

Appendix D

Chapter 10: Disinfectants and Disinfection Byproduct Rule

Operational Evaluation Level Forms

- Additional OEL Information
- Operational Evaluation Level Forms
 - Operational Evaluation Report*
 - Source Water Checklist*
 - Treatment Process Evaluation Checklist*
 - Distributional System Evaluation Checklist*

Systems are required to complete all of the following forms if they exceed the OEL. If your water system exceeds the OEL, you must conduct an operational evaluation and submit a written report of the evaluation to the Illinois EPA no later than 90 days after being notified of the analytical result that causes it to exceed the OEL. A water system may request to limit the scope of their evaluation if they are able to identify the cause of the operational evaluation level exceedence.


Operational Evaluation Reporting Form

I. GENERAL INFORMATION

A. Facility Information

Facility Name: Village of Mt. Zion PWSID: IL1150350
 Facility Address: 1400 Mt Zion Parkway
 City: Mt. Zion State: IL Zip: 62549

B. Report Prepared by:

(Print): Michael Buzicky, P.E. Date prepared: 10/22/24
 (Signature): 
 Contact Telephone Number: 217-403-3373

II. MONITORING RESULTS

A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded.

S2HT1

Note: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring plan.

B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more than one exceedance)

1. Check TTHM or HAA5 to indicate which result caused the OEL exceedance. TTHM HAA5

2. Enter your results for TTHM or HAA5 (whichever you checked above).

| | Quarter | | | Operational Evaluation Value |
|---------------------------|-------------------------------|-------------------------|-----------------|------------------------------|
| | Results from Two Quarters Ago | Prior Quarter's Results | Current Quarter | |
| | A | B | C | $D = (A+B+(2*C))/4$ |
| Date sample was collected | 2/14/24 | 5/20/24 | 8/21/24 | |
| TTHM (mg/L) | 0.111 | 0.0461 | 0.109 | 0.094 |
| HAA5 (mg/L) | 0.0472 | 0.0111 | 0.0338 | 0.0315 |

Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or 0.060 mg/L for HAA5, an OEL exceedance has occurred.

C. Has an OEL exceedance occurred at this location in the past? Yes No

If YES, when did exceedance occur?

Was the cause determined for the previous exceedance(s)? Yes No

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

III. OPERATIONAL EVALUATION FINDINGS

- A. Did the State allow you to limit the scope of the operational evaluation? Yes No
If NO, proceed to item B. If YES, attach written correspondence from the State.

- B. Did the **distribution system** cause or contribute to your OEL exceedance(s)? Yes No
 Possibly
If NO, proceed to item C. If YES or POSSIBLY, explain (attach additional pages if necessary):
The water distribution system in the location of the sample sites is older, corroded and has hydraulic issues with water age and looping. The water main materials in the location of the sample site is conducive to corroding, mineral build up and TTHM formation.

- 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):
The Village of Mt. Zion does not have a WTP. Rather the Village purchases bulk source water from the City of Decatur. The City does have a WTP and has futue plans for WTP improvements to reduce TTHM in the source water.

- 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):
Yes, the source water from the City of Decatur has near limit levels of TTHM, Cl residuals, and organics. The Village cannot control the incoming level of TTHM. The City's source water is Lake Decatur, which sees high organics and algae.

- 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):
The Village has increased sampling of Cl residuals, organics and TTHM in the source water and Village system. The increased monitoring helps make operational actions. The Village has increased flushing of the water distribution system.

- G. List steps that could be considered to minimize future OEL exceedances (attach additional pages if necessary)
Continued monitoring of Cl Residuals with respect to CL feed levels. Continued water distribution flushing. Evaluation of 2 Decatur sources for TTHM levels and adjustment of source percentage. Currently completing TTHM Removal Study.

- H. Total **Number of Pages** Submitted, Including Attachments and Checklists: 3

This Agency is authorized to require this information under 415 ILCS 5. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.

