

OPERATIONAL EVALUATION LEVEL (OEL) EXCEEDANCE NOTIFICATION FORM

Section I: System Information	
PWS Name: Hazleton City Authority	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 = [(result from 2 qrtrs prior to current qrtr) + (result from previous qrtr) + 2(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)	11/20/2018	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)	09/05/2024
Monitoring Period (Qtr)	3 rd Quarter	Monitoring Period (Qtr)	3rd Quarter
TTHM: Calculated OEL Value		TTHM: Calculated OEL Value	
OEL Calculation: [()	+ () + 2()] / 4	OEL Calculation: [() +	() + 2()] / 4
HAA5: Calculated OEL Value	0.0543	HAA5: Calculated OEL Value	0.0709
OEL Calculation: [(0.0219)	+ (0.0491) + 2(0.0731)] / 4	OEL Calculation: [(0.0252) -	+ (0.0564) + 2(0.1010)] / 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: <u>12/4/24</u> (i.e. 90 days from the sample received date)

Section IV: Verification	
Responsible Official's Name (printed): Rocco Mussoline	
Responsible Official's Signature:	Date: ////3/24

NOTE:

3930-FM-BSDW0521 Rev. 6/2018

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)		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		TTHM: Calculated OEL Value
OEL Calculation: [()	+ () + 2()] / 4	OEL Calculation: [() + () + 2()] / 4
HAA5: Calculated OEL Value	0.0630	HAA5: Calculated OEL Value
OEL Calculation: [(0.0232)	+ (0.0490) + 2(0.0899)] / 4	OEL Calculation: [() + () + 2()] / 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: [()	+ () + 2()] / 4	OEL Calculation: [() + () + 2()] / 4
HAA5: Calculated OEL Value		HAA5: Calculated OEL Value
OEL Calculation: [()	+ () + 2()] / 4	OEL Calculation: [() + () + 2()] / 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 guarterly sample)		Sample Date (most recent guarterly 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: [()	+ () + 2()] / 4	OEL Calculation: [() + () + 2()] / 4
HAA5: Calculated OEL Value		HAA5: Calculated OEL Value
OEL Calculation: [()	+ () + 2()] / 4	OEL Calculation: [() + () + 2()] / 4

Operational Eva	aluation Repo	orting Form		Pa	age 1 of 2
I. GENERAL INFORM	MATION				
A. Facility Information					
Facility Name:	cleton CityAu	therity	PWSID: 2	2408001	
Facility Address: 4001	E Arthur Gardm	er PASKWAY			
City: HA	zleton		State:	Zip: /8	8201
B. Report Prepared by:					
(Print): Raco Mu	soline		Date prepared:	11/13/2	4
(Signature):	Manulu Contact Telep	hone Number: 🧹	510) 454-24	101	
II. MONITORING RE	SULTS				
A. Provide the Complian	nce Monitoring Site	e(s) where the OEL	was Exceeded	(
Site 700, 424 Note: The site name or	Butler Terrac	e Drive Has	le Township	PA 18202	ning plan
 B. Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results 	or the Site(s) Identi IAA5 to indicate wh for TTHM or HAA	fied in II.A (include nich result caused 5 (whichever you c	duplicate pages the OEL	s if there was mor] TTHM	re than AA5
		Quarter			
	Results from Two Quarters Ago	Prior Quarter's Results	Current Quarter	Operatio Evaluation	nal Value
	A	В	С	D = (A+B+(2*C	;))/4
Date sample was collected	2/20/24	5/20/24	8/21/24		
TTHM (mg/L)					
HAA5 (mg/L)	0.0252	0.0564	0.1010	0.0709	
Note: The operational values plus twice the o mg/L for HAA5, an OE	evaluation value is c current quarter value, EL exceedance has o	alculated by summin divided by four. If th ccurred.	g the two previous he value exceeds	s quarters of TTHM 0.080 mg/L for TTH	
C. Has an OEL exceed	ance occurred at th	nis location in the p	bast?	☐ Yes	or HAA5 HM or 0.060
If NO proceed to	itom D If VEC wh	on did			IM or 0.060
exceedance occu	r?				M or 0.060
exceedance occur Was the cause det	r? ermined for the pre	evious exceedance	(s)?	☐ Yes	No

