Private Drinking Water Standard for Ultra Violet (UV) Light Disinfection System

Chautauqua County Environmental Health Services (716) 753-4481

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

☐ Water Quality – The water must meet the following
parameters or the UV system will not disinfect properly. Use
a certified lab or water treatment professional to test the
water <i>before</i> you purchase a UV system. Results must be
certified in writing by the tester and attached to this form.
Pre-treatment such as a water softener is usually required.

Parameter	Limit (reading must be ≤ listed value)	
Iron	0.3 mg/l	
Manganese	0.05 mg/l	
Hardness (calcium)	300 mg/l	
Hydrogen sulfide	1 mg/l and/or no apparent odor	
Turbidity	1 NTU / total suspended solids 10 mg/L	
Color	15 color units and/or no apparent color	

☐ **Raw Water Tap** must be present prior to treatment.

☐ **5 Micron Filter** is required to ensure water clarity.

☐ **UV Light must** be NSF or UL approved for use with drinking water.

☐ **UV Light must** be sized to pump capacity, or flow restriction provided.

☐ **UV Light must** have automatic, audible alarm and indicator lights, or intensity meter to monitor bulb output.

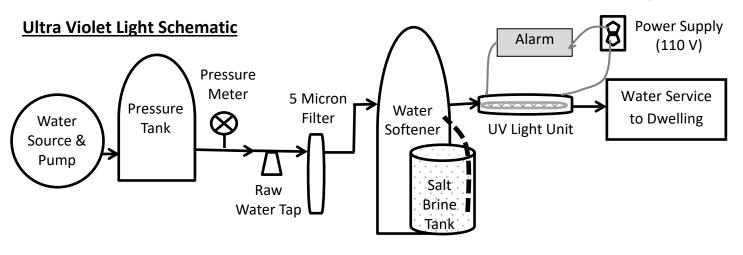
☐ **UV Light must** have a quartz sleeve that is easily or automatically cleaned.

☐ **Disinfect the plumbing** with chlorine after the light is installed.

☐ **Spare Bulb** must be kept on site in a cool, dry location.

☐ Maintenance Instructions and/or Manufacturers' Literature must be available on site for the buyer.

NOTE TO OWNER: UV units must be cleaned periodically and bulbs replaced following manufacturer recommendations. We recommend the water be tested for bacteria at least once per year to check the effectiveness of the system. For seasonal homes, we recommend the water be tested for bacteria as soon as the water is turned on each year.



Address of Installation		Property Owner
Installed By:		
·	Company	Name of Installer
	Telephone #	Date

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