

**Illinois Environmental Protection Agency
Compliance with the Water Quality Parameter (WQP) Ranges
Certification of Results**

By completing this form, you are verifying information about entry-point and distribution WQP measurements taken during a six-month period at this water supply. Fill-out all required information required below including information specific to each month of the six-month period. This form must be submitted within 10 days following the end of each six-month monitoring period (either July 10th or January 10th). Submit completed forms to: Lead and Copper Coordinator, DWCU #19, 2520 West Iles Avenue, P.O. Box 19276, Springfield, IL 62794-9276.

Facility Number _____ **Facility Name** _____

Report is for the **6-month period** beginning _____ and ending _____ **Year 20** _____
(January or July) (June or December)

Frequency of Entry Point Monitoring (circle one):

Daily _____ Bi-weekly _____ Other _____
(Explain)

Fill in the table for each month of the 6-month period

Circle Month January	Circle Month July	Circle Month February	Circle Month August	Circle Month March	Circle Month September
----- Total Entry Point Excursions	<input type="text"/>	----- Total Entry Point Excursions	<input type="text"/>	----- Total Entry Point Excursions	<input type="text"/>
Total number of Distribution Samples collected for the 1st three-month period			<input type="text"/>	Total Distribution Point Excursions for the 1st three-month period	
			<input type="text"/>		

Circle Month April	Circle Month October	Circle Month May	Circle Month November	Circle Month June	Circle Month December
----- Total Entry Point Excursions	<input type="text"/>	----- Total Entry Point Excursions	<input type="text"/>	----- Total Entry Point Excursions	<input type="text"/>
Total number of Distribution Samples collected for the 2nd three-month period			<input type="text"/>	Total Distribution Point Excursions for the 2nd three-month period	
			<input type="text"/>		

Signature of Owner of Official Custodian

I hereby certify that the above information is accurate. I also certify the above information was calculated using the methodology described in Section 2 of the "Determining Compliance with the Water Quality Parameter Ranges Guidance Manual" and is documented at the water supply using the Water Quality Parameter (WQP) Range Reports kept on file at the water supply. I also certify that all water quality parameters were measured accurately and reliably.

(Signature)

(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.