I. GENERAL INFORMATION A. Facility Information Facility Name: HALMER City Authority PWSID: 2415101 Facility Name: HALMER City Authority PWSID: 2415101 Facility Address: HALMER City Authority PWSID: 2415101 Facility Address: HALMER City Authority State: PA Zip: [5220] B. Report Prepared by: (Print): Record Musself14Y Date prepared: [1]/[3]/24 (Signature): Contact Telephone Number: (520) 4/54 - 2010 1 II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site 201 Jecks Stars Lawe: 1933 Starte Record 940 Freechand; PA 1622 Note: The sile name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pi PHAA5 2. Enter your results for THM or HAA5 (whichever you checked above). ITHM HAA5 Quarter Quarter Operational Evaluation Value Ago C. 0643 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HA45, an OEL exceedance has occurred Cin Note: The operational evaluation value, divided by four. If the value exceeds 0.080 mg/L for THM or HA45, an OEL exceedance has occurred Yes Note	Operational Ev	aluation Repo	orting Form		P	age 1 of 2
A. Facility Information Facility Name: HAZHAR (j+4 Author:/+y PWSID: Z445101 Facility Address: HAZHAR (j+4 Author:/+y State: DA Zip: [5201] B. Report Prepared by: (Print): Recc Mussel/14* Date prepared: 11/13/24 (Signature): Contact Telephone Number: (520) 454-2461 11 II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site: The sife name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more thar one exceedance. THHM E HAAS 2. Enter your results for TTHM or HAA5 (whichever you checked above). Quarter Operational Evaluation Value Ago A B C D = (A+B+(2*C))/4 D = (A+B+(2*C))/4 Dates sample was collected Z/20/24 S/zo/24 S/z1/24 Dates twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for THM or HAA5 (mg/L) 0.0232 0.04990 0.08997 0.0633 1. Check TTHM or Exceedance bas occurred. Current Results for TTHM or HAA5 (whore the value exceeds 0.080 mg/L for THM or HAA5 (mg/L) 0.0232 0.04990 0.08997	I. GENERAL INFOR	MATION				
Facility Name: Haztebor City Author:ty PWSID: 24/05/01 Facility Address: Haztebor E Atthui (parther Packway) State: PA Zip: [520] B. Report Prepared by: (Print): Recco Musseling Date prepared: 11//13/24 (Signature): Contact Telephone Number: (520) 454-24/21 III. II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site real Factor of the previous exceedance Site: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more thar one exceedance. 1. Check TTHM or HAA5 to indicate which result caused the OEL TTHM HAA5 2. Enter your results for TTHM or HAA5 (whichever you checked above). Operational Evaluation Value Ago B C D = (A+B+(2*C))/4 Date sample was collected Z/20/24 S/20/24 S/20/24 S/21/24 Yes M or HAA5 (or THM or HAA5 (which were previous quarters of TTHM or HA, walues plus twice the coursed use of your Maxeedance Z Operational Evaluation value is calculated by your The value avoid of your Operational Evaluation value is calculated by your Pr	A. Facility Information					
Facility Address: 401 E_Arthui (partner Packway City: Hazteta B. Report Prepared by: (Print): Recce Musseling Contact Telephone Number: 011 //3/24 (Signature): Contact Telephone Number: 012 /15 /14 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /15 /14 /14 /15 /14 /15 /14 /14 /15 /14 /14 /15 /14 /14 /15 /14 /14 /15 /14 /14 /15 /14 /14 /15 /14 /14 /15 /14 /14 /14 /14 /14 /14 /14 /14 /14 /14	Facility Name:	Aztetox City Au	thority	PWSID: Z	408001	
City: Haztetan State: pt Zip: $fs201$ B. Report Prepared by: (Print): Recce Muscellar Date prepared: $11/[/3/2.4]$ (Signature): Contact Telephone Number: (520) $454-2401$ II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site: 701, Jedde State: 1433 State: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl 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 TTHM THAA5 2. Enter your results for TTHM or HAA5 (whichever you checked above). \overline{Vag} \overline{Vag} Image: Two Quarters Prior Quarter' Operational Evaluation Value Ago Ago B C D = (A+B+(2*C))/4 Date sample was $2/20/24$ $5/zo/24$ $8/z1/2.4$ Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 $abg = 0.04997$ $c.0633$ Note: The operational evaluation value is calculated by four. If the value exceeds 0.080 mgl. for THM or HAA5 mg/L or HAA5, an OEL exceedance occurred.	Facility Address: 400	E. Arthur Gard.	ner PARKWAY			
B. Report Prepared by: (Print): Recco Mussol/144 Date prepared: 11/13/24 (Signature): Contact Telephone Number: (520) 454-2401 II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site 701, Jeddo Stars Lane, 1933 State Reacte 940, Freedand, PA 1622 Note: The sife name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl 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 1. Check TTHM or HAA5 to indicate which result caused the OEL 2. Enter your results for TTHM or HAA5 (whichever you checked above). Image: Collected Results from The Quarter Operational Evaluation Value Ago A B C D = (A+B+(2*C))/4 Date sample was Z/20/24 5/zo/24 8/z1/24 TTHM (mg/L) Image: Collected Image: Collected Image: Collected Image: Collected TTHM (mg/L) Image: Collected Z/20/24 S/zo/24 8/z1/24 Image: Collected THM (mg/L) Image: Collected Z/20/24 S/zo/24 S/z1/2 4 Image: Collected <td< td=""><td>City: <u>H</u>A</td><td>zteton</td><td>/</td><td>State:</td><td>PA Zip:</td><td>18201</td></td<>	City: <u>H</u> A	zteton	/	State:	PA Zip:	18201
(Print): Recco Musseliny Date prepared: 11/13/24 (Signature): Contact Telephone Number: (500) 454-2401 II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site 701 Jeddo Stars Lane, 1933 State Reade 940, Freeland, PA 1822 Note: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl 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 TTHM 2. Enter your results for TTHM or HAA5 (whichever you checked above). Image: Collected Results from Two Quarter's Results Current Quarter Ago B C D = (A+B+(2*C))/4 Date sample was collected 2/20/24 5/20/24 8/21/24 TTHM (mg/L) Image: Advise the current quarter value, divided by summing the two previous quarters of TTHM or HAA5 an OEL exceedance has occurred. If NO, proceed to item D. If YES, when did exceedance(s)? Yes N Mate: the previous evaluations/determinations applicable to the current OEL Yes N N	B. Report Prepared by	:				
II. MONITORING RESULTS A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site 701, Jeddo Stars Lane, 1933 State Reute 940, Freeland, PA 1822 Note: The sife name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl B. Monitoring Results for the Site(s) Identified in II.A (include duplicate pages if there was more that one exceedance) 1. Check TTHM or HAA5 to indicate which result caused the OEL exceedance. 2. Enter your results for TTHM or HAA5 (whichever you checked above). Image: Results for TTHM or HAA5 (whichever you checked above). Image: Results for TTHM or HAA5 (whichever you checked above). Image: Results form Two Quarters Ago Results from Two Quarters Ago A B C Date sample was collected Z/20/24 5/z0/24 8/21/24 Date sample was collected Z/20/24 5/z0/24 8/21/24 THM (mg/L) Image: Result of the value exceeds 0.080 mg/L for TTHM or HA values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or MA values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or MA values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or MA values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or MA values plus twice the current qu	(Print): <u>Rocco M</u> (Signature):	Mundun Contact Telep	hone Number:	Date prepared: (510) 454-24	_11/13/2 181	d.
