



Illinois Environmental Protection Agency

SWTR RDC at Entry Point and Inactivation Ratio Monitoring

| | |
|------------------------|--------------------------|
| Water System Number: | |
| Water System Name: | Month/Year: |
| Entry Point ID (TPXX): | Entry Point Description: |

| Date | Number of Grab Samples* | Minimum RDC at EP (mg/l)** | Date | Number of Grab Samples* | Minimum RDC at EP (mg/l)** | Date | Number of Grab Samples* | Minimum RDC at EP (mg/l)** |
|------|-------------------------|----------------------------|------|-------------------------|----------------------------|------|-------------------------|----------------------------|
| 1 | | | 11 | | | 21 | | |
| 2 | | | 12 | | | 22 | | |
| 3 | | | 13 | | | 23 | | |
| 4 | | | 14 | | | 24 | | |
| 5 | | | 15 | | | 25 | | |
| 6 | | | 16 | | | 26 | | |
| 7 | | | 17 | | | 27 | | |
| 8 | | | 18 | | | 28 | | |
| 9 | | | 19 | | | 29 | | |
| 10 | | | 20 | | | 30 | | |
| | | | | | | 31 | | |

- * List number of grab samples collected and analyzed. If continuously monitoring leave blank-do not list samples used for calibration.
- ** List minimum residual disinfectant concentration (RDC) at the entry point (EP) to the distribution system for that 24-hour period.

| Report of RDC at Entry Point <0.2 mg/l | | | |
|--|------------------------------|-----------------------|-------------------------------|
| Day | Duration of Low Level (hrs.) | Date Reported to IEPA | Date Follow-up Report to IEPA |
| | | | |
| | | | |

| INACTIVATION RATIO | |
|---|--|
| Min. Total Giardia Inactivation for the Month: _____ | Spreadsheet Emailed to Mary.F.Reed@illinois.gov on / / |
| Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____ | |
| Min. Total Virus Inactivation for the Month: _____ | Spreadsheet Emailed to Mary.F.Reed@illinois.gov on / / |
| Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____ | |

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, FAX 217-557-1407

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.
IL 532 2735
WPC 717 4/25