



Norweco

Chlorine Disinfection

This Management Plan identifies some basic requirements for proper operation and maintenance of the Norweco chlorine disinfection device for residential or other establishment use. Refer to Norweco's detailed Operation and maintenance Manual for detailed instructions on proper operation and maintenance require Information regarding the Norweco chlorine disinfection device can be found at the Minnesota Pollution Control Agency's website at: <http://www.pca.state.mn.us/programs/ists/productregistration.html>.

SYSTEM COMPONENT	TASK	FREQUENCY	RESPONSIBLE PARTY
Norweco	Monitor alarm*	On-going	Owner
chlorine disinfection device	Monitor flow	Every two months	Service Provider
	Add tablets to chlorinator and dechlorinator	Every two to three months, or as required based on tablet consumption**	Service Provider
	Perform operational field tests on effluent quality for Total Residual Chlorine (TRC) in the chlorine contact tank and after the dechlorination tablet feeder	Before replenishing tablets for chlorinator and dechlorinator**	Service Provider
	Collect a sample for fecal coliform bacteria after the dechlorination tablet feeder	See Operating Permit – Minimum: every two to three months; before replenishing tablets for chlorinator and dechlorinator	Service Provider

Alarm activation as indicated by an audible signal indicates that the chlorinator and/or dechlorinator, which disinfects the effluent, may be malfunctioning. The owner is required to contact the Service Provider immediately to have the system assessed and fixed. This is a condition of the operating permit – to keep the chlorinator in working order.

** See attached schedule.

At the time of each service visit, Form 7-6: Disinfection Unit – Chlorine should be completed. See <http://www.onsiteconsortium.org/omspchecklists.html>

Additional sampling requirements are specified in local operating permits. The protocol for collection of wastewater samples is specified in the O&M manual.

**Tablet Disinfection and Dechlorination Replacement Schedule
(provided by the manufacturer)**

1. Feeder sizing and estimated Bio-Sanitizer tablet consumption to meet 10,000 CFU/100mL influent of secondary treated wastewater.

Daily Flow (GPD)	Minimum Contact Tank Size (Gallons)	Recommended Tablet Feeder	Estimated Days Between Bio-Sanitizer Tablet Refill	Estimated Days Between Bio-Max Dechlorination Tablet Refill
3,000	250	LF 2000	114	98
4,500	375	LF 2000	76	65
9,000	750	LF 4000	76	65

2. Feeder sizing and estimated Blue Crystal tablet consumption to meet 1,000 CFU/100mL with an influent of secondary treated wastewater.

Daily Flow (GPD)	Minimum Contact Tank Size (Gallons)		Estimated Days Between Blue Crystal Disinfecting Tablet Refill	Estimated Days Between Bio-Max Dechlorination Tablet Refill
3,000	250		69	98
4,500	375		58	65
9,000	750		58	65