

Appendix D

Chapter 10: Disinfectants and Disinfection Byproduct Rule

Operational Evaluation Level Forms

- Additional OEL Information
- Operational Evaluation Level Forms
 - Operational Evaluation Report*
 - Source Water Checklist*
 - Treatment Process Evaluation Checklist*
 - Distributional System Evaluation Checklist*

Systems are required to complete all of the following forms if they exceed the OEL. If your water system exceeds the OEL, you must conduct an operational evaluation and submit a written report of the evaluation to the Illinois EPA no later than 90 days after being notified of the analytical result that causes it to exceed the OEL. A water system may request to limit the scope of their evaluation if they are able to identify the cause of the operational evaluation level exceedence.

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 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: _____

This Agency is authorized to require this information under 415 ILCS 5. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.
IL532-2979
PWS 292 01/2013

NO DATA AVAILABLE

System Name: _____
 Checklist Completed by: _____ Date: _____

A. Do you have source water temperature data? Yes No
 If **NO**, proceed to item B. If **YES**, was the source water temperature high? Yes No
 If **NO**, proceed to item B. If **YES**, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Was the raw water storage time longer than usual?
<input type="checkbox"/>	<input type="checkbox"/>	Did you place another water source on-line?
<input type="checkbox"/>	<input type="checkbox"/>	Were river/reservoir flow rates lower than usual? If yes, indicate the location of lower flow rates and the anticipated impact on the OEL exceedance.
<input type="checkbox"/>	<input type="checkbox"/>	Did point or non-point sources in the watershed contribute to the OEL exceedance?

B. Do you have data that characterizes organic matter in your source water (e.g., TOC, DOC, SUVA, color, THM formation potential)? Yes No
 If **NO**, proceed to item C. If **YES**, were these values higher than normal? Yes No
 If **NO**, proceed to item C. If **YES**, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Did heavy rainfall or snowmelt occur in the watershed?
<input type="checkbox"/>	<input type="checkbox"/>	Did you place another water source on-line?
<input type="checkbox"/>	<input type="checkbox"/>	Did lake or reservoir turnover occur?
<input type="checkbox"/>	<input type="checkbox"/>	Did point or non-point sources in the watershed contribute to the OEL exceedance?
<input type="checkbox"/>	<input type="checkbox"/>	Did an algal bloom occur in the source water?
<input type="checkbox"/>	<input type="checkbox"/>	If algal blooms were present, were appropriate algae control measures employed (e.g. addition of copper sulfate)?
<input type="checkbox"/>	<input type="checkbox"/>	Did a taste and odor incident occur?

C. Do you have source water bromide data? Yes No
 If **NO**, proceed to item D. If **YES**, were the bromide levels higher or lower than normal? Yes No
 If **NO**, proceed to item D. If **YES**, answer the following questions for the time period prior to the OEL exceedance.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Has saltwater intrusion occurred?
<input type="checkbox"/>	<input type="checkbox"/>	Are you experiencing a long-term drought?
<input type="checkbox"/>	<input type="checkbox"/>	Did heavy rainfall or snowmelt occur in the watershed?
<input type="checkbox"/>	<input type="checkbox"/>	Did you place another water source on-line?
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any industrial spills in the watershed?

Source Water Evaluation Checklist

D. Do you have source water turbidity or particle count data? Yes No
If NO, proceed to item E. If YES, were the turbidity values or particle counts higher than normal? Yes No
If NO, proceed to item E. If YES, answer the following questions for the time period prior to the OEL exceedance.
Yes No
 Did lake or reservoir turnover occur?
 Did heavy rainfall or snowmelt occur in the watershed?
 Did logging, fires, or landslides occur in the watershed?
 Were river/reservoir flow rates higher than normal?

E. Do you have source water pH or alkalinity data? Yes No
If NO, proceed to item F. If YES, was the pH or alkalinity different from normal values? Yes No
If NO, proceed to item F. If YES, answer the following questions for the time period prior to the OEL exceedance.
Yes No
 Was there an algal bloom in the source water?
 If algal blooms were present, were algae control measures employed?
 Did heavy rainfall or snowmelt occur in the watershed?
 Has the PWS experienced diurnal pH changes in source water?

