Questionnaire (translated into English from the Spanish original version)

Questionnaire to water companies and drinking water treatment plants

FOR THE EPIDEMIOLOGICAL STUDY ON CHLORINATED DRINKING WATER, FUNDED BY THE EUROPEAN UNION, THE FONDO DE INVESTIGACIÓN SANITARIA AND WITH THE COLLABORIATION OF THE WORLD HEALTH ORGANIZATION

To be returned to: Cristina Villanueva Institut Municipal d'Investigació Mèdica, IMIM Unitat de Recerca Respiratòria i Ambiental c/ Doctor Aiguader 80, Barcelona 08003 Tel: 221 10 09. Fax: 221 32 37

IMIM, Institut Municipal d'Investigació Mèdica Barcelona, September 1997

•	Questionnaire to water distribution companies	3
	1. General Information	3
	2. Information on the water supplied	4
•	Questionnaire to water treatment plants	7
	1. General information	7
	2. Water source	9
	3. Water quality before treatment	9
	4. Treatment	12
	5. Disinfection	14

TO BE COMPLETED BY WATER **DISTRIBUTION COMPANIES**

1. GENERAL INFORMATION
a) Company name
b) Address
c) Name and title of the person completing this questionnaire:
d) Date when the questionnaire is completed
e) Period of functioning of the company: From year to year
f) Indicate the municipalities covered by your company:
municipality: ,from year to year
municipality:, from year to year
municipality: ,from year to year
municipality:, from year to year
municipality:, from year to year
municipality: ,from year to year
municipality:, from year to year
municipality: ,from year to year
municipality:, from year to year
municipality:, from year to year
municipality: ,from year to year
municipality:, from year to year
municipality: ,from year to year
municipality:, from year to year
municipality: ,from year to year
municipality:, from year to year
municipality: ,from year to year
municipality: ,from year to year

municipality:, from year to year
municipality: ,from year to year
g) To how many people, approximately, is the company supplying water?:
2. INFORMATION ON THE WATER SUPPLIED
a) The source of the water supplied is:
a) surface
b) ground
c) sea
d) other (specify)
Please indicate the name of the water source(name of the river, etc.)
d) If you obtain water from other water companies please indicate them:
e) If you sell water to other water companies please indicate them:

b) Do you use chlorine as a disinfectant? YES NO

Ιf	yes	

•Do you keep a record of the free (residual) chlorine in the water?
YES NO
(If yes) Year started?
•Do you do these analyses in randomly selected samples? YES NO
Year started?
c) Indicate which other halogenated compounds do you usually monitor, and from what year did you record the data:
COMPOUND: Year started:

Please complete the following table with any information you have available (mean annual level):

	Trihalometha	anes (THM)	chloroform	1	dichlorobromo	methane	chlorodibror	nomethane	bromoform		
	level	No. measurements/ year	level	No. measurements/ year	level	No. measurements/ year	level	No. measurements/ year	level	No. measurements/ year	
1970											
1971											
1972											
1973											
1974											
1975											
1976											
1977											
1978											
1979											
1980											
1981											
1982											
1983											
1984											
1985											
1986											
1987											
1988											
1989											
1990											
1991											
1992											
1993											
1994											
1995											
1996											
1997											

Indicate the units of the measurements:

TO BE COMPLETED BY WATER TREATMENT PLANTS AND BY WATER DISTRIBUTION PLANTS THAT HAVE TREATMENT FACILITIES.

1. GENERAL INFORMATION
a) Company name
b) Address:
c) Name and title of the person completing this questionnaire:
d) Date of completion of this questionnaire
e) Period during which the company has been functioning From year to year
f) Indicate which municipalities are covered by your plant:
municipality: ,from year to year

	municipality: , from year to year
	municipality: ,from year to year
	municipality: , from year to year
	municipality: ,from year to year
	municipality: ,from year to year
	municipality: ,from year to year
	municipality: ,from year to year
	municipality: ,from year to year
	municipality: ,from year to year
	municipality: ,from year to year
	g) To what water distribution plants to you sell the water treated in your plant?
2. WAT	TER SOURCE
	• The source of the water treated in the plant is:
	a) surface
	b) ground
	c) sea
	d) other (specify)
	• If there is a specific name for the source of the water (name of the river, dam) please indicate it:

3. WATER QUALITY BEFORE TREATMENT

• If you have information for the following indicators of **water quality** before the treatment process, please complete the tables using average annual values.