A. Provide the Compliance Monitoring Site(s) where the OEL was Exceeded. Site 701 Jeddo Stars Lane, 1933 State Route 940 Freedand, PA 1822 Note: The sile name or number should correspond to a sile in your Stage 2 DBPR compliance monitoring pl 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. 2. Enter your results for TTHM or HAA5 (whichever you checked above). Image: A B C De = (A+B+(2*C))/4 Date sample was collected Z/20/24 S/20/24 S/21/24 Image: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 model. Image: TTHM or HAA5 model. Note: The operational evaluation value is calculated by four. If the value exceeds 0.080 mg/L for TTHM or MAA5, an OEL exceedance has occurred. If NO, proceed to item D. If YES, when did exceedance(s)? If NO, proceed to item D. If YES, when did exceedance(s)? Yes Image: Note:	II. MONITORING RE	SULTS				
Site 701, Jeddo Stars Lane, 1933 State Route 940, Freedond, PA 18222 Note: The site name or number should correspond to a site in your Stage 2 DBPR compliance monitoring pl 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. 2. Enter your results for TTHM or HAA5 (whichever you checked above). Quarter Operational Evaluation Value Ago A B C D = (A+B+(2*C))/4 Date sample was collected Z/20/24 5/20/24 8/21/24 TTHM (mg/L) 0.0232 0.0490 0.0899 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 (which or the previous quarters of TTHM or HAA5 (mg/L) 0.0232 0.0490 0.0899 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 (mg/L) 0.0232 0.0490 0.0800 mg/L for TTHM or HAA5 (mg/L) 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAA5 (mg/L) 0.0232 0.0490 0.0800 mg/L for TTHM or HAA5 (mg/L) C Has an OEL exceedance occurred at this location in the past? Yes N If NO, proceed t	A. Provide the Complia	ance Monitoring Site	e(s) where the OEL	was Exceeded.		
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. 2. Enter your results for TTHM or HAA5 (whichever you checked above). Image: the second secon	Site 701, Jee Note: The site name of	Ido Stars Land r number should corre	e 1933 State	Route 940 P ur Stage 2 DBPR	compliance monit	18224 Foring plan.
Quarter Quarter Results from Two Quarters Ago Prior Quarter's Results Current Quarter Operational Evaluation Value A B C D = (A+B+(2*C))/4 Date sample was collected Z/20/24 5/zo/z4 8/z1/24 TTHM (mg/L) Image: Collected 0.0232 0.0490 0.0899 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HA, values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or Of mg/L for HAA5, an OEL exceedance has occurred. C. Has an OEL exceedance occurred at this location in the past? Yes M If NO, proceed to item D. If YES, when did exceedance occur? Yes N Was the cause determined for the previous exceedance(s)? Yes N	exceedance. 2. Enter your result	s for TTHM or HAA	5 (whichever you c	hecked above).		
Results from Two Quarters AgoPrior Quarter's ResultsCurrent QuarterCurrent Evaluation ValueABC $D = (A+B+(2*C))/4$ Date sample was collected $Z/20/24$ $5/20/24$ $8/21/24$ TTHM (mg/L)Image: Collected 0.0232 0.0490 0.0897 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAL values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or 0 mg/L for HAA5, an OEL exceedance has occurred.If NO, proceed to item D. If YES, when did exceedance occur?Image: Collected StateYesImage: StateWas the cause determined for the previous exceedance(s)?Image: Collected StateYesImage: Collected StateImage: Collected StateVas the previous evaluations/determinations applicable to the current OELImage: Collected StateImage: Collected StateImage: Collected State		Desults from	Quarter		Operatio	nal
ABC $D = (A+B+(2*C))/4$ Date sample was collected $Z/20/24$ $5/z0/24$ $8/z1/24$ TTHM (mg/L)HAA5 (mg/L) 0.0232 0.0490 0.0899 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HA, values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or O mg/L for HAA5, an OEL exceedance has occurred.C. Has an OEL exceedance occurred at this location in the past? \Box Yes \Box NIf NO, proceed to item D. If YES, when did exceedance occur? \Box Yes \Box NWas the cause determined for the previous exceedance(s)? \Box Yes \Box NAre the previous evaluations/determinations applicable to the current OEL \Box Yes \Box N	E.	Two Quarters Ago	Prior Quarter's Results	Current Quarter	Evaluation	Value
Date sample was collected Z/20/24 5/20/24 8/21/24 TTHM (mg/L) Image: collected Image: collected Image: collected HAA5 (mg/L) 0.0232 0.0490 0.0899 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HA. values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or Comg/L for HAA5, an OEL exceedance has occurred. C. Has an OEL exceedance occurred at this location in the past? Image: collected of the previous exceedance(s)? Image: collected of the previous exceedance(s)? Was the cause determined for the previous exceedance(s)? Image: collected of the current		A	В	С	D = (A+B+(2*0	C))/4
TTHM (mg/L) 0.0232 0.0490 0.0897 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HAL values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or Comg/L for HAA5, an OEL exceedance has occurred. C. Has an OEL exceedance occurred at this location in the past? I Yes I No. If NO, proceed to item D. If YES, when did exceedance occur? Yes N No. Was the cause determined for the previous exceedance(s)? I Yes N No. Are the previous evaluations/determinations applicable to the current OEL I Yes N N	Date sample was collected	2/20/24	5/20/24	8/21/24		
HAA5 (mg/L) 0.0232 0.0490 0.0899 0.063 Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HA, values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or 0 mg/L for HAA5, an OEL exceedance has occurred. C. Has an OEL exceedance occurred at this location in the past? I Yes I Yes If NO, proceed to item D. If YES, when did exceedance occur? Yes N Was the cause determined for the previous exceedance(s)? I Yes N Are the previous evaluations/determinations applicable to the current OEL Yes N	TTHM (mg/L)					
Note: The operational evaluation value is calculated by summing the two previous quarters of TTHM or HA, values plus twice the current quarter value, divided by four. If the value exceeds 0.080 mg/L for TTHM or C mg/L for HAA5, an OEL exceedance has occurred. C. Has an OEL exceedance occurred at this location in the past? I Yes If NO, proceed to item D. If YES, when did exceedance occur? Was the cause determined for the previous exceedance(s)? I Yes Are the previous evaluations/determinations applicable to the current OEL I Yes	HAA5 (mg/L)	0.0232	0.0490	0.0899	0.063	c .
C. Has an OEL exceedance occurred at this location in the past? I Yes Yes If NO, proceed to item D. If YES, when did exceedance occur? Was the cause determined for the previous exceedance(s)? I Yes N Are the previous evaluations/determinations applicable to the current OEL I Yes N	Note: The operationa values plus twice the mg/L for HAA5, an O	l evaluation value is c current quarter value, EL exceedance has o	alculated by summin divided by four. If th ccurred.	g the two previous ne value exceeds (quarters of TTHN 0.080 mg/L for TT	Л or НАА5 НМ or 0.060
If NO, proceed to item D. If YES, when did exceedance occur? Was the cause determined for the previous exceedance(s)? Are the previous evaluations/determinations applicable to the current OEL Types	C. Has an OEL excee	dance occurred at th	nis location in the p	ast?	☐ Yes	🖄 No
Was the cause determined for the previous exceedance(s)? Image: Comparison of the previous evaluations/determinations applicable to the current OEL Are the previous evaluations/determinations applicable to the current OEL Image: Comparison of the previous evaluations/determinations applicable to the current OEL	If NO, proceed to exceedance occ	item D. If YES, wh ur?	en did			
Are the previous evaluations/determinations applicable to the current OEL	Was the cause de	termined for the pre	vious exceedance	(s)?	🗖 Yes	D No
exceedance?	Are the previous e exceedance?	valuations/determin	ations applicable t	o the current OE	L Ves	D No

