

Operational Evaluation Level Exceedance Report

Joint Certification Form

System A (System Who Incurred The Violation)		
PWSID	AL000	Report Date _____
System Name	_____	
Address	State	AL Zip _____
City	Phone Number	_____
	Email Address	_____
<p>I hereby certify that all information contained within this Joint Operational Evaluation Level Report is accurate to the best of my and my staffs' ability. My signature does not attest to the information provided by other public water systems which is contained within this joint report.</p>		
Signature	_____	Title _____
	Responsible Authority	
Printed	_____	Date _____

System B (System Who Sold Water To System A)		
PWSID	AL000	Report Date _____
System Name	_____	
Address	State	AL Zip _____
City	Phone Number	_____
	Email Address	_____
<p>I hereby certify that all information contained within this Joint Operational Evaluation Level Report is accurate to the best of my and my staffs' ability. My signature does not attest to the information provided by other public water systems which is contained within this joint report.</p>		
Signature	_____	Title _____
	Responsible Authority	
Printed	_____	Date _____

System C (System Who Sold Water To System B That Went To System A)		
PWSID	AL000	Report Date _____
System Name	_____	
Address	State	AL Zip _____
City	Phone Number	_____
	Email Address	_____
<p>I hereby certify that all information contained within this Joint Operational Evaluation Level Report is accurate to the best of my and my staffs' ability. My signature does not attest to the information provided by other public water systems which is contained within this joint report.</p>		
Signature	_____	Title _____
	Responsible Authority	
Printed	_____	Date _____

Operational Evaluation Level Exceedance Report

Certification Form

PWSID AL000 Report Date _____

System Name _____

Address _____ State AL Zip _____

City _____ Phone Number _____

Email Address _____

Comments

Enter additional comments not covered in the individual sections of the report here.

I hereby certify that all information contained within this Operational Evaluation Level Report is accurate to the best of my and my staffs' ability.

Signature _____ Title _____
Responsible Authority

Printed _____ Date _____

Operational Evaluation Level Exceedance Report

General Information

PWSID: AL000

Report Date _____

Part II - OEL History

YES	NO	NA	
			Has an OEL occurred at any of these locations in the past? If yes, when did the exceedance(s) occur? _____
			Is this part of a combined system report? If yes, list other water systems. _____
			If yes, are any of the previous OEL evaluations relevant? If so, attach a copy. Was there a request to limit the scope of this evaluation? If so, attach a copy.

Part III - Individual Section Summary

YES	NO	UKN	NA	
				Did the sample collection and analysis contribute to the OEL?
				Did the source water contribute to the OEL?
				Did the finished water contribute to the OEL?
				Did the treatment of the water contribute to the OEL?
				Did the distribution system contribute to the OEL?

Part IV - Summary

Provide a summary of all the potential causes of the OEL. Attach additional pages if necessary.

Enter explanation here.

Part V - Corrective Action Steps

Provide a summary of all steps that could be taken to reduce the disinfection byproducts in the system.

Enter explanation here.

Operational Evaluation Level Exceedance Report

Sample Collection, Handling & Analysis

PWSID: AL000 Report Date _____
 System Name: _____
 Operator: _____ Operator Number _____

Part A - Sample Collection, Handling & Analysis

Review sample collection, handling and analysis of samples to ensure that proper procedures were followed.

YES	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the laboratory personnel collect the samples? If so, consult with your laboratory to fill out the rest of this form.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were proper sample collection bottles used?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the sample bottles contain the proper chemicals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were the sample bottles labeled correctly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If present, was the aerator removed from the sample tap?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the customer's service line flushed long enough to obtain water from the distribution service main? (This usually takes less than five minutes.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the water stream adjusted to a proper flow rate for each sample collection?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was each sample collected without overflowing the sample bottle?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was any preservative/dechlorinating agent washed out of the bottles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was each bottle checked for air bubbles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any detected air bubbles carefully removed?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was each bottle inverted several times to mix preservation chemicals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was each bottle cooled to 4°C after collection (kept on ice)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was each sample maintained at this temperature during transport?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the lab maintain each sample at the correct temperature until analysis?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was each sample collected analyzed within the proper holding time?

Part B - Summary

Yes	No	Possibly	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the sample collection, handling and analysis cause or contribute to the OEL? If yes or possibly, explain below.

Enter explanation here. Additional pages may be needed.