F. Conclusion

Did source water quality factors contribute to your OEL exceedance? Yes No
 Possibly

If YES or POSSIBLY, explain below.

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Treatment Process Evaluation Checklist

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NO DATA AVAILABLE

Facility Name: _____
Checklist Completed by: _____ Date: _____

- A. Review finished water data for the time period prior to the OEL exceedance(s) and compare to historical finished water data using the following questions:
- Were DBP precursors (TOC, DOC, SUVA, bromide, etc.) higher than normal? Yes No
 - Was finished water pH higher or lower than normal? Yes No
 - Was the finished water temperature higher than normal? Yes No
 - Was finished water turbidity higher than normal? Yes No
 - Was the disinfectant concentration leaving the plant(s) higher than normal? Yes No
 - Were finished water TTHM/HAA5 levels higher than normal? Yes No
 - Were operational and water quality data available to the system operator for effective decision making? Yes No

- B. Does the treatment process include pre-disinfection? Yes No

If NO, proceed to item C. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was disinfected raw water stored for an unusually long time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were treatment plant flows lower than normal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were treatment plant flows equally distributed among different trains? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were water temperatures high or warmer than usual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were chlorine feed rates outside the normal range? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was a disinfectant residual present in the treatment train following pre-disinfection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were online instruments utilized for process control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you switch to free chlorine as the oxidant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a recent change (or addition) of pre-oxidant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change the location of the pre-disinfection application? |

- C. Does your treatment process include presedimentation? Yes No

If NO, proceed to item D. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were flows low? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were flows high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were online instruments utilized for process control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge removed from the presedimentation basin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge allowed to accumulate for an excessively long time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you add a coagulant to your presedimentation basin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a problem with the coagulant feed? |

D. Does your treatment process include coagulation and/or flocculation? Yes No

If NO, proceed to item E. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any feed pump failures or were feed pumps operating at improper feed rates? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were chemical feed systems controlled by flow pacing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in coagulation practices or the feed point? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change the type or manufacturer of the coagulant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suspect that the coagulant in use at the time of the OEL exceedance did not meet industry standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the pH or alkalinity change at the point of coagulant addition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there broken or plugged mixers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were flow rates above the design rate or was there short-circuiting? |

E. Does your treatment process include sedimentation or clarification? Yes No

If NO, proceed to item F. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in plant flow rate that may have resulted in a decrease in settling time or carry-over of process solids? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were settled water turbidities higher than normal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any disruption in the sludge blanket that may have resulted in carryover to the point of disinfection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any maintenance in the basin that may have stirred sludge from the bottom of the basin and caused it to carry over to the point of disinfectant addition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge allowed to accumulate for an excessively long time or was there a malfunction in the sludge removal equipment? |

F. Does your treatment process include filtration? Yes No

If NO, proceed to item G. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in individual or combined filter effluent turbidity or particle counts? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in turbidity or particle loading onto the filters? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in flow onto the filters or malfunction of the rate of flow controllers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any filters taken off-line for an extended period of time that caused the other filters to operate near maximum design capacity and creating the conditions for possible breakthrough? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any filters operated beyond their normal filter run time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any unusual spikes in individual filter effluent turbidity (which may indicate particulate or colloidal TOC breakthrough) in the days leading to the excursion? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all filters run in a filter-to-waste mode during initial filter ripening? |
| <input type="checkbox"/> | <input type="checkbox"/> | If GAC filters are used, is it possible the adsorptive capacity of the GAC bed was reached before reactivation occurred (leave blank if not applicable)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If biological filtration is used, were there any process upsets that may have resulted in the breakthrough of TOC (leave blank if not applicable)? |

G. Does your treatment process include primary disinfection by injecting chlorine prior to a clearwell? Yes No

If NO, proceed to item H. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a sudden increase in the amount of chlorine fed or an increase in the chlorine residual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in clearwell holding time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the plant shut down or were plant flows low? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in clearwell water temperature? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you switch to free chlorine recently as the primary disinfectant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the inactivation of <i>Giardia</i> and/or viruses exceptionally high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a change in the mixing strategy (i.e. mixers not used, adjustment of tank level)? |