	Level		Water flow (volume/time)		рН		temperature		Bromine		Organic matter		Arsenic		Ammonia		Residual free chlorine	
		No. Measure- ments/ year	level	No. Measure- ments/ year	level	No. Measure- ments/ year	level	No. Measure- ments /year	level	No. Measure- ments /year	level	No. Measure- ments /year	level	No. Measure- ments /year	level	No. Measure- ments /year	level	No. Measure- ments /year
1950																		
1951																		
1952																		
1953																		<u> </u>
1954																		<u> </u>
1955																		
1956																		
1957																		
1958																		
1959																		
1960																		
1961																		
1962																		
1963																		
1964																		
1965																		
1967																		
1968																		
1969																		
1970																		
1971																		
1972																		
1973																		
1974																		
1975																		
1976																		
1977																		
1978																		
1979																		
1980																		
1981																		
1982																		
1983																		

⁻

 $^{^{\}star}$ Permanganate oxidability.

1984									
1985									
1986									
1987									
1988									
1989									
1990									
1991									
1992									
1993									
1994									
1995									
1996									
1997									

Indicate the units of measurement:

- Chlorine demand:
- Water flow:
- Temperature:
- Bromine:
- Organic matter:
- Arsenic:
- Ammonia:
- Residual free chlorine:

a) What treatment process is currently followed by the plant?
(If available, please attach a scheme of the process)
b) Indicate the different treatment process that have been followed during the period the plant has been working, specifying the disinfectant and the phase when it was used.
From year to year, the treatment process was:
From year to year, the treatment process was:
From year to year, the treatment process was:
From year to year, the treatment process was:

4. TEATMENT

	From year to year, the treatment process was:
	From year to year, the treatment process was:
	From year to year, the treatment process was:
5 DIGT:	
5. DISIN	FECTION
a)	What agent was used for the pre-oxidation? • Chlorine:
	 Chlorine gas: from year to year hypochlorite from year to year chloramine: from year to year chlorine dioxide from year To year ozone from year To year H₂O₂: from year To year
	• KMnO ₄ : from year To year other (indicate which mixtures where used and during which period):

From year \dots to year \dots , the treatment process was:

b) If you are using chlorine as a disinfectant:
b.1. When did you start using pre-chlorination? From year to year
(if you have used pre-chlorination in different periods, please indicate them)
b.2. In which other steps of the process have you been adding chlorine?
 After treatment (post- chlorination) Yes No In both cases (pre and post chlorination) Yes No In other parts of the treatment process (indicate them)
<pre>b.3. Do you monitor the amount of chlorine added in each phase:</pre>
• Pre-chlorination YES NO
• Post-chlorination YES NO
• Other parts of the process: YES NO
b.4. In what year did you start recording this information?
b.5. Do control the residual free chlorine in the water after treatment?
b.6. In what year did you start recording this information?
c) What other disinfectants have you used and in what steps of the treatment process?
Disinfectant used: in process step:
to year to year
Disinfectant used: in process step:
to year to year
Disinfectant used: in process step:
to year to year
Disinfectant used: in process step:
to year to year
Disinfectant used: in process step:
to year
Disinfectant used: in process step:
to year to year
Disinfectant used: in process step:

, from year to year	
Disinfectant used:step:	in process
from year to year	
Disinfectant used: step:	in process
, from year to year	
Disinfectant used:step:	in process
from vear to vear	

Please, fill in the following table, with annual mean values in treated water.

	Trihalomethanes (THM)		chloroform		dichlorobromomethane		chlorodibromomethane		bromoform	
	level	No. measurements/ year	level	No. measurements/ year	level	No. measurements/ year	level	No. measurements/ year	level	No. measurements/ year
1970										
1971										
1972										
1973										
1974										
1975										
1976										
1977										
1978										
1979										
1980										
1981										
1982										
1983										
1984										
1985										
1986										
1987										
1988										
1989										
1990										
1991										
1992										
1993										
1994										
1995										
1996										
1997										

Indicate the units used for the measurements: