OCCT Verification Form

This form is required to be submitted to the Illinois EPA once your Optimal Corrosion Control Treatment is installed and optimized.

Facility No.______________   Name_____________________________________

Contact Person:______________________ Phone (___)________________________________

The following must be completed by the owner or official custodian:

I, _________________________________(print name), have certified the Optimal Corrosion Control Treatment (OCCT) has been installed and optimization of water treatment is complete. This supply is now ready to proceed with follow-up lead/copper monitoring.

Signature_____________________________________
Title_________________________________________
Date_________________________________________

The Illinois EPA operating permit for the OCCT was issued on ___________________(date of permit). (Note: If you do not have an operating permit, please call Jay Timm at 217/785-0561)

Please return to this address:

Illinois Environmental Protection Agency
Drinking Water Compliance Unit #19
Bureau of Water
1021 North grand Avenue East
P.O. Box 19276
Springfield, IL  62794-9276

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 ½section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and additional civil penalty up to $10,000.00 for each day the failure continues, a fine up to $1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management center.

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