

Appendix F

Chapter 4 Lead/Copper Rule
OCCT Verification Form (*Pg. F-2*)



OCCT Verification Form

This form is required to be submitted to the Illinois EPA once your Optimal Corrosion Control Treatment is installed and optimized.

Date: _____

PWS ID No. _____ Name: _____

Contact Phone (____) _____ Contact Name: _____

POP Served _____

The following must be completed by the owner or official custodian:

I, _____ (print name), have certified the Optimal Corrosion Control Treatment (OCCT) has been installed and optimization of water treatment is complete. We are ready to begin Follow-up Monitoring.

Signature _____

Title _____

Date _____

Type of OCCT Treatment Installed _____

The Illinois EPA **operating permit** for the OCCT was issued on _____ (date of permit). *(Note: If you do not have an operating permit, please call the Lead and Copper Coordinator at 217/785-0561)*

Please return to this address:

Illinois Environmental Protection Agency
Drinking Water Compliance Unit #19
Bureau of Water
1021 North grand Avenue East
P.O. Box 19276
Springfield, IL 62794-9276

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 ½, 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 additional civil penalty up to \$10,000.00 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.

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