

# AWA Flushing / Disinfection Submittal

Project Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

AWA Project Manager: \_\_\_\_\_

AWA Inspector: \_\_\_\_\_

Proposed Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Disinfection Method:  25 PPM for 24 hours with 10 PPM/minimum residual

100 PPM for 3 hours with 50 PPM/minimum residual

**NOTE: The tablet/granule method of chlorination shall not be utilized in any treated water pipeline.**

\_\_\_\_\_ % NSF Sodium Hypochlorite Brand: \_\_\_\_\_ (Provide Documentation)

Location(s) of Flushing / Disinfection:

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Size(s) / Length of Pipe(s) / Service Appurtenances / Branches / Etc.:

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Required Flush Rate (minimum 3 ft/sec for three pipe volumes):

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Provide Make and Model of Diaphragm Injector Pump, or Approved Equal, To Be Used:

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Dechlorination Product, Mix Ratio & Disposal Method:

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The process above was properly scheduled and completed per the requirements of AWA Standards, and AWWA C651, C652 & C653, as appropriate.

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
AWA Inspector

\_\_\_\_\_  
AWA Distribution