

Direct Potable Water Reuse Standard Operating Procedure

Wichita Falls, Texas

MF / RO Emergency Shut Down

This SOP supersedes any previous SOP on this topic.

INTRODUCTION

In the event an emergency, a shutdown of the microfiltration and reverse osmosis systems may need to be initiated.

OBJECTIVE

To provide the order of events to shut down the Microfiltration and Reverse Osmosis Systems.

PROCEDURE

If a shutdown is required based on water quality triggers, the DPR Operations Supervisor will make the decision on whether to shut down the MF/RO plant. If the decision to shut down is made, the following steps will occur:

- The on duty operator will notify the River Road Operator (River Road Operations phone number: 397-2542) to shut down the RRWWTP discharge pump.
- The MF will be shut down from a SCADA work station by clicking on the stop cell button, located on the MF cell operation screen, for each MF cell in service.
- The RO trains will then be shut down from a SCADA work station by setting the flow to 0.00 MGD on the RO Start-Stop Sequence screen.
 - Then press the Stop button to shut down all trains that are in service.
- Chemical pumps should all be shut off on the corresponding chemical feed screens. (Including ferric sulfate and chlorine (if in use)).
 - The chlorine feed valves will need to be shut off at the chlorinator in the main chemical building.
 - The LAS pumps will need to be shut off manually in the Northwest corner of the microfiltration building.
- For any shut down of the MF and R.O. systems, the Operations and Maintenance Supervisor shall be notified immediately after completing the shutdown steps.

See Associated SOP:

Chain of Command SOP

Alarms and Triggers SOP

Prepared by:_____ Date:_____

Approved by:_____ Date:_____

*This SOP is considered effective on the date it is approved. SOP’s are to be reviewed and/or updated annually or any time this process has changed.

Reviewed by:_____ Date:_____

Reviewed by:_____ Date:_____

Reviewed by:_____ Date:_____

Reviewed by:_____ Date:_____

Reviewed by:_____ Date:_____

Sign below and date that you have read this SOP. By signing you are stating that you understand and will defer to this SOP when applicable.

Printed Name	Signature	Date	Printed Name	Signature	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____