### SWTR RDC at Entry Point and Inactivation Ratio Monitoring

**Water System Number:**

**Water System Name:**

**Month/Year:**

**Entry Point ID (TPXX):**

**Entry Point Description:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Grab Samples*</th>
<th>Minimum RDC at EP (mg/l)**</th>
<th>Date</th>
<th>Number of Grab Samples*</th>
<th>Minimum RDC at EP (mg/l)**</th>
<th>Date</th>
<th>Number of Grab Samples*</th>
<th>Minimum RDC at EP (mg/l)**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>11</td>
<td>21</td>
<td>2</td>
<td>12</td>
<td>22</td>
<td>3</td>
<td>13</td>
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</tbody>
</table>

* List number of grab samples collected and analyzed. If continuously monitoring leave blank-do not list samples used for calibration.

** List minimum residual disinfectant concentration (RDC) at the entry point (EP) to the distribution system for that 24-hour period.

#### Report of RDC at Entry Point <0.2 mg/l

<table>
<thead>
<tr>
<th>Day</th>
<th>Duration of Low Level (hrs.)</th>
<th>Date Reported to IEPA</th>
<th>Date Follow-up Report to IEPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### INACTIVATION RATIO

**Min. Total *Giardia* Inactivation for the Month:** __________  Spreadsheet Emailed to [Mary.F.Reed@illinois.gov](mailto:Mary.F.Reed@illinois.gov) on / /

**Week 1:** __________  **Week 2:** __________  **Week 3:** __________  **Week 4:** __________  **Week 5:** __________

**Min. Total Virus Inactivation for the Month:** __________  Spreadsheet Emailed to [Mary.F.Reed@illinois.gov](mailto:Mary.F.Reed@illinois.gov) on / /

**Week 1:** __________  **Week 2:** __________  **Week 3:** __________  **Week 4:** __________  **Week 5:** __________

To the best of my knowledge, the above information is complete and accurate.

**Signature of ROINC:** __________________________  **Date:** __________

Mail Report to:
IEPA/BOW/CAS/DWU #19
1021 North Grand Avenue East, P.O. Box 19276
Springfield, Illinois 62794-9276
217/785-0561, FAX 217-557-1407

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This Agency is authorized to require this information under ILLINOIS REVISED STATUTES, 1979, Chapter 111 1/2, Sec. 1019. 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.

IL 532.2735
WPC 717 04/05