	aluation Repo	orting Form		Pa	age 1 of 2
GENERAL INFOR	MATION				
. Facility Information					
acility Name: HA	eleton City Aut	havity	PWSID: 2	408001	
acility Address: 400	E Arthur Garda	er Parkway			
ity: Haz	teten	/	State:	Zip: /	8201
. Report Prepared by:					
Print): Rocco Mu	SSOling		Date prepared:	11/13/20	4
Signature):	Mundu				
	Contact Telep	ohone Number:	(570) 454 -2	401	
. MONITORING RE	SULTS	£			
. Provide the Complia	nce Monitoring Site	e(s) where the OEL	was Exceeded.		
Sur no 11	11+0-1	DIG		DA 18202	
Note: The site name or	number should corre	espond to a site in yo	our Stage 2 DBPR	compliance monit	oring plan.
 Monitoring Results for one exceedance) Check TTHM or H 	or the Site(s) Identi	fied in II.A (include hich result caused	the OEL	if there was mo	re than
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results 	or the Site(s) Identi IAA5 to indicate wh for TTHM or HAA	fied in II.A (include hich result caused 5 (whichever you c Quarter	the OEL	if there was mo TTHM □ H	re than IAA5
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results 	or the Site(s) Identi HAA5 to indicate wh for TTHM or HAA Results from Two Quarters Ago	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results	the OEL	if there was mo TTHM ☐ ⊢ Operatio Evaluation	re than IAA5 Inal Value
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results 	or the Site(s) Identi HAA5 to indicate wh for TTHM or HAA Results from Two Quarters Ago A	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B	the OEL the OEL checked above).	if there was mo TTHM T H Operatio Evaluation D = (A+B+(2*C	re than IAA5 Value C))/4
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected 	a for TTHM or HAAS Results from Two Quarters Ago A	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 / 20 / 24	the OEL the OEL thecked above). Current Quarter C S/21/24	if there was mo TTHM □ F Operatio Evaluation D = (A+B+(2*0	re than IAA5 Value C))/4
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected TTHM (mg/L) 	or the Site(s) Identi HAA5 to indicate wh for TTHM or HAA Results from Two Quarters Ago A 2/20/24	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 / 20 / 24	the OEL the OEL thecked above). Current Quarter C 8/21/24	if there was mo TTHM ☐ F Operatio Evaluation D = (A+B+(2*0	re than IAA5 Value C))/4
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected TTHM (mg/L) HAA5 (mg/L) 	The Site(s) Identi HAA5 to indicate white for TTHM or HAA Results from Two Quarters Ago A 2/20/24	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 /zo /z4 0.0491	e duplicate pages the OEL checked above). Current Quarter C S/21/24 0:0731	if there was mo TTHM Operatio Evaluation D = (A+B+(2*C) 0.0543	re than IAA5 Value C))/4
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected TTHM (mg/L) HAA5 (mg/L) Note: The operational values plus twice the omg/L for HAA5, an OE 	The Site(s) Identi HAA5 to indicate which for TTHM or HAAs Results from Two Quarters Ago A 2/20/24 0,0219 evaluation value is c current quarter value, EL exceedance has o	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 / 20 / 24 0.049] alculated by summin divided by four. If the	the OEL the OEL thecked above). Current Quarter C S/21/24 010731 og the two previous he value exceeds of	if there was mo TTHM Operatio Evaluation D = (A+B+(2*C) 0.0543 quarters of TTHN 0.080 mg/L for TTH	re than IAA5 Value C))/4 M or HAA5 HM or 0.060
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected TTHM (mg/L) HAA5 (mg/L) Note: The operational values plus twice the original values plus twice the	The Site(s) Identi HAA5 to indicate which for TTHM or HAA Results from Two Quarters Ago A 2/20/24 0,0219 evaluation value is c current quarter value, EL exceedance has o	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 / zo / z4 0.0491 calculated by summin divided by four. If the courred.	the OEL	if there was mo TTHM Operatio Evaluation D = (A+B+(2*C 0.0543 quarters of TTHN 0.080 mg/L for TTH Yes	re than IAA5 Value C))/4 M or HAA5 HM or 0.060
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected TTHM (mg/L) HAA5 (mg/L) Note: The operational values plus twice the original values plus twice the	The Site(s) Identi HAA5 to indicate which for TTHM or HAAs Results from Two Quarters Ago A 2/20/24 0, 02/9 evaluation value is c current quarter value, EL exceedance has o lance occurred at the item D. If YES, which r?	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 /zo /z4 0.0491 calculated by summin divided by four. If the courred.	the OEL	if there was mo TTHM \Box H Operatio Evaluation D = (A+B+(2*C)) 0.0543 0.0543 0.080 mg/L for TTHM $0.080 mg/L for TTHM$	re than IAA5 Value C))/4 M or HAA5 HM or 0.060
 Monitoring Results for one exceedance) 1. Check TTHM or Hexceedance. 2. Enter your results Date sample was collected TTHM (mg/L) HAA5 (mg/L) Note: The operational values plus twice the original values plus twice the	The Site(s) Identi IAA5 to indicate which for TTHM or HAA Results from Two Quarters Ago A 2/20/24 0, 0219 evaluation value is c current quarter value, EL exceedance has o lance occurred at the item D. If YES, which r?	fied in II.A (include hich result caused 5 (whichever you c Quarter Prior Quarter's Results B 5 / zo / z4 0.0491 ealculated by summin divided by four. If the courred.	the OEL	if there was mo TTHM Operatio Evaluation D = (A+B+(2*C 0.0543 quarters of TTHM 0.080 mg/L for TTH Yes	re than IAA5 Value C))/4 M or HAA5 HM or 0.060

