

Source Water Treatment Recommendation

Option 1

Date: _____

Facility No. _____ Name: _____

Contact Person: _____ Phone No. (____) _____

Population Served: _____

Part I

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.

| <u>TAP No.</u> | <u>Entry Point (TAP) Description</u> | <u>Date Collected</u> | <u>Lead Value</u> | <u>Copper Value</u> |
|----------------|--------------------------------------|-----------------------|-------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Part II

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