

Natural Optimal Corrosion Control Designation

Date:	Facility No.:		_
	Facility Name:		
	Contact Person:		
	Telephone No.: ()	
Do you purchase water? (Supply) Yes () No If Yes,	Parent	
water if no treatment pro- results from two consecu <u>1st Monitoring Period both</u>	corrosive water. A sup cess change has taken tive six-month monito	oply may demons place since init pring periods are 2nd Monitoring	strate naturally non-corrosive ial monitoring, and sample below the action level.
Not Exceeded		Were Not Exce	eded
/ / throug	h / /	/ /	through / /
90% Lead () ug/l 90 ug/l	% Copper ()	90% Lead (ug/l) ug/l 90% Copper ()
To the best of my knowled samples with results excee			changed or modified since the
Owner or			
Official		ROINC	
Print Name		Print Name	
If you purchase water, th representative of your pare		st be completed a	and signed and signed by a
To the best of my knowled samples with results excee			changed or modified since the supply listed above.
Owner or Official		ROINC	
Print Name		Print Name	

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.