	perational Evaluation Reporting Form	Pag	e 2 of 2
II.	OPERATIONAL EVALUATION FINDINGS		
A.	Did the State allow you to limit the scope of the operational evaluation?	Ves	🔀 No
	If NO, proceed to item B. If YES, attach written correspondence from the St	tate.	
		☐ Yes	🗹 No
Β.	Did the distribution system cause or contribute to your OEL exceedance(s)?	D Possil	oly
	If NO, proceed to item C. If YES or POSSIBLY, explain (attach additional panecessary):	ages if	
		Yes	□ No
C.	Did the treatment system cause or contribute to your OEL exceedance(s)?	🛛 Possil	oly
	If NO, proceed to item D. If YES or POSSIBLY, explain (attach additional pa necessary):	ages if	
D.	Did source water quality cause or contribute to your OEL exceedance(s)?	☑ Yes □ Possil	No No
D.	Did source water quality cause or contribute to your OEL exceedance(s)? If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional panecessary):	Yes Possil ages if	No No
D.	Did source water quality cause or contribute to your OEL exceedance(s)? If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional panecessary): <u>Tr is behered That higher Than normal organics we</u> <u>In plant Source Water that contributed to the OEL exceedance</u> at the time the sample had to be taken was higher add heavier.	Yes Possil ages if ce, Rain Than hor	No oly <u>ent</u> <u>fall</u> mal.
D.	Did source water quality cause or contribute to your OEL exceedance(s)? If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional panecessary): <u>Tr is behaved That higher Than normal organics were</u> in plant Source Water that contributed to the OEL exceedance at the time the sample had to be taken was higher add heavier Attach all supporting operational or other data that support the determination of of your OEL exceedance(s).	Yes Possil ages if <u>ce</u> , <u>Rain</u> <u>Than</u> <u>Kon</u> the cause(s	No oly <u>ent</u> <u>tfall</u> s)
D. E.	Did source water quality cause or contribute to your OEL exceedance(s)? If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional panecessary): Tr is behered That higher Than normel organics were in plant Source Water that contributed to the OEL exceedance at the time the sample had to be taken was higher add heavier. Attach all supporting operational or other data that support the determination of the of your OEL exceedance(s). If you are unable to determine the cause(s) of the OEL exceedance(s), list the scan use to better identify the cause(s) in the future (attach additional pages if ne Toc Analysas at Sources and Plant, Plant process and the for TTHM's and HAA5's at The water treatment plant	Yes Possil ages if <u>repres</u> <u>ce</u> , <u>Rain</u> <u>than</u> <u>hor</u> the cause(teps that ye cessary): <u>reat muni</u> <u>f</u> .	No No No No No No No No No No
D. F.	Did source water quality cause or contribute to your OEL exceedance(s)? If NO, proceed to item E. If YES or POSSIBLY, explain (attach additional panecessary): It is believed That higher Than normal organics were the plant Source Water that contributed to the OEL exceedance at the time the sample had to be taken was higher add heavier. Attach all supporting operational or other data that support the determination of of your OEL exceedance(s). If you are unable to determine the cause(s) of the OEL exceedance(s), list the s can use to better identify the cause(s) in the future (attach additional pages if ne Too Analysas at Sources and Plant, Plant process and to for THM's and HAAS's at the water treatment plant List steps that could be considered to minimize future OEL exceedances (attach pages if necessary)	Yes Possil ages if <u>repres</u> <u>ce</u> , <u>Rain</u> <u>then</u> <u>hor</u> the cause(teps that yes <u>cessary</u>): <u>reat manif</u> <u>t</u>	No No No No No No No No No No