H. Does your plant recycle spent filter backwash or other streams? Yes No

If NO, proceed to item I. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did a change in the recycle stream quality contribute to increased DBP precursor loading that was not addressed by treatment plant processes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did a recycle event result in flows in excess of typical or design flows? |

I. Do you inject a disinfectant after your clearwell to maintain a distribution system residual? Yes No

If NO, proceed to item J. If YES, answer the following questions for the period in which an OEL exceedance occurred:

Yes No

- Was there a sudden increase in the amount of chlorine fed?
- Was there a switch from chloramines to free chlorine for a burnout period?
- If using chloramines, was the chlorine to ammonia ratio in the proper range?
- Was there a problem with either chlorine or ammonia mixing?

J. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the LT2ESWTR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by other treatment targets/requirements in your ability to control precursors in coagulation/flocculation? Yes No

If NO, proceed to item K. If YES, explain below and consult EPA's *Simultaneous Compliance Guidance Manual* for alternative compliance approaches.

K. Conclusion

Did treatment factors and/or variations in the plant performance contribute to the OEL exceedance(s)? Yes No
 Possibly

If YES or POSSIBLY, explain below.

Distribution System Evaluation Checklist

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System Name: _____
Checklist Completed by: _____ Date: _____

- A. Do you have disinfectant residual or temperature data for the monitoring location where you experienced the OEL exceedance? Yes No

If NO, proceed to item B. If YES, answer the following questions for the period in which an OEL exceedance occurred:

Yes No

- Was the water temperature higher than normal for that time of the year at that location?
- Was the disinfectant residual lower than normal for that time of the year at that location?
- Was the disinfectant residual higher than normal for that time of the year at that location?

- B. Do you have maintenance records available for the time period just prior to the OEL exceedance? Yes No

If NO, proceed to item C. If YES, answer the following questions:

Yes No

- Did any line breaks or replacements occur in the vicinity of the exceedance?
- Were any storage tanks or reservoirs taken off-line and cleaned?
- Did flushing or other hydraulic disturbances (e.g., fires) occur in the vicinity of the exceedance?
- Were any valves operated in the vicinity of the OEL exceedances?

- C. If your system is metered, do you have access to historical records showing water use at individual service connections? Yes No

If NO, proceed to item D. If YES, was overall water use in your system unusually low, indicating higher than normal water age? Yes No

- D. Do you have high-volume customers in your system (e.g., an industrial processing plant)? Yes No

If NO, proceed to item E. If YES, was there a change in water use by a high-volume customer? Yes No

- E. Is there a finished water storage facility hydraulically upstream from the monitoring location where you experienced the OEL exceedance? Yes No

If NO, proceed to item F. If YES, review storage facility operations and water quality data to answer the following questions for the period in which the OEL exceedance occurred:

Yes No

- Was a disinfectant residual detected in the stored water or at the tank outlet?
- Do you know of any mixing problems with the tank or reservoir?
- Does the facility operate in "last in-first out" mode?
- Was the tank or reservoir drawn down more than usual prior to OEL exceedance, indicating a possible discharge of stagnant water?
- Was there a change in water level fluctuations that would have resulted in increased water age within the tank or reservoir?

Distribution System Evaluation Checklist

F. Does your system practice booster chlorination? Yes No
If NO, proceed to item G. If YES, was there an increase in booster chlorination feed rates? Yes No

G. Did you have customer complaints in the vicinity of the OEL exceedance? Yes No
If NO, proceed to item H. If YES, explain.

H. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the TCR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by the need to maintain a detectable disinfectant residual in your ability to control DBP levels in the distribution system? Yes No
If NO, proceed to item I. If YES, explain below and consult EPA's *Simultaneous Compliance Guidance Manual* for alternative compliance approaches.

I. Conclusion

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

If NO, proceed to evaluations of treatment systems and source water. If YES or POSSIBLY, explain below.
