

I. GENERAL INFORMATION

A. Facility Information

Facility Name: _____ PWSID: _____
 Facility Address: _____
 City: _____ State: _____ Zip: _____

B. Report Prepared by:

(Print): _____ Date prepared: _____
 (Signature): _____
 Contact Telephone Number: _____

II. MONITORING RESULTS

A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded.

Note: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring plan.

B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more than one exceedance)

1. Check TTHM or HAA5 to indicate which result caused the OEL exceedance. TTHM HAA5

2. Enter your results for TTHM or HAA5 (whichever you checked 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 | | | | |
| TTHM (mg/L) | | | | |
| HAA5 (mg/L) | | | | |

Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or 0.060 mg/L for HAA5, an OEL exceedance has occurred.

C. Has an OEL exceedance occurred at this location in the past? Yes No

If NO, proceed to item D. If YES, when did exceedance occur?

Was the cause determined for the previous exceedance(s)? Yes No

Are the previous evaluations/determinations applicable to the current OEL exceedance? Yes No

III. OPERATIONAL EVALUATION FINDINGS

A. Did the State allow you to limit the scope of the operational evaluation? Yes No

If NO, proceed to item B. If YES, attach written correspondence from the State.

B. Did **the distribution system** cause or contribute to your OEL exceedance(s)? Yes No
 Possibly

If NO, proceed to item C. If YES or POSSIBLY, explain (attach additional pages if necessary):

C. Did the **treatment** system cause or contribute to your OEL exceedance(s)? Yes No
 Possibly

If NO, proceed to item D. If YES or POSSIBLY, explain (attach additional pages if necessary):

D. Did **source water quality** cause or contribute to your OEL exceedance(s)? Yes No
 Possibly

If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional pages if necessary):

E. Attach all supporting operational or other data that support the determination of the cause(s) of your OEL exceedance(s).

F. If you are unable to determine the cause(s) of the OEL exceedance(s), list the steps that you can use to better identify the cause(s) in the future (attach additional pages if necessary):

G. List steps that could be considered to minimize future OEL exceedances (attach additional pages if necessary)

H. Total **Number of Pages** Submitted, Including Attachments and Checklists: _____