TTH Chee	M an cklis	I HAA5 Sample Collection and Handling Page 1 of 2
Facility	Name	Harleton City Authority
Check	list Cor	pleted by: Rocco Mussoline Date:
Yes	No	
		Did you obtain appropriate sample collection vials provided from the laboratory?
		Did the sample vials contain the proper preservative and dechlorinating agents?
		Was each vial labeled using waterproof labels and indelible ink?
		Did each vial contain the following information on the label?
		Unique sample ID
		System name
		Sample location
⊠		Sample date and time
		Analysis required, if not already on label
		Did you remove the aerator from the tap if there was one present?
		Did you open the water tap and allow the system to flush until the water temperature had stabilized (usually about 3-5 minutes)?
		Did you adjust the flow so that no air bubbles were visually detected in the flowing stream?
X		Did you slowly fill the sample vial almost to the top without overflowing?
		Were you careful not to rinse out any of the preservative/dechlorinating agent during this process?
		After the bottle was filled, did you invert it three or four times to mix the sample with the preservative and dechlorinating agents?
		If you collected a TTHM sample that requires acidification, did you:
		Let the sample set for about 1 minute, allowing the dechlorinating chemical to take effect?
		Carefully open the vial and adjust the pH of the TTHM sample to < 2 by adding approximately 4 drops of hydrochloric acid for every 40 mL of sample (amount of acid needed will depend on buffering capacity of sample)?
Ø		Recap the vial, and invert three or four times?

