



Stage 2 Disinfectants and Disinfection Byproducts Rule Operational Evaluation Level (OEL) Report for Purchase Surface Water System

PWS Name: _____ PWS ID: OK _____

I certify that the information in this entire report, including any attachments, is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____ License Number: _____

Contact Phone Number: _____ County: _____

Send the completed report to DEQ **no later than 90 days after being notified** of the analytical results that caused you to exceed the operational evaluation level. Explanations may need additional documentation. If you have questions regarding the OEL Report, please contact the PWS Compliance Coordinator at (405) 702-8100 or drinkingwater@deq.ok.gov.

Mail form to:	Fax form to:	Email form to:
PWS Compliance DEQ WQD P.O. Box 1677 OKC, OK 73101-1677	405-702-8101 Attn: PWS Compliance	Drinkingwater@deq.ok.gov Subject Line: OEL Report

Acronyms

DBP= Disinfectant By-Products PWS= Public Water Supply TOC= Total Organic Carbon

Section A: Connection with Wholesale System:

- Please list your wholesaler(s) and ID: _____
- Do(es) your wholesaler(s) offer a flushing credit? Yes No Don't Know
- Does your system have a contract with your wholesaler(s) that requires water to be delivered to meet all Federal Standard? Yes No Don't Know
- In the last 90 days, have you tested TTHMs and HAA5s at the master meter? Yes No
If yes, what were the results? _____
- How many master meters does your system have? _____ If more than one answer the following questions:
What is the distance between master meters? _____
Is the distribution system interconnected? Yes No Don't Know
- During the three months prior to the last DBP sampling, did your wholesaler(s) provide less than 25 psi? Yes No
If yes, for how long _____

Section B: Waterlines

- How many miles of waterlines make up your system? _____ Don't Know
- What is the approximate distance between the master meter and farthest point in the system? _____
- What is the current water loss of your system? _____ Don't Know
- What is the age of the waterlines? Newest: _____ Oldest: _____
- What type(s) of materials make up your system's waterlines? _____
- During the three months prior to the last DBP sampling, did you add any new waterlines or meters? Yes No
If yes, how much or many? _____
- Was there an increase or decrease in water demand during the three months prior to the last DBP sampling?
Do you know the cause of the change? _____

8. How many waterline breaks did your system have during the three months prior to the last DBP sampling? _____
9. Did any of those waterline breaks cause a loss of water pressure (below 25 psi)? Yes No Don't Know
 If yes, for how long? _____
 Did you receive any dirty water complaints after the loss of water pressure? Yes No Don't Know
10. When is the last time you flushed all of your system's dead ends? _____ Don't Know
11. When is the last time you performed a system wide unidirectional flushing? _____ Don't Know
 Attach copy of flush log.
11. How many deadends does your system have? _____ Don't Know
12. How many deadends have flush valves? _____ Don't Know
13. Does your system add chemicals to coat or clean waterlines? Yes No Don't Know
 If yes, name of chemical(s). _____

Section C: Testing Within the Distribution System

1. Are you testing for DBPs at other locations besides what is required for compliance? Yes No
 If yes, please list recent results, dates, and general locations in the system: _____
2. Are you testing for chlorine residual, temperature, pH and alkalinity in the distribution system? Yes No If yes, fill out the table or attach sample logs.

Test	Date	Beginning	Middle	End
Chlorine residual				
Temperature				
pH				
Alkalinity				

*Please include sample results from the same day at different parts of the distribution system so that the results can be compared.

3. Are you tracking water age? Yes No
 If yes, what was the average water age at the farthest point in the system during the three months prior to the last DBP sampling? _____

Section D: Chlorine Booster Station

1. Does your system have a chlorine booster station in the distribution system? Yes No
 If no, please skip to section E. If yes, how many? _____ Any recent addition? Yes No
2. On average, what was the chlorine residual before the booster station(s)? _____ mg/L Free or Total
 On average, what was the chlorine residual after the booster station(s)? _____ mg/L Free or Total
3. Did you test for DBPs directly before and after the booster station(s)? Yes No If yes, what was the result before the station _____ and after the station _____
4. Did you need to increase or decrease the amount of chlorine being added during the three months prior to the last DBP sampling?

Section E: Finished Water Storage

1. Does your system have finished water storage in the distribution system? Yes No
 If no, please skip to section F.
2. Please provide information about each finished water storage(s):

Tower Name	Date of Last Inspection	Date of Last Cleaning	Single Inlet/Outlet pipe	Drained Recently?	Tower height or Storage capacity	Additional treatment?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Tower Name	Date of Last Inspection	Date of Last Cleaning	Single Inlet/Outlet pipe <input type="checkbox"/> Yes <input type="checkbox"/> No	Drained Recently? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tower height or Storage capacity	Additional treatment?

3. Did you test for DBPs before or after the finished water storage(s)? Yes No If yes, what were the results before _____ or after _____

Section G: Groundwater Wells

- Does your system have groundwater well(s)? Yes No
If no, please skip to section H. If yes, how many? _____ Any recent addition? Yes No
- Does your system have a Wellhead Protection Plan? Yes No When was it last updated? _____
- What is the name of the aquifer the well(s) pull from? _____ Don't Know
- Were there problems with the well(s) due to weather changes during the three months prior to the last DBP sampling? Yes No If yes, what? _____
- Was there an increase or decrease in the well(s) pump rate? Why? _____
- What potential sources of organic contamination were identified in your wellhead protection plan? _____

7. Fill out the following table with information about each well:

Well Name	Age (Yrs.)	Depth	Cl2 Added <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Defects
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section F: Alternative Treatment

- Does your system have other treatment processes, which were not covered in previous sections? Yes No
If yes, please list the type: _____

Section G: Minimizing Future DBP Formation and Returning to Compliance

- What is your system's plan to decrease DBP formation and return to compliance? _____

Section H: Communication

- Since your PWS exceedance, has your PWS communicated with your parent water systems about any of the following topics (list the PWSs and when):
 - Sampling Methods or Schedules _____
 - System-wide unilateral flushing _____
 - Disinfectant levels in distribution system _____
 - Current problems within your system _____

Section G: Technical Assistance

- Do you need technical assistance from DEQ for any of the following:
- | | | |
|---|---|---|
| <input type="checkbox"/> Disinfectant Control/ Monitoring | <input type="checkbox"/> TOC Removal/ Treatment Plant | <input type="checkbox"/> Storage Tank Maintenance |
| <input type="checkbox"/> Flushing Program | <input type="checkbox"/> Financial | <input type="checkbox"/> Sample Point/Schedule |
| <input type="checkbox"/> Water Age | <input type="checkbox"/> Capacity Development | <input type="checkbox"/> Other: _____ |