# Source Water Treatment Recommendation

## Option 2

Date:_______________________

Facility No. ____________________ Name: _________________________________________

Contact Person: _____________________________ Phone No. (___)_____________________

Population Served: ____________________________

### Part I

List all entry point (or treatment application point - TAP) values obtained in sampling for this monitoring period and attach the results of any other samples collected at each entry point.

<table>
<thead>
<tr>
<th>TAP No.</th>
<th>Entry Point (TAP) Description</th>
<th>Date Collected</th>
<th>Lead Value</th>
<th>Copper Value</th>
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### Part II

Our recommendation is (check one) :

_____ **No Treatment.** I understand that my maximum permissible level for monitoring will be 0.005 mg/l for lead and 0.200 mg/l for copper.

**OR**

_____ I recommend this type of treatment ___________________________________________

Recommended Maximum Permissible Levels _____ mg/l for lead & _____ mg/l for copper.

OVER
The reason for this recommendation is:

____________________________________________________________________________________
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Attach additional pages as necessary (including all supporting studies, data, treatment specifications, etc. that substantiate this recommendation).

Signature of Official Custodian _____________________________ Date: __________________

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 1/2, Section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to $10,000.00 and an additional civil penalty up to $1,000.00 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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