IL532-2979

PWS 292 01/2013

NO DATA AVAILABLE

System Name: City of Decatur Water

Checklist Completed by: _____ Date: _____

A. Do you have source water temperature data? Yes No
 If **NO**, proceed to item B. If **YES**, was the source water temperature high? Yes No
 If **NO**, proceed to item B. If **YES**, answer the following questions for the time period prior to the OEL exceedance.

| | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the raw water storage time longer than usual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you place another water source on-line? |
| <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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Did point or non-point sources in the watershed contribute to the OEL exceedance? |

B. Do you have data that characterizes organic matter in your source water (e.g., TOC, DOC, SUVA, color, THM formation potential)? Yes No
 If **NO**, proceed to item C. If **YES**, were these values higher than normal? Yes No
 If **NO**, proceed to item C. If **YES**, answer the following questions for the time period prior to the OEL exceedance.

| | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Did heavy rainfall or snowmelt occur in the watershed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you place another water source on-line? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did lake or reservoir turnover occur? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did point or non-point sources in the watershed contribute to the OEL exceedance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did an algal bloom occur in the source water? |
| <input type="checkbox"/> | <input type="checkbox"/> | If algal blooms were present, were appropriate algae control measures employed (e.g. addition of copper sulfate)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did a taste and odor incident occur? |

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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Has saltwater intrusion occurred? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you experiencing a long-term drought? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did heavy rainfall or snowmelt occur in the watershed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you place another water source on-line? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any industrial spills in the watershed? |

Source Water Evaluation Checklist

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- 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?

F. Conclusion

- Did source water quality factors contribute to your OEL exceedance? Yes No
 Possibly

If YES or POSSIBLY, explain below.

The Village of Mt. Zion does not have the City of Decatur Source Water Data for this section. The source water does contribute to the OEL Exceedance as there is TTHM coming in as bulk purchased water prior to entering the Village water distribution system.

The City's source is Lake Decatur, which may contribute to higher organic levels, which reacts to form TTHM. This summer and fall 2024, saw drought conditions in Central Illinois, including Lake Decatur. The Lake was lower in these drought conditions, concentrating organics and seeing higher levels of algae growth. Both of which contributes to THM formation. The City is currently planning added treatment to its source water, in an effort to off-gas THM from finished water storage. These treatment additions are expected in 2026.

Treatment Process Evaluation Checklist

NO DATA AVAILABLE

Facility Name: City of Decatur Water

Checklist Completed by: _____ Date: _____

- A. Review finished water data for the time period prior to the OEL exceedance(s) and compare to historical finished water data using the following questions:
- Were DBP precursors (TOC, DOC, SUVA, bromide, etc.) higher than normal? Yes No
 - Was finished water pH higher or lower than normal? Yes No
 - Was the finished water temperature higher than normal? Yes No
 - Was finished water turbidity higher than normal? Yes No
 - Was the disinfectant concentration leaving the plant(s) higher than normal? Yes No
 - Were finished water TTHM/HAA5 levels higher than normal? Yes No
 - Were operational and water quality data available to the system operator for effective decision making? Yes No

- B. Does the treatment process include pre-disinfection? Yes No

If NO, proceed to item C. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was disinfected raw water stored for an unusually long time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were treatment plant flows lower than normal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were treatment plant flows equally distributed among different trains? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were water temperatures high or warmer than usual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were chlorine feed rates outside the normal range? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was a disinfectant residual present in the treatment train following pre-disinfection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were online instruments utilized for process control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you switch to free chlorine as the oxidant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a recent change (or addition) of pre-oxidant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change the location of the pre-disinfection application? |

- C. Does your treatment process include presedimentation? Yes No

If NO, proceed to item D. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Were flows low? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were flows high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were online instruments utilized for process control? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge removed from the presedimentation basin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge allowed to accumulate for an excessively long time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you add a coagulant to your presedimentation basin? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a problem with the coagulant feed? |