		<u>,</u>
	no⊃\se	-Note
Did the laboratory invalidate the sample?	\times	
2° L1- te zveb 85 SO OK 10° C v less		
EPA Method 552.3: 7 days at 4°C or 14 days at a temperature less than -10°C EPA Method 552.3: 21 days for MTBE extraction solvent at -10°C or less		
EPA Method 552.1: 48 hours at 4°C or less		
Was the extract holding time exceeded?	\searrow	
Sbabaaaya ayab 41 to amit gniblod alqmes ant seW		
with the sample shipment?	_	_
Did you complete the Sample Chain of Custody provided by the laboratory and include it		X
refrigerant packs or ice, or in a refrigerator? Samples should be maintained at this	_	_
Did you immediately cool the samples to 4°C by placing them in a cooler with frozen		×
using the cap to achieve a headspace-free sample? Note that air bubbles would more		
If bubbles were detected, did you carefully open the vial and add more sample water		×.
Did you invert the vial and tap it to check for air bubbles?		
	UN	29Y
	silya	Сре
of the Collection and Handling Page 2 of 2	ue N	IHIT

Dis	stributi	on S	system Evaluation Checklist	Page	e 1 of 2
Sys	tem Name	e :	Hazteton City Authority		
Che	cklist Con	npleted	by: Rocce Musseline Date:	11/13/24	<u>/</u>
A.	Do you h location v If NO,	ave dis where y proce	sinfectant residual or temperature data for the monitoring you experienced the OEL exceedance? eed to item B. If YES, answer the following questions for the	Yes Period in v	No No
	an OE	EL exc	eedance occurred:		
	Yes	No	M/co the water to repeat we higher then normal for that time of	the year of	hat
			location?	the year at	Inat
			Was the disinfectant residual lower than normal for that time or location?	f the year at	that
			Was the disinfectant residual higher than normal for that time of location?	of the year a	t that
В.	Do you h OEL exce	ave ma eedand	aintenance records available for the time period just prior to the ce?	🛛 Yes	□ No
	If NO,	proce	ed to item C. If YES, answer the following questions:		
	Yes	No			
		Ø	Did any line breaks or replacements occur in the vicinity of the	exceedance	ə?
		\boxtimes	Were any storage tanks or reservoirs taken off-line and cleane	ed?	
		\boxtimes	Did flushing or other hydraulic disturbances (e.g., fires) occur i the exceedance?	n the vicinity	/ of
1		\boxtimes	Were any valves operated in the vicinity of the OEL exceedance	ces?	×
C.	If your sy water use	stem is e at inc	s metered, do you have access to historical records showing dividual service connections?	Yes	□ No
	lf NO, unus	, proce ually lo	eed to item D. If YES, was overall water use in your system ow, indicating higher than normal water age?	☐ Yes	🗹 No
D.	Do you h processir	ave hig ng plar	gh-volume customers in your system (e.g., an industrial t)?	X Yes	□ No
	lf NO, high-	, proce volum	eed to item E. If YES, was there a change in water use by a e customer?	☐ Yes	🛛 No
E.	Is there a monitorin	a finish ng loca	ed water storage facility hydraulically upstream from the tion where you experienced the OEL exceedance? and to item F. If YES, review storage facility operations and y	Yes ∎Yes	No No
	data t occur Yes	rred: No	wer the following questions for the period in which the OEL	exceedanc	e
			Was a disinfectant residual detected in the stored water or at t	he tank out	et?
			Do you know of any mixing problems with the tank or reservoir	r?	
			Does the facility operate in "last in-first out" mode?		
			Was the tank or reservoir drawn down more than usual prior to exceedance, indicating a possible discharge of stagnant water	o OEL r?	
			Was there a change in water level fluctuations that would have increased water age within the tank or reservoir?	e resulted in	

