

## Water treatment

Project:	auto	Ref.:	auto
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System: auto	Sheet: auto of auto
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## System Witness Certificate


### Chemical Cleaning

*The system detailed within has been witnessed to the Clients representative,  
the test data is a true record of the system performance achieved*

Witnessed By:	auto (S)
Company:	auto (S)
Date:	auto (S)

Test Completed By:	Auto
Services Contractor:	Auto
Date:	Auto

Comments: TEXT



# WATER TREATMENT

**BALCOMM LIMITED**

Water Treatment, Commissioning  
& Dewatering Cleaning

☐ = ✓ or X or N/A

## Water Treatment Check List

Project: <u>auto</u>	Ref.: <u>auto</u>
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System: <u>auto</u>	Sheet: <u>auto</u> of
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<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No (explain why not)	<input checked="" type="checkbox"/> N/A Not applicable
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Clients Check List	Check List
System Complete & Pressure tested <input checked="" type="checkbox"/>	Coils Back Flushed if Applicable <input type="checkbox"/>
Mains/Boosted Water Available <input type="checkbox"/>	Dirt Pockets Cleared <input type="checkbox"/>
Adequate Flushing Water Pressure <input type="checkbox"/>	Drain Cocks Cleared <input type="checkbox"/>
Adequate Flushing/Drains Connections <input type="checkbox"/>	Strainers Cleaned <input type="checkbox"/>
Adequate Site Drainage <input type="checkbox"/>	System Vented <input type="checkbox"/>
System Drawings Available <input type="checkbox"/>	Full Circulation Proved <input type="checkbox"/>
Power Available <input type="checkbox"/>	System Dosed With Inhibitor <input type="checkbox"/>

Mains Water Quality	System Water Quality
TDS: <u>TEXT</u>	TDS: <u>TEXT</u>
Iron: <u>TEXT</u>	Iron: <u>TEXT</u>
Appearance: <u>TEXT</u>	Appearance: <u>TEXT</u>
pH: <u>TEXT</u>	pH: <u>TEXT</u>

Chemicals Used: <u>TEXT</u>	
Inhibitor Dosage: <u>TEXT</u>	Biocide Dosage: <u>TEXT</u>

Comments: <u>TEXT</u>

Engineer: <u>AAO</u>	Date: <u>auto</u>
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Project: auto	Ref.: auto
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System: auto	Sheet: auto of auto
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Client	(1170)	
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[illegible]

Engineer: <u>auto</u>	Date: <u>auto</u>
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# BALCOMM LIMITED

*Commissioning, Ductwork Cleaning  
& Water Treatment*

## **TEMPORARY CERTIFICATE OF DISINFECTION/CHLORINATION**

Balcomm Ref:

Contract Name:

Client:

*Deletable.*

The following services have been disinfected in accordance with **B8558 or BS 6700**: -

Laboratory results to follow.

Engineer:

Date:

### Head Office:

1A Stoke Gardens,  
Slough, Berkshire, SL1 3QP  
TEL: 01753 528173 - FAX: 01753 579743

### Essex Office:

Unit 9, Cambria Close, Chaffee Industrial Estate,  
Canvey Island, Essex, SS8 0JX  
TEL: 01268 694102 - FAX: 01268 696615

[www.balcomm.co.uk](http://www.balcomm.co.uk) - Email: [info@balcomm.co.uk](mailto:info@balcomm.co.uk)  
Co. Reg. 3693572





## Certificate of Mains Chlorination

Contract Name:	auto
Client:	auto
Balcomm Ref:	TEXT
Lab Ref:	TEXT

The following services have been sterilised in accordance with BS6700: -

Systems:	Mains Incoming Water		
Sample Point:	TEXT		
Pipe Length:	NUMBER	Meters	1 decimal
Pipe Diameter:	NUMBER	mm	1 decimal
Flush Rate:	NUMBER	L/S	2 decimal

Swabbing & flushing tasks were performed prior to disinfection.

Disinfection Chemical Used:	B14 SODIUM HYPOCHLORITE		
Chlorine Level Of Source Water:	NUMBER	MG/L	1 DECIMAL
Chlorine Level After Dosing:	NUMBER	MG/L	1 decimal
Contact Time:	NUMBER	Hours	Minutes
Chlorine Level After Contact:	NUMBER	MG/L	1 decimal
Chlorine Residual After Flushing:	NUMBER	MG/L	1 decimal
Flushing Time To Clear:	NUMBER	Hours	Minutes
On Site Taste Result (Post Flush)	TEXT		
On Site Odour Result (Post Flush)	TEXT		
Confirmation of Pipework Capped:	To Be Confirmed By Services Contractor		

Independent Laboratory analysis has confirmed that the following parameters are within EEC guidelines.

TVC 3 days @ 22°	OFFICE TO COMPLETE	Number
TVC 2 day @ 37°	OFFICE TO COMPLETE	Number
Coliforms/100ml	OFFICE TO COMPLETE	Number
E.coli/100ml	OFFICE TO COMPLETE	Number

Engineer:	auto	Date:	auto
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