

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

Distribution System Evaluation Checklist		Page 1 of 2
System Name: _____ PWS ID: AZ04- Checklist Completed by: _____ Date: _____		
A.	Do you have disinfectant residual or temperature data for the monitoring location where you experienced the OEL exceedance? If NO, proceed to item B. If YES, answer the following questions for the period in which an OEL exceedance occurred: Yes No <input type="checkbox"/> <input type="checkbox"/> Was the water temperature higher than normal for that time of the year at that location? <input type="checkbox"/> <input type="checkbox"/> Was the disinfectant residual lower than normal for that time of the year at that location? <input type="checkbox"/> <input type="checkbox"/> Was the disinfectant residual higher than normal for that time of the year at that location?	Yes No
B.	Do you have maintenance records available for the time period just prior to the OEL exceedance? If NO, proceed to item C. If YES, answer the following questions Yes No <input type="checkbox"/> <input type="checkbox"/> Did any line breaks or replacements occur in the vicinity of the exceedance? <input type="checkbox"/> <input type="checkbox"/> Were any storage tanks or reservoirs taken off-line and cleaned? <input type="checkbox"/> <input type="checkbox"/> Did flushing or other hydraulic disturbances (e.g., fires) occur in the vicinity of the exceedance? <input type="checkbox"/> <input type="checkbox"/> Were any valves operated in the vicinity of the OEL exceedances?	Yes No
C.	If your system is metered, do you have access to historical records showing water use at individual service connections? If NO, proceed to item D. If YES, was overall water use in your system unusually low, indicating higher than normal water age?	Yes No Yes No
D.	Do you have high-volume customers in your system (e.g., an industrial processing plant)? If NO, proceed to item E. If YES, was there a change in water use by a high-volume customer?	Yes No Yes No
E.	Is there a finished water storage facility hydraulically upstream from the monitoring location where you experienced the OEL exceedance? If NO, proceed to item F. If YES, review storage facility operations and water quality data to answer the following questions for the period in which the OEL exceedance occurred: Yes No <input type="checkbox"/> <input type="checkbox"/> Was a disinfectant residual detected in the stored water or at the tank outlet? <input type="checkbox"/> <input type="checkbox"/> Do you know of any mixing problems with the tank or reservoir? <input type="checkbox"/> <input type="checkbox"/> Does the facility operate in "last in-first out" mode? <input type="checkbox"/> <input type="checkbox"/> Was the tank or reservoir drawn down more than usual prior to OEL exceedance, indicating a possible discharge of stagnant water? <input type="checkbox"/> <input type="checkbox"/> Was there a change in water level fluctuations that would have resulted in increased water age within the tank or reservoir?	Yes No

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Distribution System Evaluation Checklist		Page 2 of 2
F. Does your system practice booster chlorination? If NO, proceed to item G. If YES, was there an increase in booster chlorination feed rates?	Yes No Yes No	Yes No Yes No
G. Did you have customer complaints in the vicinity of the OEL exceedance? If NO, proceed to item H. If YES, explain. _____ _____ _____ _____ _____		
H. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the TCR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by the need to maintain a detectable disinfectant residual in your ability to control DBP levels in the distribution system? If NO, proceed to item I. If YES, explain below and consult EPA's <i>Simultaneous Compliance Guidance Manual</i> for alternative compliance approaches.	Yes No	Yes No
_____ _____ _____ _____ _____		
I. Conclusion <div style="text-align: right; margin-right: 50px;"> Yes No </div> Did the distribution system cause or contribute to the OEL exceedance(s)? <div style="text-align: right; margin-right: 50px;"> Possibly </div> If NO, proceed to evaluations of treatment systems and source water. If YES or POSSIBLY, explain below. _____ _____ _____ _____ _____		

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