D. Does your treatment process include coagulation and/or flocculation? Yes No

If NO, proceed to item E. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any feed pump failures or were feed pumps operating at improper feed rates? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were chemical feed systems controlled by flow pacing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in coagulation practices or the feed point? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you change the type or manufacturer of the coagulant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you suspect that the coagulant in use at the time of the OEL exceedance did not meet industry standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the pH or alkalinity change at the point of coagulant addition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there broken or plugged mixers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were flow rates above the design rate or was there short-circuiting? |

E. Does your treatment process include sedimentation or clarification? Yes No

If NO, proceed to item F. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were there changes in plant flow rate that may have resulted in a decrease in settling time or carry-over of process solids? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were settled water turbidities higher than normal? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any disruption in the sludge blanket that may have resulted in carryover to the point of disinfection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there any maintenance in the basin that may have stirred sludge from the bottom of the basin and caused it to carry over to the point of disinfectant addition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was sludge allowed to accumulate for an excessively long time or was there a malfunction in the sludge removal equipment? |

F. Does your treatment process include filtration? Yes No

If NO, proceed to item G. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in individual or combined filter effluent turbidity or particle counts? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in turbidity or particle loading onto the filters? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in flow onto the filters or malfunction of the rate of flow controllers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any filters taken off-line for an extended period of time that caused the other filters to operate near maximum design capacity and creating the conditions for possible breakthrough? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any filters operated beyond their normal filter run time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were there any unusual spikes in individual filter effluent turbidity (which may indicate particulate or colloidal TOC breakthrough) in the days leading to the excursion? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all filters run in a filter-to-waste mode during initial filter ripening? |
| <input type="checkbox"/> | <input type="checkbox"/> | If GAC filters are used, is it possible the adsorptive capacity of the GAC bed was reached before reactivation occurred (leave blank if not applicable)? |
| <input type="checkbox"/> | <input type="checkbox"/> | If biological filtration is used, were there any process upsets that may have resulted in the breakthrough of TOC (leave blank if not applicable)? |

G. Does your treatment process include primary disinfection by injecting chlorine prior to a clearwell? Yes No

If NO, proceed to item H. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a sudden increase in the amount of chlorine fed or an increase in the chlorine residual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in clearwell holding time? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the plant shut down or were plant flows low? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there an increase in clearwell water temperature? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did you switch to free chlorine recently as the primary disinfectant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the inactivation of <i>Giardia</i> and/or viruses exceptionally high? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was there a change in the mixing strategy (i.e. mixers not used, adjustment of tank level)? |

H. Does your plant recycle spent filter backwash or other streams? Yes No

If NO, proceed to item I. If YES, answer the following questions for the period in which an OEL exceedance occurred:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did a change in the recycle stream quality contribute to increased DBP precursor loading that was not addressed by treatment plant processes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did a recycle event result in flows in excess of typical or design flows? |

Treatment Process Evaluation Checklist

I. Do you inject a disinfectant after your clearwell to maintain a distribution system residual? Yes No

If NO, proceed to item J. If YES, answer the following questions for the period in which an OEL exceedance occurred:

Yes No

- Was there a sudden increase in the amount of chlorine fed?
- Was there a switch from chloramines to free chlorine for a burnout period?
- If using chloramines, was the chlorine to ammonia ratio in the proper range?
- Was there a problem with either chlorine or ammonia mixing?

J. Did concern about complying with a rule other than Stage 2 DBPR, such as the Lead and Copper rule, the LT2ESWTR, or any other rule constrain your options to reduce the DBP levels at this site? For example, are you limited by other treatment targets/requirements in your ability to control precursors in coagulation/flocculation? Yes No

If NO, proceed to item K. If YES, explain below and consult EPA's *Simultaneous Compliance Guidance Manual* for alternative compliance approaches.

K. Conclusion

Did treatment factors and/or variations in the plant performance contribute to the OEL exceedance(s)? Yes No Possibly

If YES or POSSIBLY, explain below.

