

Source Water Treatment Recommendation

Option 2

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

Our recommendation is (check one) :

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 this type of treatment _____
Recommended Maximum Permissible Levels _____ mg/l for lead & _____ mg/l for copper.

OVER

