## STAGE 2 OPERATIONAL EVALUATION – DISTRIBUTION SYSTEM

**IDEM – Drinking Water Branch** 

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STA State India Office

State Form 55261 (4-13)
Indiana Department of Environmental Management
Office of Water Quality – Drinking Water Branch – Compliance Section

INSTRUCTIONS: 1. Complete this form.

- 2. Complete Stage 2 Operational Evaluation Treatment Process.
- 3. Complete Stage 2 Operational Evaluation Source Water.
- 4. Complete Stage 2 Operational Evaluation Summary.
- 5. Submit all 4 forms to IDEM.

| PWSID: IN                                     |  | Water System Name:    |  |                   |           |  |  |  |  |
|---|--|-----------------------|--|-------------------|-----------|--|--|--|--|
| Add   | Address (number and street):   |                       |  |                   |           |  |  |  |  |
| City:  Report Prepared By:  Telephone Number: |  | State:                | ZIP:   |                   |           |  |  |  |  |
|   |  |                       | Date (month, day, year):                                     |                   |           |  |  |  |  |
|   |  |                       | Fax Number:  |                   |           |  |  |  |  |
| Ema   | ail:   |                       |  |                   |           |  |  |  |  |
| Q1.   | Do you have disinfectant residua exceedance?   | l or temperature da   | ata where you experienced the Operational Evaluation Le      | _ `               | L)        |  |  |  |  |
|   | If NO, proceed to Q2. If YES, answer the following questions for the period in which an OEL exceedance occurred: |                       |  |                   |           |  |  |  |  |
|   | Was the water tempe  | rature higher than    | normal for that time of the year at that location?           | ☐ Yes             | ☐ No      |  |  |  |  |
|   | Was the disinfectant r   | residual lower thar   | n normal for that time of the year at that location?         | ☐ Yes             | ☐ No      |  |  |  |  |
|   | Was the disinfectant r   | residual higher tha   | in normal for that time of the year at that location?        | ☐ Yes             | ☐ No      |  |  |  |  |
| Q2.   | Did you have maintenance record  | ds available for the  | e time period just prior to the OEL exceedance?              | ☐ Yes             | □No       |  |  |  |  |
|   | If NO, proceed to Q3. If YES,  | , answer the follow   | ring questions:  |                   |           |  |  |  |  |
|   | Did any line breaks or   | r replacements occ    | cur in the vicinity of the exceedance?                       | ☐ Yes             | ☐ No      |  |  |  |  |
|   | Were any storage tan   | ıks or reservoirs ta  | ken off-line and cleaned?                                    | ☐ Yes             | ☐ No      |  |  |  |  |
|   | Did flushing or other h  | nydraulic disturban   | nces (e.g. fires) occur in the vicinity of the exceedance?   | ☐ Yes             | ☐ No      |  |  |  |  |
|   | Were any valves oper   | rated in the vicinity | of the exceedance?   | ☐ Yes             | ☐ No      |  |  |  |  |
| Q3.   | If your system is metered, do you  | ı have access to h    | istorical records showing water use at individual service of | onnection         | ons?      |  |  |  |  |
|   |  |                       | ☐ Yes  | □No               | □ N/A     |  |  |  |  |
|   | If NO or N/A, proceed to Q4. normal water age?   | If YES, was the ov    | verall water usage in your system unusually low, indicatin   | g higher<br>□ Yes | than      |  |  |  |  |
| Q4.   | Do you have high-volume custon   | ners in your system   | m (e.g. an industrial processing plant)?                     | ☐ Yes             | ☐ No      |  |  |  |  |
|   | If NO or N/A, proceed to Q5.   | If YES, was there     | a change in water use by a high-volume customer?             | ☐ Yes             | ☐ No      |  |  |  |  |
| Q5.   | Is there a finished water storage OEL exceedance?  | facility hydraulicall | ly upstream from the monitoring location where you expe      | rienced t         | the<br>No |  |  |  |  |

|      | If NO, proceed to Q6. If YES, review storage facility operations and water quality data to answer the following for the period in which the OEL exceedance occurred:  | wing qu                        | estions   |
|------|---|--------------------------------|-----------|
|      | Was a disinfectant residual detected in the stored water or at the tank outlet?   | ☐ Yes                          | ☐ No      |
|      | Do you know of any mixing problems with the tank or reservoir?  | ☐ Yes                          | □No       |
|      | Does the facility operate in "last in-first out" mode?  | ☐ Yes                          | □ No      |
|      | Was the tank or reservoir drawn down more than usual prior to OEL exceedance, indicating a podischarge of stagnant water?   | ssible                         | □ No      |
|      | Was there a change in water level fluctuations that would have resulted in increased water age v reservoir?   | vithin the<br>□ Yes            | tank      |
| Q6.  | Does your system practice booster chlorination?   | ☐ Yes                          | ☐ No      |
|      | If NO, proceed to Q7. If YES, was there an increase in booster chlorination feed rates?   | ☐ Yes                          | ☐ No      |
| Q7.  | Did you have customer complaints in the vicinity of the OEL exceedance?   | ☐ Yes                          | ☐ No      |
|      | If NO, proceed to Q8. If YES, explain in further detail (attach additional sheets if necessary):  |                                |           |
| Q8.  | Did concern about complying with a rule other than the Stage 2 DBP Rule, such as the Lead and Copper rule Coliform Rule, or any other rule constrain your options to reduce the DBP levels at this site? For example to control DBP levels in the distribution system limited by the need to maintain a detectable disinfectant rule.  If NO, proceed to Q9. If YES, explain in further detail (attach additional sheets if necessary) and consult Simultaneous Compliance Guidance Manual for alternative compliance approaches: | e, is you<br>esidual?<br>□ Yes | r ability |
|      | CLUSION  Did the distribution system cause or contribute to the OEL exceedance(s)?  | ☐ Yes                          | □ No      |
|      | If YES or POSSIBLY, explain in further detail:  |                                |           |
| Tota | number of pages (including attachments) submitted:  |                                |           |