Operational Evaluation Level Exceedance Report

Source Water

PWSID: AL000 Report Date _____

System Name: _____

Operator: _____ Operator Number _____

Facility/Source: _____

Part A - Source Changes

Was there anything unusual or different in the source water or watershed? Include all relevant information/data up to six weeks before the sample date.

YES	NO	NA	
			Was there any change in source waters (alternate sources)?
			Was there a change in the intake level?
			Was there a turnover event?
			Was there an algae bloom?
			If there was an algae bloom, was appropriate treatment employed?
			Was there any unusual rainfall (moderate/heavy/hurricane) in the watershed?
			Was the watershed in a state of drought?
			Are there any TTHM/HAA5 formation potential data available? If so, attach.
			Was the river or reservoir levels different from normal?
			Was the raw water stored before treatment? If so, were there any issues?
			Was there a change in the smell of the raw water?
			Were there any changes (e.g., construction, logging) in the watershed?
			Were there any other issues in the watershed?
			Did any of the above issues contribute to the OEL? If so, explain below.

Enter explanation here if applicable. Attach additional pages if necessary.

Part B - Rainfall Data

Review the rainfall data for the last 3 years. It may be easier to use a narrative (use additional explanation pages) of significant rainfall changes in the last three years. The information may be available from the National Weather Service.

Current Year		Last Year		Two Years Ago	
Week Of	Amount (inches)	Week Of	Amount (inches)	Week Of	Amount (inches)
#####		#####		#####	
10/4/2012		10/4/2011		10/4/2010	
9/27/2012		9/27/2011		9/27/2010	
9/20/2012		9/20/2011		9/20/2010	
9/13/2012		9/13/2011		9/13/2010	
9/6/2012		9/6/2011		9/6/2010	
Total		Total		Total	
Precipitation Change From Current Year		% Change		% Change	

Operational Evaluation Level Exceedance Report

Source Water (Raw)

PWSID: AL000

Report Date _____

Part F - Source Data Weekly Summary

This section summarizes the data entered in Parts C, D & E into weekly averages to help identify historical changes in source water quality.

Current Year

Week End	Turbidity	pH	Temp	Alkalinity	Color	TOC	DOC	SUVA	Bromide	Ammonia
09/06/12										
09/13/12										
09/20/12										
09/27/12										
10/04/12										
10/11/12										

Last Year

Week End	Turbidity	pH	Temp	Alkalinity	Color	TOC	DOC	SUVA	Bromide	Ammonia
09/06/11										
09/13/11										
09/20/11										
09/27/11										
10/04/11										
10/11/11										

2 Years Ago

Week End	Turbidity	pH	Temp	Alkalinity	Color	TOC	DOC	SUVA	Bromide	Ammonia
09/06/10										
09/13/10										
09/20/10										
09/27/10										
10/04/10										
10/11/10										

Part G - Source Data Summary

This section summarizes the source section to determine if the source contributed to the OEL exceedance.

YES NO NA

			Did anything discussed in Part A contribute to the OEL exceedance?
			Did the rainfall totals in Part B show any reason for the OEL exceedance?
			Did the turbidity change significantly?
			Did the pH change significantly?
			Did the temperature change significantly?
			Did the alkalinity change significantly?
			Did the color change significantly?
			Did the TOC change significantly?
			Did the DOC change significantly?
			Did the SUVA change significantly?
			Did the bromide change any? (Very little bromide can result in high DBPs.)
			Did the ammonia change any? (Ammonia ties up large amounts of chlorine, eg 5:1)

YES NO POSSIBLY

Did the source water contribute to the OEL? If so, explain below.

Enter explanation here. Attach additional pages if needed.

Operational Evaluation Level Exceedance Report

Treatment Processes

PWSID: AL000 Report Date _____
 System Name: _____
 Operator: _____ Operator Number _____
 Facility Name: _____

Part A - General Questions

Does your water system provide any primary treatment, excluding distribution treatment? If no, proceed to next form, otherwise continue. Include all relevant information/data up to six weeks before the sample date.

YES	NO	NA	
			Were any treatment processes offline or significantly altered?
			Were there any treatment upsets in the six weeks before the sample date?
			Were there any changes (additions/deletions) in chemicals used?
			If GAC is used, is it at or past its life expectancy?
			Was the chlorine residual at the bottom of the filters altered?
			Were there any changes in the PAC dosages?
			Were there any significant changes when PAC was used?
			Were there any changes in predisinfection?
			Was the raw water stored for an unusual amount of time?
			Was any sludge accumulated for an unusual amount of time?
			Were there any changes in chemical suppliers?
			Was there any major maintenance to the treatment trains?
			Was there any disruption in the sludge blanket?
			Were there any chemical feed problems?
			Was the finished water TTHM/HAA5 levels higher than normal?

