



**DECLARATION OF SUMMERTIME
HYPERHALOGENATION
(FORM CT SH DF01)
BUILDING WATER SYSTEMS OVERSIGHT
NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE**

*Please
print
clearly*

NYC CT
System ID #

2 0 0 0

SUMMERTIME HYPERHALOGENATION

- ✓ Prepare for summertime hyperhalogenation by ensuring water flow through the whole cooling tower system and all components.
- ✓ If there is risk of odor or overspray, shut off fans on the cooling tower during summertime hyperhalogenation if present.

Applicator Name	Category 7G Certified Supervisor Name	7G Applicator Certification #
Company	Company	

Hyperhalogenation Protocol (check box and describe protocol, if other)	Check Minimum Biocide Residual and Contact Time
<input type="checkbox"/> Cooling Tower Institute WTB-148 <input type="checkbox"/> Other:	<input type="checkbox"/> Minimum 5 parts per million (ppm) chlorine residual* for at least 6 hours * Equivalent free halogen residual may be measured if using non-chlorine disinfectant

Biocide Application

Biocide Feed Date	MM/DD/YYYY	Feed Pump Start Time	HH:MM	Feed Pump End Time	HH:MM	Volume Applied (include unit of measure)
Biocide Product Name	Biocide Supplier Name		NYSDEC Registration #		Effective pH Range	

List Other Chemicals Applied

Product Name	Product Supplier Name	NYSDEC Registration # (if applicable)	Volume Applied (include unit of measure)
1.			
2.			
3.			
4.			

Water Quality Measurements

Date	Time	Sample Location #1 Routine representative sampling location per §8-05(f)(4):			Sample Location #2 Other representative sampling location per §8-05(f)(4):			Initials of Water Quality Monitor
		pH	Chlorine Residual (ppm)*	Other Parameters Measured:	pH	Chlorine Residual (ppm)*	Other Parameters Measured:	
MM / DD / YYYY	HH:MM							

- Instructions for Submission**
- Upload this completed form to the NYC Registration Portal at coolingtowers.cityofnewyork.us within 30 days of completing summertime hyperhalogenation.
 - Collect a *Legionella* culture sample within 3 to 45 days after the summertime hyperhalogenation. The qualified person shall submit the *Legionella* culture test date in the NYC Registration Portal within 5 days of collection.

DECLARATION

By signing below, I attest under penalty of perjury that the summertime hyperhalogenation was performed in accordance with the requirements required by the section 8-04(f) of Chapter 8 of Title 24 of the Rules of the City of New York.

Building Owner / Owner Representative Signature	Date MM / DD / YYYY
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