

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

Source Water Evaluation Checklist		Page 1 of 3
NO DATA AVAILABLE		
System Name: _____		PWS ID: AZ04-
Checklist Completed by: _____		Date: _____
<p>A. Do you have source water temperature data? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If NO, proceed to item B. If YES, was the source water temperature high? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If NO, proceed to item B. If YES, answer the following questions for the time period prior to the OEL exceedance.</p> <p style="padding-left: 20px;">Yes No</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Was the raw water storage time longer than usual?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did you place another water source on-line?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Were river/reservoir flow rates lower than usual? If yes, indicate the location of lower flow rates and the anticipated impact on the OEL exceedance.</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did point or non-point sources in the watershed contribute to the OEL exceedance?</p>		
<p>B. Do you have data that characterizes organic matter in your source water (e.g., TOC, DOC, SUVA, color, THM formation potential)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If NO, proceed to item C. If YES, were these values higher than normal? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 20px;">If NO, proceed to item C. If YES, answer the following questions for the time period prior to the OEL exceedance.</p> <p style="padding-left: 20px;">Yes No</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did heavy rainfall or snowmelt occur in the watershed?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did you place another water source on-line?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did lake or reservoir turnover occur?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did point or non-point sources in the watershed contribute to the OEL exceedance?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did an algal bloom occur in the source water?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> If algal blooms were present, were appropriate algae control measures employed (e.g. addition of copper sulfate)?</p> <p style="padding-left: 40px;"><input type="checkbox"/> <input type="checkbox"/> Did a taste and odor incident occur?</p>		

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C. Do you have source water bromide data? Yes No
If NO, proceed to item D. If YES, were the bromide levels higher or lower than normal? Yes No
If NO, proceed to item D. If YES, answer the following questions for the time period prior to the OEL exceedance.
 Yes No

Has saltwater intrusion occurred?
 Are you experiencing a long-term drought?
 Did heavy rainfall or snowmelt occur in the watershed?
 Did you place another water source on-line?
 Are you aware of any industrial spills in the watershed?

D. Do you have source water turbidity or particle count data? Yes No
If NO, proceed to item E. If YES, were the turbidity values or particle counts higher than normal? Yes No
If NO, proceed to item E. If YES, answer the following questions for the time period prior to the OEL exceedance.
 Yes No

Did lake or reservoir turnover occur?
 Did heavy rainfall or snowmelt occur in the watershed?
 Did logging, fires, or landslides occur in the watershed?
 Were river/reservoir flow rates higher than normal?

E. Do you have source water pH or alkalinity data? Yes No
If NO, proceed to item F. If YES, was the pH or alkalinity different from normal values? Yes No
If NO, proceed to item F. If YES, answer the following questions for the time period prior to the OEL exceedance.
 Yes No

Was there an algal bloom in the source water?
 If algal blooms were present, were algae control measures employed?
 Did heavy rainfall or snowmelt occur in the watershed?
 Has the PWS experienced diurnal pH changes in source water?

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F. Conclusion

Did source water quality factors contribute to your OEL exceedance?

Yes No

Possibly

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