Part B - Summary

YES	NO	NA	
			Did anything in Part A contribute to the OEL exceedance?
			Did the finished water contribute to the OEL exceedance (see Part G)?
			Did the treatment processes contribute to the OEL exceedance (see Part L)?
			Was there anything not covered that contributed to the OEL exceedance?

YES	NO	POSSIBLY	
			Did the treatment contribute to the OEL? If so, explain below.

Enter explanation here. Attach additional pages if needed.

Operational Evaluation Level Exceedance Report

Treatment Processes

PWSID: AL000

Report Date _____

Part F - Finished Water Data Weekly Summary

This section summarizes the data entered in Parts C, D & E into weekly averages to help identify historical changes in finished water quality.

Current Year

Week End	Chlorine	pH	Temp	Alkalinity	Turbidity	Color	TOC	DOC	SUVA
09/06/12									
09/13/12									
09/20/12									
09/27/12									
10/04/12									
10/11/12									

Last Year

Week End	Chlorine	pH	Temp	Alkalinity	Turbidity	Color	TOC	DOC	SUVA
09/06/11									
09/13/11									
09/20/11									
09/27/11									
10/04/11									
10/11/11									

2 Years Ago

Week End	Chlorine	pH	Temp	Alkalinity	Turbidity	Color	TOC	DOC	SUVA
09/06/10									
09/13/10									
09/20/10									
09/27/10									
10/04/10									
10/11/10									

Part G - Finished Water Data Summary

This section summarizes the finished water section of the report to determine if any changes in the finished water contributed to the OEL.

YES	NO	NA	
			Did the chlorine residual change significantly?
			Did the pH change significantly?
			Did the temperature change significantly?
			Did the alkalinity change significantly?
			Did the finished water turbidity change significantly?
			Did the color change significantly?
			Did the TOC change significantly?
			Did the DOC change significantly?
			Did the SUVA change significantly?
YES	NO	POSSIBLY	
			Did the finished water quality contribute to the OEL exceedance? If so, explain below.

Enter explanation here. Attach additional pages if needed.

Operational Evaluation Level Exceedance Report

Treatment Processes

PWSID: AL000

Report Date _____

Part K - Treatment Data Weekly Summary

This section summarizes the data entered in Parts C, D & E into weekly averages to help identify historical changes in finished water quality.

Current Year

Week Ending	Chlorine Dosages (ppm)			Total Dosage	Chlorination pH			CLO2 Dosages (ppm)		Total CLO2 Dosage	Coagulation pH
	1st Point	2nd Point	3rd Point		1st Point	2nd	3rd Point	1st Point	2nd Point		
09/06/12											
09/13/12											
09/20/12											
09/27/12											
10/04/12											
10/11/12											

Last Year

Week Ending	Chlorine Dosages (ppm)			Total Dosage	Chlorination pH			CLO2 Dosages (ppm)		Total CLO2 Dosage	Coagulation pH
	1st Point	2nd Point	3rd Point		1st Point	2nd	3rd Point	1st Point	2nd Point		
09/06/11											
09/13/11											
09/20/11											
09/27/11											
10/04/11											
10/11/11											

2 Years Ago

Week Ending	Chlorine Dosages (ppm)			Total Dosage	Chlorination pH			CLO2 Dosages (ppm)		Total CLO2 Dosage	Coagulation pH
	1st Point	2nd Point	3rd Point		1st Point	2nd	3rd Point	1st Point	2nd Point		
09/06/10											
09/13/10											
09/20/10											
09/27/10											
10/04/10											
10/11/10											

Part L - Treatment Data Summary

This section summarizes the treatment section to determine if any changes contributed to the OEL.

YES NO NA

			Did any chlorine dosage change significantly?
			Did any chlorination pH change significantly?
			Did any chlorine dioxide (CLO2) dosage change significantly?
			Was there any problem with the CLO2 generator?
			Did the coagulation pH change significantly?
			Where there any changes or differences noted not covered here?

YES NO POSSIBLY

			Did the finished water contribute to the OEL exceedance? If so, explain below.
--	--	--	--

Enter explanation here. Attach additional pages if needed.

