Appendix E

Chapter 4 Lead/Copper Rule
Optimal Corrosion Control Treatment (OCCT) Recommendation

- Optimal Corrosion Control Treatment (OCCT) Recommendation Template (Pg.)
  The OCCT forms are fillable forms separate from this document.

- Natural OCCT Template (only used when OCCT recommendation is not required; a PWS meets the ALs for 2 consecutive monitoring periods and is recommending no treatment) (Pg. E-4)
See OCCT Separate Forms
Natural Optimal Corrosion Control Designation

Date: ____________ Facility No.: ____________
Facility Name: ________________________________
Contact Person: _______________________________
Telephone No.: (     ) ________________________

Do you purchase water? (   ) Yes (     ) No If Yes, Parent Supply ________________________________

If **no treatment process change has taken place since initial monitoring**, a supply may demonstrate naturally non-corrosive water. A supply may demonstrate naturally non-corrosive water if **no treatment process change has taken place since initial monitoring, and sample results from two consecutive six-month monitoring periods** are below the action level.

**1st Monitoring Period both Action Levels Were Not Exceeded**

<table>
<thead>
<tr>
<th></th>
<th>90% Lead (ug/l)</th>
<th>90% Copper (ug/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Levels</td>
<td>Not Exceeded</td>
<td>Not Exceeded</td>
</tr>
<tr>
<td>Period</td>
<td>/ / through</td>
<td>/ / through</td>
</tr>
<tr>
<td>Action Levels</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**2nd Monitoring Period both Action Levels Were Not Exceeded**

<table>
<thead>
<tr>
<th></th>
<th>90% Lead (ug/l)</th>
<th>90% Copper (ug/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Levels</td>
<td>/ / through</td>
<td>/ / through</td>
</tr>
<tr>
<td>Period</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

To the best of my knowledge, the treatment process has not been changed or modified since the samples with results exceeding the action level were taken.

Owner or Official ________________________________ ROINC ________________________________

Print Name ________________________________ Print Name ________________________________

If you purchase water, the following section must be completed and signed and signed by a representative of your parent water supply.

To the best of my knowledge, the treatment process has not been changed or modified since the samples with results exceeding the action level were taken by the supply listed above.

Owner or Official ________________________________ ROINC ________________________________

Print Name ________________________________ Print Name ________________________________

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.