

OCCT Verification Form

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

Facility No. _____ Name _____

Contact Person: _____ Phone (____) _____

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. This supply is now ready to proceed with follow-up lead/copper monitoring.

Signature _____

Title _____

Date _____

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 Jay Timm at 217/785-0561)*

Please return to this address:

Illinois Environmental Protection Agency
Drinking Water Compliance Unit #19
Bureau of Water
2520 West Iles Avenue
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.