

**Arizona Department of Environmental Quality
Drinking Water Analytical Report
Stage 2 Disinfection By-Products (TTHM & HAA5), Operational Evaluation Level Report – Full**

Operational Evaluation Reporting Form			Page 1 of 2	
I. GENERAL INFORMATION				
A. Facility Information				
Facility Name: _____	PWSID: AZ04- _____			
Facility Address: _____				
City: _____	State: _____	Zip: _____		
B. Report Prepared by:				
(Print): _____		Date prepared: _____		
(Signature): _____				
Contact Telephone Number: _____				
II. MONITORING RESULTS				
A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded.				

<i>Note: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring plan.</i>				
B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more than one exceedance)				
1. Check TTHM or HAA5 to indicate which result caused the OEL exceedance. TTHM HAA5				
2. Enter your results for TTHM or HAA5 (whichever you checked above).				
	Quarter			Operational Evaluation Value
	Results from Two Quarters Ago	Prior Quarter's Results	Current Quarter	
	A	B	C	$D = (A+B+(2*C))/4$
Date sample was collected				
TTHM (mg/L)				
HAA5 (mg/L)				
<i>Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or 0.060 mg/L for HAA5, an OEL exceedance has occurred.</i>				
C. Has an OEL exceedance occurred at this location in the past?			Yes	No
If NO, proceed to item D. If YES, when did exceedance occur?				
Was the cause determined for the previous exceedance(s)?			Yes	No
Are the previous evaluations/determinations applicable to the current OEL exceedance?			Yes	No

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III. OPERATIONAL EVALUATION FINDINGS	
A. Did the State allow you to limit the scope of the operational evaluation? If NO, proceed to item B. If YES, attach written correspondence from the State.	Yes No
B. Did the distribution system cause or contribute to your OEL exceedance(s)? If NO, proceed to item C. If YES or POSSIBLY, explain (attach additional pages if necessary): _____ _____ _____	Yes No Possibly
C. Did the treatment system cause or contribute to your OEL exceedance(s)? If NO, proceed to item D. If YES or POSSIBLY, explain (attach additional pages if necessary): _____ _____ _____	Yes No Possibly
D. Did source water quality cause or contribute to your OEL exceedance(s)? If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional pages if necessary): _____ _____ _____	Yes No Possibly
E. Attach all supporting operational or other data that support the determination of the cause(s) of your OEL exceedance(s).	
F. If you are unable to determine the cause(s) of the OEL exceedance(s), list the steps that you can use to better identify the cause(s) in the future (attach additional pages if necessary): _____ _____ _____	
G. List steps that could be considered to minimize future OEL exceedances (attach additional pages if necessary) _____ _____ _____	
H. Total Number of Pages Submitted, Including Attachments and Checklists: _____	

Please mail completed form to:
 Arizona Department of Environmental Quality
 Water Quality Data Unit, MC 5415B-1
 1110 West Washington Street
 Phoenix, AZ 85007

Questions Regarding TTHM / HAA5:
 Call (602) 771-4641
 Within AZ (800) 234-5677, ext. 771-4641
 Fax (602) 771-4505