

Site Location: \_\_\_\_\_

OEL Report Period: \_\_\_\_\_ (e.g. 1Q20??)

For Example: DBP01- 123 Main Street (A separate OEL must be submitted to the State for each location that exceeds the OEL for TTHM and/or HAA5.)

## Stage 2 Disinfectants and Disinfection Byproduct Rule

### Operational Evaluation Level & Report

PWS Name \_\_\_\_\_ PWS ID # \_\_\_\_\_

For calculating the OEL, Quarter 1 and Quarter 2 correspond to the quarters prior to the current quarter (Quarter 3)

<b>Operation Evaluation Level (OEL) Calculation</b>				
<b>Total Trihalomethanes (TTHMs) – MCL = 80 ppb (0.080 mg/L)</b>				
Quarter 1	Quarter 2	Quarter 3	OEL = (Q1+Q2+2*Q3)/4	OEL exceeds 80?
<b>Haloacetic Acids – Five (HAA5) – MCL = 60 ppb (0.060 mg/L)</b>				
Quarter 1	Quarter 2	Quarter 3	OEL = (Q1+Q2+2*Q3)/4	OEL exceeds 60?
<b>OEL example for Total Trihalomethanes:</b>				
Quarter 1	Quarter 2	Quarter 3	OEL = (Q1+Q2+2*Q3)/4	OEL exceeds 80?
81	79	83	(81+79+2*83)/4 = 81.5	Yes

If the TTHM or HAA5 OELs exceeded the MCLs, fill this form out to the best of your ability and submit it to the State no later than 90 days after the exceedance. Explanations may need additional documentation. Make sure all documentation includes your PWS ID on each page.

A. Source & Source Quality		
1. Have your source practices changed? e.g., changed well pumping depth, well rehab, changed intake depth or changed intake structure, changed pumping rates or pumping times and frequency, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you changed/added sources? e.g., turned on emergency sources, drilled new well, changed/added purchase connection, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you seen changes in source water quality? e.g., turbidity, pH, temp, alkalinity, hardness, drought conditions, heavy rain, changes in animal feed lots, agricultural practices, etc. Surface water systems should also consider algae blooms, fires in source water (protection) areas, increased filter changes or number of backwash cycles required.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “ <b>YES</b> ” to any of the questions above (Section A), please explain:		
B. Treatment		
1. Have you changed the amount or type of disinfectant? e.g., chlorine to chloramines, increase/decrease disinfectant dosage, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you changed or added locations of disinfectant points?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Other than disinfection, have you changed or made additions to any treatment processes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you made changes to any other chemical applications? e.g., change any chemicals (change coagulant type), changes in application points, changing dosage of any chemical, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered “ <b>YES</b> ” to any of the questions above (Section B), please explain:		

C. Distribution System Operations		
1. Have you added additional service connections (industry or residential)? e.g., adding additional pipes or annexing additional areas of service which could change residence times	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you experienced significant increases or decreases in water demand? e.g., drought restrictions, industry opening/closing, population change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has additional piping created new loops or dead-ends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does your storage tank fill and drain from the bottom (potentially causing stagnation at the top)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the residence time of your tank(s) increased or decreased? i.e., are tanks being filled/drained more or less often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you had frequent line breaks or major construction in your distribution system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you purchase water that has no disinfectant or a different disinfectant than what you currently use? e.g. you purchase water with chloramines and you add chlorine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have areas where disinfectant residual levels are below the State minimum required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you had significant changes in chlorine demand to maintain residuals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you changed your distribution flushing procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you had any changes in treatment that occur in distribution? e.g., changes in booster chlorination or amounts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you had an increase in customer complaints?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered " <b>YES</b> " to any of the questions above (Section C), please explain:		
_____		
_____		
_____		
D. Additional Questions		
1. Do you have tank management/operational procedures? e.g., cleaning schedule, set operational levels of your tank (high and low), etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Can you allow the tank(s) to drain lower to flush out "older" water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Can you reduce chlorine/chloramine dosage and still maintain required residuals in distribution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you have a flushing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does your purchase contract require that water being delivered meets all Federal Standards, including DBPs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your contract allow for a flushing credit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Can you work with your seller system to optimize water age, reducing DBP formations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered " <b>NO</b> " to any of the questions above (Section D), please explain:		
_____		
_____		
_____		

E. Additional Information
Please explain what steps you could take to minimize future formations. e.g., changes in treatment, distribution, etc.

I certify that the information in this entire report, including any attachments, is true and accurate to the best of my knowledge. I acknowledge that any knowingly false or misleading information may be punishable under Louisiana Revised Statute 14:133 and other applicable laws.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Send the completed report to LDHH-OPH, Central Office no later than 90 days after the operational evaluation level (OEL) exceeds the MCL for either TTHMs or HAA5.

Mail: LDH – OPH, ENGINEERING SERVICES  
P.O. BOX 4489  
BATON ROUGE, LOUISIANA 70821-4489

Fax: Attn: DBP Manager at 225-342-7303