The Village of Mt. Zion does not have the City of Decatur Treatment Process Data for this section. It is presumed that since there is TTHM in the City's source water, that some level of contribution of OEL Exceedance is from the WTP. The City has stated that they are planning a WTP improvement aimed at TTHM reduction. This upgrade is currently starting in design, with plans to fund through IEPA SRF and construct either 2026 or 2027. The proposed City of Decatur WTP TTHM reduction project involves adding aeration and mixing to their existing finished water ground storage tank, with off-gassing equipment to remove THM from the process.

Distribution System Evaluation Checklist

Page 1 of 2

System Name: Village of Mt. Zion

Checklist Completed by: Michael Buzicky

Date: 10/22/24

A. Do you have disinfectant residual or temperature data for the monitoring location where you experienced the OEL exceedance? Yes No

If NO, proceed to item B. If YES, answer the following questions for the period in which an OEL exceedance occurred:

Yes No

Was the water temperature higher than normal for that time of the year at that location?

Was the disinfectant residual lower than normal for that time of the year at that location?

Was the disinfectant residual higher than normal for that time of the year at that location?

B. Do you have maintenance records available for the time period just prior to the OEL exceedance? Yes No

If NO, proceed to item C. If YES, answer the following questions:

Yes No

Did any line breaks or replacements occur in the vicinity of the exceedance?

Were any storage tanks or reservoirs taken off-line and cleaned?

Did flushing or other hydraulic disturbances (e.g., fires) occur in the vicinity of the exceedance?

Were any valves operated in the vicinity of the OEL exceedances?

C. If your system is metered, do you have access to historical records showing water use at individual service connections? Yes No

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

D. Do you have high-volume customers in your system (e.g., an industrial processing plant)? Yes No

If NO, proceed to item E. If YES, was there a change in water use by a high-volume customer?

Yes No

E. Is there a finished water storage facility hydraulically upstream from the monitoring location where you experienced the OEL exceedance? Yes No

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

Was a disinfectant residual detected in the stored water or at the tank outlet?

Do you know of any mixing problems with the tank or reservoir?

Does the facility operate in "last in-first out" mode?

Was the tank or reservoir drawn down more than usual prior to OEL exceedance, indicating a possible discharge of stagnant water?

Was there a change in water level fluctuations that would have resulted in increased water age within the tank or reservoir?

Distribution System Evaluation Checklist

F. Does your system practice booster chlorination? Yes No
If NO, proceed to item G. If YES, was there an increase in booster chlorination feed rates? Yes No

G. Did you have customer complaints in the vicinity of the OEL exceedance? Yes No
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? Yes No

If NO, proceed to item I. If YES, explain below and consult EPA's *Simultaneous Compliance Guidance Manual* for alternative compliance approaches.

The Village does have to balance Chlorine residual levels, so as to meet the minimum required residual levels by Code, with trying to also minimize Chlorine feed levels to reduce Disinfection By-Product formation. The Village's system has 1 Chlorine feed location for a large, oddly shaped and routed water system. Chlorine feed is a challenge when balancing these two ends of the spectrum.

I. Conclusion

Did the distribution system cause or contribute to the OEL exceedance(s)? Yes No
 Possibly

If NO, proceed to evaluations of treatment systems and source water. If YES or POSSIBLY, explain below.

The Village's Water Distribution System is large, oddly shaped or routed, with some older, smaller, poor quality water mains in locations. These worse mains happen to be were the sample sites are, which contributes to localized issues with TTHM formation.

The Village of Mt. Zion has completed their CCA improvements, including new water looping near the S2HH1 site and new sample site for S2HT1. The Village is now coordinating with

the City of Decatur on the source water THM sampling results, which are near limit coming into the Village's system.

This Agency is authorized to require this information under 415 ILCS 5. Failure to disclose this information may result in a civil penalty of not to exceed \$50,000 for the violation and an additional civil penalty of not to exceed \$10,000 for each day during which the violation continues (415 ILCS 5/42). This has been approved by the Forms Management Center.