis*. One specimen tested positive for *Entamoeba coli*. One other specimen tested positive for *Blastocystis hominis*. One cultured specimen tested positive for *Campylobacter jejuni*.

BOX. Environmental Protection Agency (EPA) regulations regarding drinking water, 1974–2003

Regulation/date	Description
Safe Drinking Water Act/1974 and 1986 and 1996 amendments	Authorizes EPA to set national standards to protect drinking water and its sources
Total Coliform Rule (TCR)/and Maximum Contaminant Level (MCL)/1989	Requires routine monitoring for total coliforms of all public water systems plus periodic on-site inspections for systems that take <5 samples/month to evaluate and document treatment, storage, distribution network, operation and maintenance, and overall management. Systems that collect ≥40 samples/month (i.e., typically, systems that serve >33,000 persons) violate MCL if >5.0% of the samples collected during each month are positive for total coliforms; systems that collect <40 samples/month violate MCL if two samples during the month are positive for total coliforms. If a system has a total coliform-positive sample, then 1) that sample must be tested for the presence of fecal coliforms or *Escherichia coli*, and 2) three repeat samples must be collected (four, if the system collects ≤1 routine sample/month) within 24 hours and analyzed for total coliforms. If positive, the sample must be analyzed for fecal coliforms or *Es. coli*. In addition, ≥5 routine samples must be collected during the next month of sampling, regardless of system size. For any size system, if two consecutive total coliform-positive samples occur at one site during a month, and one of these samples is also fecal coliform-positive or *Es. coli*-positive, the system has an acute violation of the Maximum Contaminant Level and must notify the state and the public immediately.
Surface Water Treatment Rule (SWTR)/1989	Covers all water systems that use surface water or groundwater under the direct influence of surface water; all systems must disinfect their water, and the majority of systems must filter their water also, unless they meet EPA-specified filter-avoidance criteria that define high-quality source water. Specific requirements include • a combined filter-effluent–performance standard for turbidity (i.e., for rapid granular filters, 0.5 nephelometric turbidity unit [NTU] maximum for 95% of measurements [taken every 4 hours] during a month) and no single NTU reading >5.0; • watershed protection, redundant disinfection capability, and other requirements for unfiltered systems; • a 0.2-mg/L disinfectant residual entering the distribution system; and • maintenance of a detectable disinfectant residual in all parts of the distribution system. This rule requires that all such systems reduce the level of *Giardia* by 99.9% (3-log reduction) and viruses by 99.99% (4-log reduction) through a combination of removal (filtration) and inactivation (disinfection).
Information Collection Rule/ 1996–1998	Requires systems serving ≥100,000 persons to provide treatment data and monitor disinfection byproducts and source water quality parameters. Surface water systems are also required to monitor *Cryptosporidium*, *Giardia*, total culturable viruses, and total and fecal coliforms or *Es. coli* ≥1 time/month for 18 months. Results provided information to facilitate development of the Long Term 2 Enhanced SWTR, which is intended to protect against microbial risks by targeting those systems with suboptimal quality source water and to balance the health risks associated with disinfection byproducts and the anticipated Stage 2 Disinfection Byproduct Rule.
Interim Enhanced Surface Water Treatment Rule (IESWTR)/1998	Follow-up to SWTR that covers all public systems using surface water or groundwater under the direct influence of surface water and serving ≥10,000 persons. Key provisions include • a 2-log *Cryptosporidium*-removal requirement for filtered systems; • strengthened combined filter-effluent–turbidity performance standards for systems using conventional filtration treatment or direct filtration (0.3 NTU maximum for 95% of measurements during a month and no single NTU reading >1.0); • individual filter turbidity monitoring provisions;

BOX (*Continued*). Environmental Protection Agency (EPA) regulations regarding drinking water, 1974–2003

Regulation/date	Description
	• disinfection profile and benchmark provisions to ensure continued levels of microbial protection while facilities take necessary steps to comply with new disinfection byproduct standards; • revision of the definition of groundwater under the influence of surface water and the watershed-control requirements for unfiltered public water systems to include detection of *Cryptosporidium*; • requirements for covers on newly finished water reservoirs; • sanitary surveys for all surface water systems regardless of size; and • an MCL goal of zero oocysts for *Cryptosporidium*.
Lead and Copper Rule/2000 changes	Streamlines requirements, promotes consistent national implementation, and reduces the burden for water systems.
Long Term 1 Enhanced SWTR (LT1ESWTR)/2002 and the Filter Backwash Recycling Rule (FBRR)/2001	Companion regulations for IESWTR; LT1ESWTR applies to public water systems that use surface water or groundwater under the direct influence of surface water and that serve <10,000 persons. FBRR regulates how treatment plants recycle water that has been used to backwash a filter or that has been extracted from treatment plant sludge. FBRR regulates the point in the treatment plant at which the contaminated recycle water may be introduced, assuring that the water is subject to the entire particle and *Cryptosporidium parvum* removal process.
Long Term 2 Enhanced SWTR (LT2ESWTR)/expected in 2003	Applies to all systems using surface water or groundwater under the influence of surface water; will provide additional protection against *Cryptosporidium*. Systems will be assigned to a treatment category on the basis of their source-water *Cryptosporidium* levels; the category then determines how much additional treatment is required.
Stage 2 Disinfection Byproduct Rule (DBPR)/expected in 2003	Will apply to community water systems and nontransient noncommunity water systems that use an alternative to ultraviolet disinfection or deliver disinfected water; systems will be required to monitor for total trihalomethanes and the sum of five haloacetic acids and comply with MCLs at each monitoring location as a locational running annual average.
Ground Water Rule (GWR) (1996 amendment to EPA's Safe Drinking Water Act)/expected to be finalized in 2003	Applies to public groundwater systems (i.e., systems that have ≥15 service connections, or regularly serve ≥25 persons daily for ≥60 days/year) or any system that mixes surface and groundwater if the groundwater is added directly to the distribution system and provided to consumers without treatment. Establishes multiple barriers to protect against bacteria and viruses in drinking water from groundwater sources; establishes targeted strategy to identify groundwater systems at high risk for fecal contamination. Key areas include • system sanitary surveys; • hydrogeologic sensitivity assessments for nondisinfected systems; • source-water microbial monitoring by systems that do not disinfect and that draw from hydrogeologically sensitive aquifers or have detected fecal indicators within the system's distribution system; • corrective action by any system with substantial deficiencies or positive microbial samples indicating fecal contamination; and • compliance monitoring for systems that disinfect to ensure that they reliably achieve 4-log (99.99%) inactivation or removal of viruses. GWR does not apply to privately owned wells that serve <25 persons (e.g., individual homeowner wells).

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