Operational Evaluation Level Exceedance Report

Distribution System Evaluation Checklist

PWSID: AL000 Report Date _____
 System Name: _____
 Operator: _____ Operator Number _____

Part A - Sample Site Data

Using water quality data between the source and the monitoring location, answer the following questions. Attach all supporting documentation.

YES	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the disinfectant residual lower than normal for that time of the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the disinfectant residual higher than normal for that time of the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the water temperature higher than normal for that time of the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the water pH higher than normal for that time of the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the water pH lower than normal for that time of the year?

Part B - Operational Records

Using meter reports (customer records), customer complaints, pump station records (hours of operation and/or metered water), and maintenance records, answer the following questions. Attach all supporting documentation.

YES	NO	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was there a substantial change in water consumption during that time of the year as compared to previous years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was there any change in high volume water users during that time of the year?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does your system practice booster chlorination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If so, was there any changes made to the dosing during that time of the year that was different from previous years?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was there any change in booster pump operation during that time of the year that was unusual?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did any line breaks or line replacements occur in the vicinity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did flushing or other hydraulic disturbances (e.g., fires) occur in the vicinity?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any valves operated between the source of water and the sample site?

Part C - Other Rules

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Did concern about complying with a rule other than the Stage 2 DBPR constrain your options to reduce DBP levels? If Yes, please explain.

Enter your explanation here. Additional pages may be needed.

Operational Evaluation Level Exceedance Report

Distribution System Evaluation Checklist

PWSID: AL000

Report Date _____

Part D - Finished Water Storage Facilities

Are there any finished water storage facilities (in your system) between the source of water and the sample site? If so, answer the following questions and attach any supporting documentation.

YES	NO	NA

- Was the tank monitored for a disinfection residual?
- If disinfectant residual data for any storage facility is available, was there any change compared with previous years?
- Do any of the storage facilities operate in "last in-first out"? (Single pipe)
- Do any of the storage facilities have large diameter inlet pipes (> 24 inches)?
- Was any storage facility drawn down more than usual?
- Was there a change in the water level fluctuations?
- Do you know of any mixing problems with any storage facility?
- Is there any water level data available? Sources may include SCADA, chart recorders, pressure loggers and visual observations.

If there are any storage facilities (in your system) between the source of water and the sample site, fill in the table below for each storage facility. If water level data is available, an EPA spreadsheet to analyze mixing and water age is available from the Department. Attach all supporting documentation including other spreadsheets.

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Attach additional pages if more water facilities are between the source and sample site.

Part E - Summary

Yes	No	Possibly

Did the distribution system cause or contribute to the OEL exceedance(s)?
If yes or possibly, explain below.

Enter explanation here. Additional pages may be needed.

Operational Evaluation Level Exceedance Report

Distribution System Evaluation Checklist

PWSID: AL000

Report Date _____

Part G - Additional Finished Water Storage Facilities

If there are any storage facilities (in your system) between the source of water and the sample site, fill in the table below for each storage facility. If water level data is available, an EPA spreadsheet to analyze mixing and water age is available from the Department. Attach all supporting documentation including other spreadsheets.

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Tank Name	
Volume	
Diameter	
Inlet Diameter	
Max Water Height	
Min Water Height	
Water Age	
Mixing Ratio	

Operational Evaluation Level Exceedance Report

Additional Explanation Page

PWSID: AL000 Report Date _____
System Name: _____
Operator: _____ Operator Number _____

Explanation 1

Select From List

Select which section and part the explanation belongs to.

Enter additional explanation here.

Explanation 2

Select From List

Select which section and part the explanation belongs to.

Enter additional explanation here.

Operational Evaluation Level Exceedance Report

Additional Explanation Page

PWSID: AL000 Report Date _____
System Name: _____
Operator: _____ Operator Number _____

Explanation 3

Select From List

Select which section and part the explanation belongs to.

Enter additional explanation here.

Explanation 4

Select From List

Select which section and part the explanation belongs to.

Enter additional explanation here.

Operational Evaluation Level Exceedance Report

Additional Explanation Page

PWSID: AL000 Report Date _____
System Name: _____
Operator: _____ Operator Number _____

Explanation 5

Select From List

Select which section and part the explanation belongs to.

Enter additional explanation here.

Explanation 6

Select From List

Select which section and part the explanation belongs to.

Enter additional explanation here.