



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.

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

<u>INACTIVATION RATIO</u>	
Min. Total <i>Giardia</i> Inactivation for the Month: _____	Spreadsheet Emailed to EPA.PWSCompliance@Illinois.gov
Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____	
Min. Total Virus Inactivation for the Month: _____	Spreadsheet Emailed to EPA.PWSCompliance@Illinois.gov
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/DPWS/CAS #19
 P.O. Box 19276
 Springfield, Illinois 62794-9276
 217/785-0561, FAX 217-782-0075

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.