pennsylvania
DEPARTMENT OF ENVIRONMENTAL
PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER

OPERATIONAL EVALUATION LEVEL (OEL) EXCEEDANCE NOTIFICATION FORM

Section I: System Information

PWS Name: HCA Hazleton Division	**PWSID #:** 2408001
Contact Name: Rocco Mussoline	**Phone #:** 570-454-2401

Section II: OEL Exceedance Information*

Water Systems on quarterly monitoring must calculate the OEL for each location each quarter (qrtr) as follows:

$$OEL = \frac{[(\text{result from 2 qrtrs prior to current qrtr}) + (\text{result from previous qrtr}) + 2(\text{current qrtr result})]}{4}$$

An OEL exceedance occurs if either the TTHM OEL value is > 0.080 mg/L *or* the HAA5 OEL value is > 0.060 mg/L.

DEP Sample Location ID# (3-digit # starting with "7")	703	DEP Sample Location ID# (3-digit # starting with "7")	700
Sample Location Name	Advanced Auto Parts, 88 Susquehanna Blvd., Hazleton, PA 18202	Sample Location Name	424 Butler Terrace Drive, Hazleton PA, 18201
Sample Date (most recent quarterly sample)	08/21/2024	Sample Date (most recent quarterly sample)	08/21/2024
Sample Received Date (date result received from lab)	09/05/2024	Sample Received Date (date result received from lab)	09/05/2024
Monitoring Period (Qtr)	3rd Quarter	Monitoring Period (Qtr)	3rd Quarter
TTHM: Calculated OEL Value	0.036	TTHM: Calculated OEL Value	0.047
OEL Calculation: [(0.0435) + (0.0314) + 2(0.0341)] / 4		OEL Calculation: [(0.0331) + (0.0538) + 2(0.0513)] / 4	
HAA5: Calculated OEL Value	0.0543	HAA5: Calculated OEL Value	0.0700
OEL Calculation: [(0.0252) + (0.0491) + 2(0.0731)] / 4		OEL Calculation: [(0.0219) + (0.0564) + 2(0.101)] / 4	

*Please use page 2 of this form to report additional OEL exceedances, if more than 2 locations exceeded the OEL during the quarter.

Section III: OEL Report Information

Are you requesting a limited scope evaluation? ☐ YES ☒ NO. If yes, please provide reason for OEL exceedance:

Due Date for OEL Report: 12/4/24 (i.e. 90 days from the sample received date)

Section IV: Verification

Responsible Official's Name (printed): Scot Burkhardt	
Responsible Official's Signature: *[signature]*	Date: 11/20/2024

NOTE:

The completed form must be submitted to DEP by the 10th of the month following the quarter in which the OEL exceedance occurs. For example, if an OEL exceedance occurs in the October 1 to December 31 quarter, this completed form must be received by DEP no later than January 10th. Mail all OEL Exceedance Notification Forms to your local DEP Office. A list of all DEP and County Health Department (CHD) Offices is included in the instructions.

Reporting for Additional OEL Exceedances (at 3 - 8 sampling locations)*

DEP Sample Location ID# (3-digit # starting with "7")	701	DEP Sample Location ID# (3-digit # starting with "7")	
Sample Location Name	Jeddo Stars 1933 SR 940 Freeland, PA 18224	Sample Location Name	
Sample Date (most recent quarterly sample)	08/21/2024	Sample Date (most recent quarterly sample)	
Sample Received Date (date result received from lab)	09/05/2024	Sample Received Date (date result received from lab)	
Monitoring Period (Qtr)	3rd Quarter	Monitoring Period (Qtr)	
TTHM: Calculated OEL Value	0.063	TTHM: Calculated OEL Value	
OEL Calculation: $[(0.0577) + (0.0367) + 2(0.0795)] / 4$		OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$	
HAA5: Calculated OEL Value	0.065	HAA5: Calculated OEL Value	
OEL Calculation: $[(0.0324) + (0.049) + 2(0.0899)] / 4$		OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$	

DEP Sample Location ID# (3-digit # starting with "7")		DEP Sample Location ID# (3-digit # starting with "7")	
Sample Location Name		Sample Location Name	
Sample Date (most recent quarterly sample)		Sample Date (most recent quarterly sample)	
Sample Received Date (date result received from lab)		Sample Received Date (date result received from lab)	
Monitoring Period (Qtr)		Monitoring Period (Qtr)	
TTHM: Calculated OEL Value		TTHM: Calculated OEL Value	
OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$		OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$	
HAA5: Calculated OEL Value		HAA5: Calculated OEL Value	
OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$		OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$	

DEP Sample Location ID# (3-digit # starting with "7")		DEP Sample Location ID# (3-digit # starting with "7")	
Sample Location Name		Sample Location Name	
Sample Date (most recent quarterly sample)		Sample Date (most recent quarterly sample)	
Sample Received Date (date result received from lab)		Sample Received Date (date result received from lab)	
Monitoring Period (Qtr)		Monitoring Period (Qtr)	
TTHM: Calculated OEL Value		TTHM: Calculated OEL Value	
OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$		OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$	
HAA5: Calculated OEL Value		HAA5: Calculated OEL Value	
OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$		OEL Calculation: $[(\quad) + (\quad) + 2(\quad)] / 4$	