



# STAGE 2 OPERATIONAL EVALUATION – SUMMARY

State Form 55260 (4-13)  
Indiana Department of Environmental Management  
Office of Water Quality – Drinking Water Branch – Compliance Section

**IDEM – Drinking Water Branch**  
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**INSTRUCTIONS:** 1. Before completing this form, you must first complete the following forms:  
Stage 2 Operational Evaluation - Distribution System.  
Stage 2 Operational Evaluation - Treatment Process.  
Stage 2 Operational Evaluation - Source Water.  
2. Submit all 4 forms to IDEM.

**PWSID:** IN \_\_\_\_\_ **Water System Name:** \_\_\_\_\_

**Address (number and street):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Report Prepared By:** \_\_\_\_\_ **Date (month, day, year):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Compliance Monitoring Sites That Exceeded Locational Running Annual Average (LRAA):

(Attach additional pages if more than 4.)

Sample Location Type	Location Number	Address (number and street, city, state, and ZIP code)	Contaminant Exceeded	LRAA (µg/L)
<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1			<input type="checkbox"/> THM <input type="checkbox"/> HAA	
<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1			<input type="checkbox"/> THM <input type="checkbox"/> HAA	
<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1			<input type="checkbox"/> THM <input type="checkbox"/> HAA	
<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1			<input type="checkbox"/> THM <input type="checkbox"/> HAA	

Q1. Has an Operational Evaluation Level (OEL) exceedance occurred at the location(s) in the past?  Yes  No

If NO, proceed to Q2. If YES, when did the most recent exceedance occur? \_\_\_\_\_

Was the cause for the previous exceedance determined?  Yes  No

Are the previous evaluations/determinations applicable to the current OEL exceedance(s)?  Yes  No

## Operational Evaluation Findings

Note: Attach all supporting data to support the determination of the cause(s) for the OEL exceedance(s).

Q2. Did you contact IDEM to request to limit the scope of the operational evaluation?  Yes  No

If NO, proceed to Q3. If YES, was the request granted?  Yes  No

Q3. Did the distribution system cause or contribute to the OEL exceedance(s)?  Yes  No  
(Complete *Stage 2 Operational Evaluation - Distribution System* before answering.)  Possibly

If NO, proceed to Q4. If YES/POSSIBLY, explain in further detail:

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Q4. Did the treatment system cause or contribute to the OEL exceedance(s)?  Yes  No  
(Complete *Stage 2 Operational Evaluation - Treatment System* before answering.)  Possibly

If NO, proceed to Q5. If YES/POSSIBLY, explain in further detail:

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Q5. Did the source water quality cause or contribute to the OEL exceedance(s)?  Yes  No  
(Complete *Stage 2 Operational Evaluation - Source Water* before answering.)  Possibly

If NO, proceed to Q6. If YES/POSSIBLY, explain in further detail:

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Q6. List steps that could be considered to minimize future OEL exceedances (*attach additional pages if necessary*).

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Total number of pages (*including attachments*) submitted: \_\_\_\_\_