|  |
| --- |
| **General Information** |
| 1. Water System Information   System Name:                                                                       Water System Number:  Facility Address:  City:                                                                      State:                                              Zip: |
| 1. Report Prepared by:   Name (Print):                                                                                  Date Prepared:  Signature:                                                                                      Contact Phone Number: |
| **Monitoring Results** |
| 1. Provide the Compliance Monitoring Site(s) where the Operational Evaluation Level (OEL) was exceeded.     *(Note: The site name and number should correspond to a site in your Stage 2 Compliance Monitoring Plan.)* |
| 1. Monitoring Results for the Site(s) Listed Above  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  | **Quarter** | | | **Operational Evaluation Value\*** | | Results from Two Quarters Ago | Prior Quarter's Results | Current Quarter | | A | B | C | D=[A+B+(2\*C)]/4 | | Date Sample Was Collected |  |  |  |  | | B\_\_ | TTHM (mg/L) |  |  |  |  | | HAA5 (mg/L) |  |  |  |  | | B\_\_ | TTHM (mg/L) |  |  |  |  | | HAA5 (mg/L) |  |  |  |  | | B\_\_ | TTHM (mg/L) |  |  |  |  | | HAA5 (mg/L) |  |  |  |  | | B\_\_ | TTHM (mg/L) |  |  |  |  | | HAA5 (mg/L) |  |  |  |  |   **\***The OEL is exceeded if any TTHM value in column D exceeds 0.080 mg/L or if any HAA5 value exceeds 0.060 mg/L. [See 15A NCAC 18C Section .2008 (§141.626)] |
| **Limited Scope Reporting** |
| 1. Is the cause for elevated disinfection byproducts concentrations known, and can it be quickly corrected operationally?   **Yes □ No □** |
| 1. Did the NC Public Water Supply Section allow you to limit the scope of the operational evaluation?   **Yes □ No □**  ***(If YES, complete your report by filling out item C below, and then submit pages 1 & 2 of this form along with the Limited Scope approval correspondence from the Public Water Supply Section. If NO, continue and complete pages 3 through 5 of this form.)*** |
| 1. Give a brief explanation of the cause of the OEL exceedance and how this has been corrected. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Storage Tank Operations** |
| 1. Could storage tank operations be a source of elevated disinfection byproducts for your water system? **Yes □ No □**   ***(If NO, proceed to the next table. If YES, please explain your storage tank operation issues below.)*** |
| 1. Please give an explanation of possible storage tank operation issues. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |

|  |
| --- |
| **Excess Storage Capacity** |
| 1. Could excess storage capacity be a source of elevated disinfection byproducts for your water system? **Yes □ No □**   ***(If NO, proceed to the next table. If YES, please explain your excess storage capacity issues below.)*** |
| 1. Please give an explanation of possible excess storage capacity issues. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |

|  |
| --- |
| **Distribution System Flushing** |
| 1. Could distribution system flushing be a source of elevated disinfection byproducts for your water system? **Yes □ No □**   ***(If NO, proceed to the next table. If YES, please explain your distribution system flushing issues below.)*** |
| 1. Please give an explanation of possible distribution system flushing issues. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |
| **Source Water Quality/Changes in Source** |
| 1. Could source water quality/changes in source be a source of elevated disinfection byproducts for your water system? **Yes □ No □**   ***(If NO, proceed to the next table. If YES, please explain your source water quality issues below.)*** |
| 1. Please give an explanation of possible source water quality issues. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Treatment Changes** |
| 1. Could treatment changes be a source of elevated disinfection byproducts for your water system? **Yes □ No □**   ***(If NO, proceed to the next table. If YES, please explain your treatment change issues below.)*** |
| 1. Please give an explanation of possible treatment change issues. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Discussion of Steps to Consider to Prevent Future Exceedances** |
| 1. Please explain the steps your system will take, based on the evaluation of your water system, to permanently reduce the concentration of disinfection byproducts in the system. (Add additional lines to this table, as necessary.) |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| 1. Additional Comments. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |