



Stage 2 Disinfection Byproducts Operational Evaluation Level Report – Limited Scope

Part 1: Purpose and General Information

The purpose of the operational evaluation level (OEL) is to allow a system to take action to reduce the elevated disinfection byproduct levels in the system before a violation of the maximum contaminant level (MCL) occurs. The OEL is calculated for each sampling site by using the disinfection byproduct (DBP) analytical data for the current and previous two quarters:

$$\text{OEL} = [\text{Results from the previous two quarters} + (2 \times \text{current quarter's result})] / 4$$

That value is then compared to the MCL for TTHM and HAA5. If the OEL exceeds the MCL, the system is required to conduct an investigation and write a report that is submitted to your regulating agency. The OEL report is due to your regulatory agency 90 days after a calculated OEL exceeds the MCL.

Listed below are the various areas in a system that could contribute to DBP formation. Each area must be evaluated and addressed in the report, unless allowance to limit the scope of the evaluation has been requested in writing by the system and approved in writing by your regulating agency. To be eligible for a limited scope, you must be able to identify the cause of the operational evaluation level exceedance.

This evaluation and report is meant to be completed by the system operator. A consultant is not needed at this time. This report is an adaptation of the EPA's OEL checklist. It is strongly recommended that you read the [EPA Stage 2 Disinfectants and Disinfection Byproducts Rule Operational Evaluation Guidance Manual](#) before gathering information and evaluating your system. This manual provides technical information about completing the evaluation.

Regulatory Agency: <input type="checkbox"/> ADEQ <input type="checkbox"/> PDEQ <input type="checkbox"/> MCESD		Date:
PWS Name:		PWS ID#:
OEL Report Due Date:	Number of Sites Sampled:	
OEL exceeded for: <input type="checkbox"/> TTHM, Level: <input type="checkbox"/> HAA5, Level:	Number of Sites Above OEL:	
Beginning Period for Evaluation: (First sample quarter included in OEL)	Provide Compliance Monitoring Site(s) where OEL was exceeded: (Note: The site name or number should correspond to a site in your Stage 2 DBPR Compliance Monitoring Plan)	
Has an OEL exceedance occurred at this location in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Was the cause determined for the previous exceedance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the previous evaluations/determinations applicable to the current OEL exceedance? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 2: Operational Evaluation Findings

A.	Did the State allow you to limit the scope of the operational evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO, fill out the full Operational Evaluation Reporting Form. If YES, attach written correspondence from the State.			
B.	Did the distribution system cause or contribute to your OEL exceedance(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Possibly
If NO, proceed to item C. If YES or POSSIBLY, explain (attach additional pages if necessary):			

C. Did the treatment system cause or contribute to your OEL exceedance(s)? **Yes** **No** **Possibly**

If NO, proceed to item D. If YES or POSSIBLY, explain (attach additional pages if necessary):

D. Did source water quality cause or contribute to your OEL exceedance(s)? **Yes** **No** **Possibly**

If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional pages if necessary):

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):

Part 3: Submission of Operational Evaluation Reporting Forms

I certify that all of the above is correct to the best of my knowledge.

Printed Name, Title

Signature

Date

If you have any questions, contact your County Compliance Assistance Coordinator: azdeq.gov/DWcomplianceassistance
Submit completed evaluation to: EMAIL: DBPR@azdeq.gov **-or-** **MAIL:** ADEQ Drinking Water Monitoring and Protection Unit (MC 5415B-2),
1110 W. Washington St., Phoenix, AZ 85007