

Appendix D

Chapter 4 Lead/Copper Rule Source Water Treatment Recommendation

- Option 1 (*Pg. D-2*)
Usually used by supplies having all lead/copper entry point sample results equal to or below the detection limit.
- Option 2 (*Pg. D-3*)
Required when any source water sample result exceeds the detection limit.



Option 1

Source Water Treatment Recommendation

Date: _____

PWS ID No. _____ Name: _____

Contact Phone (____) _____ Contact Name: _____

POP Served _____

List all entry point (or treatment application point - TAP) values obtained in sampling for this monitoring period and attach the results of any other samples collected at each entry point.

TP No.	Entry Point (TP) Description	Date Collected	Lead Value	Copper Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

According to all my source water (entry point) sample results, the source water contribution of lead and copper into the distribution system is equal to or less than the detection level (0.005 mg/l for lead and 0.100 mg/l for copper). Therefore, our source water treatment recommendation is no treatment. I understand that my maximum permissible level for monitoring will be 0.005 mg/l for lead and 0.200 mg/l for copper.

Signature of Official Custodian _____

Date: _____

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

IL 532-2192
PWS 233 Rvsd Dec-96



Option 2

Source Water Treatment Recommendation

Need help with this form? Please contact the Lead/Copper Coordinator at 217/785-0561

Date: _____

PWS ID No. _____ Name: _____

Contact Phone (____) _____ Contact Name: _____

POP Served _____

List all entry point (or treatment application point - TAP) values obtained in sampling for this monitoring period and attach the results of any other samples collected at each entry point.

TP No.	TP Description	Date Collected	Lead Value	Copper Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Checkmark Your Recommendation Response

_____ **I recommend No Treatment.** I understand that my maximum permissible level for monitoring will be 0.005 mg/l for lead and 0.200 mg/l for copper.

OR

_____ I recommend the following treatment _____
My recommended maximum permissible levels are _____ mg/l for lead & _____ mg/l for copper.

Option 2 (continued)

The reason for this recommendation is:

Attach additional pages as necessary (including all supporting studies, data, treatment specifications, etc. that substantiate this recommendation).

Signature of Official Custodian _____ Date: _____

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

IL 532-2194
PWS 235 Rvsd Dec-96