ENERGY AND ENVIRONMENT CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER

300 SOWER BOULEVARD
FRANKFORT, KENTUCKY 40601

Mailing Address:	Drinking Water Branch ATTN: DBP Rule Manager 300 Sower Blvd. 3rd Floor Frankfort, KY 40601

Operational Evaluation Levels Report

The Stage 2 OEL process "predicts" TTHM and HAA5 results for the next compliance period. It provides a water system with a process for evaluating its entire system to identify ways to reduce future TTHM and HAA5 levels and avoid non-compliance.

- Once 3 quarters of Stage 2 DBP data is available, and then every quarter following, use Page 1 of this form to determine if one or more of the compliance monitoring sites have exceeded the Operational Evaluation Levels (OEL) for TTHM and/or HAA5. Use additional pages as needed.
- **If the calculated OEL for any site exceeds the Maximum Contaminant Level (MCL), please complete and submit Page 2 to the State no more than 90 days after receiving notification of the analytical result.**
- This report includes an examination of system treatment and distribution practices, including storage tank operations, excess storage capacity, distribution system flushing, changes in sources or source water quality, and treatment changes or problems that may contribute to TTHM and HAA5 formation and what steps could be considered to minimize future exceedances.

To submit, you may mail the document or submit the document as an attachment to **EEC eForm 169, *Drinking Water Information and Data Submittal***.
If you have any questions, please email us at ***DrinkingWaterCompliance@ky.gov.***

You are not required to use this form; it is provided for your convenience.
Systems may submit other forms prepared by other entities or a letter, as long as the required information is included.

PWSID: ____________ **AI #:** ____________

Name: ____________

Address: ____________

City/State/Zip: ____________

County: ____________

Date of OEL Report: ____________

Date of written approval for limited evaluation (if applicable): ____________

Site ID	Analyte	Results from ______ Qtr. 20______ (Two Quarters Ago) in mg/L A	Results from ______ Qtr. 20______ (Previous Quarter) in mg/L B	Results from ______ Qtr. 20 ______ (Current Quarter) in mg/L C	Operation Evaluation Level (OEL) D= (A+B+(2*C))/4	Check If Column D Exceeds 0.080 mg/L for TTHMs or 0.060 mg/L for HAA5. If so, complete Page 2 and submit to DOW
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐
	TTHM				0.000	☐
	HAA5				0.000	☐

Unless the State has issued a written approval limiting the scope of the operational evaluation, Page 2 should be entirely completed.

Sample Collection and Handling

Were all TTHM and HAA5 samples collected and handled using proper SOPs? **Yes** ☐ **No** ☐

Who collected the samples? PWS ☐ Contract Lab ☐

Did sample collection and handling factors contribute to exceedance? Yes ☐ **No** ☐

Other/Explain: _____

Source Quality

Did source water quality factors contribute to exceedance? Yes ☐ **No** ☐

(check all that apply)

- ☐ Point or non-point source contamination
- ☐ Storage time longer than normal
- ☐ Heavy Rainfall or snowmelt
- ☐ New source placed on-line
- ☐ Algae bloom in source water
- ☐ Lake or reservoir turnover
- ☐ Stream flow rates/reservoir level higher than normal
- ☐ Stream flow rates/reservoir level lower than normal
- ☐ Long term drought

Other/Explain: _____

Treatment Change/Problems

Did water treatment factors contribute to exceedance? Yes ☐ **No** ☐

(check all that apply)

- ☐ Problem with clearwell operation
- ☐ Increased filter effluent turbidity
- ☐ Filters operated beyond capacity
- ☐ Abnormal influent turbidity
- ☐ Coagulation/sedimentation problems
- ☐ Excessive filter run-time
- ☐ Abnormal influent temperature
- ☐ Abnormal flow rates/short-circuiting
- ☐ TOC removal problems
- ☐ Pre-disinfectant added/changed
- ☐ Sludge blanket/carryover problems
- ☐ Abnormal pH/Alkalinity
- ☐ Disinfectant feed higher than normal

Other/Explain: _____

Distribution System

Did distribution system factors contribute to exceedance? Yes ☐ **No** ☐

(check all that apply)

- ☐ Flushing (routine or compliant)
- ☐ Fires or hydraulic disturbance
- ☐ Valves operated in vicinity
- ☐ Disinfectant residual lower than normal
- ☐ High volume customer usage
- ☐ Breaks or line replacements
- ☐ Disinfectant residual higher than normal
- ☐ Water temperature higher than normal
- ☐ Booster chlorination
- ☐ Water quality at Master Meter exceeds MCL
- ☐ Low volume customer usage (contributing to high water age)

Other/Explain: _____

Storage Tank Operations

Did water storage operations/factors contribute to exceedance? Yes ☐ **No** ☐

(check all that apply)

- ☐ Tank removed from service
- ☐ Tank upstream from sample site
- ☐ Excessive storage capacity
- ☐ Tank cleaned/maintenance
- ☐ Operated "last in –first out"
- ☐ Excessive ambient temperature
- ☐ Excessive tank draw-down
- ☐ Improper level fluctuations
- ☐ Disinfectant residual low in tank

Other/Explain: _____

Additional Comments

_____ **Signature**

_____ **Printed Name and Date**

Contact Phone Number: _____

Contact Email: _____