# SWTR RDC DISTRIBUTION MONITORING REPORT
## ABBREVIATED REPORTING FORMAT - NO HPC MEASUREMENTS

Facility Name: _____

Facility No.: _____          Month/Year: _____

System/Treatment Plant: _____

**(Follow the coliform sampling schedule.)**

**Use this form for chemical RDC measurements only. If Heterotropic Plate Counts (HPCs) are taken use the form on the back of this page.**

| **RDC Distribution** |
|---|
| |
| A.    Total number of distribution RDC measurements = _____ |
| B.    Total number of distribution RDC measurements with no detectable RDC = _____ |
| C.    The percentage of distribution RDC with no detectable RDC<br><br>$V = B/A \times 100$ _____ / _____ x 100 = _____ %V |
| |
| To the best of my knowledge, the above information is complete and accurate.<br><br>Signature of ROINC: _____ Date: _____ |
| Mail Report to:<br><br>IEPA/BOW/CAS/DWU #19<br>1021 North Grand Avenue East<br>P.O. Box 19276<br>Springfield, Illinois 62794-9276<br>217/785-0561 |

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IL 532 2734
WPC 716   12/04

Facility No. _____

# SWTR RDC DISTRIBUTION SYSTEM REPORT
# IF HPC MEASUREMENT TAKEN

Facility Name: _____

Facility No.: _____          Month/Year: _____

System/Treatment Plant: _____

| Date | No. of Sites Where Disinfectant Residual was Measured (=a) | No. of Sites Where no Disinfectant Residual Measured, but HPC Measured (=b) | No. of Sites Where Disinfectant Residual Not Detected, no HPC Measured (=c) | No. of Sites Where Disinfectant Residual Not Detected, HPC > 500/ml (=d) | No. of Sites Where Disinfectant Residual Not Measured, HPC > 500/ml (=e) |
|------|---|---|---|---|---|
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| 30 | | | | | |
| 31 | | | | | |
| Total | a= | b= | c= | d= | e= |

$V = (c+d+e)/(a+b) \times 100 = (\_\_+\_\_+\_\_)/(\_\_+\_\_) \times 100 = _____$ %

To the best of my knowledge, the above information is complete and accurate.

Signature of ROINC: _____          Date: _____

For previous month, $V =$ _____ %

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