

**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 Heterotrophic Plate Counts (HPCs) are taken use the form on the back of this page.**

<b><u>RDC Distribution</u></b>
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  $V = B/A \times 100 \text{ \_\_\_\_\_\_ } / \text{ \_\_\_\_\_\_ } \times 100 = \text{ \_\_\_\_\_\_ } \%V$
To the best of my knowledge, the above information is complete and accurate.
Signature of ROINC: _____ Date: _____
Mail Report to: IEPA/BOW/CAS/DWU #19 2520 West Iles Avenue P.O. Box 19276 Springfield, Illinois 62794-9276 217/785-0561

*SWTR RDC Distribution Report Form: Page 1 of 2*

This Agency is authorized to require this information under ILLINOIS REVISED STATUTES, 1979, Chapter 111 1/2, Sec. 1019. 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.

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)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
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 = \_\_\_\_\_%

*SWTR RDC Distribution Report Form: Page 2 of 2*

This Agency is authorized to require this information under ILLINOIS REVISED STATUTES, 1979, Chapter 111 1/2, Sec. 1019. 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.