*

Dis	stribution System Evaluation Checklist	frame.	Pag	e 2 01 2
F.	Does your system practice booster chlorination?		Yes	🔀 No
	If NO, proceed to item G. If YES, was there an increase in chlorination feed rates?	booster	Yes	□ No
G.	Did you have customer complaints in the vicinity of the OEL exc	eedance?	Yes	🔀 No
	IT NO, proceed to item H. IT YES, explain.			
_				
H.	Did concern about complying with a rule other than Stage 2 DBP Lead and Copper rule, the TCR, or any other rule constrain your reduce the DBP levels at this site? For example, are you limited I maintain a detectable disinfectant residual in your ability to control in the distribution system?	R, such as the options to by the need to ol DBP levels	🕅 Yes	□ No
	If NO proceed to item L. If YES, explain below and consul		tanaque	
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance	It EPA's Simul approaches.	taneous	,
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chlorine residuates at the filtration plant m at a gomewhat higher level in order to residuel at the ends of the distribution	It EPA's Simul approaches. ast be man have a o system.	taneous Istaineel Klarine	,
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chloring residuates at the filtration planet mi at a gomewhat higher level in order to residual at the ends of the distribution	lt EPA's Simul approaches. ast be man have a o system.	taneous i staincol h lorire	,
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chloring residuets at the filtration planet me at a nonewhat higher level in order to residuel at the ends of the distribution Conclusion	It EPA's Simul approaches. ast be man have a a system.	taneous	,
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chloring residuats at the filtration planet me at a nonewhat higher level in order to residual at the ends of the distribution Conclusion	It EPA's Simul approaches. ast be men have a a system.	taneous	No
 I. (If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chlorine residuets at the filtration planet mi at a homewhat higher level in order to residuel at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL exceed	It EPA's Simul approaches. ast be man have a o system.	taneous	
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Offering residuats at the filtration plant min at a generichal higher level in order to residual at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL exceed If NO, proceed to evaluations of treatment systems and se	It EPA's Simul approaches. ast be man have a o system. edance(s)? ource water. I	taneous	No bly
 L	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Offering residuets at the filtration planet min at a generichal higher level in order to residuel at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL exceed If NO, proceed to evaluations of treatment systems and so POSSIBLY, explain below.	It EPA's Simul approaches. ast be man have a o system. edance(s)? ource water. I	taneous	No bly
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chlorine residuets at the filtration planet mi at a homewhat higher level in order to residuel at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL excee If NO, proceed to evaluations of treatment systems and so POSSIBLY, explain below.	It EPA's Simul approaches. ast be man have a a system. edance(s)? ource water. I	taneous	► No bly
 	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Offering residuets at the fifteetim planet mini- at a generothal higher level in order to residuel at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL exceed If NO, proceed to evaluations of treatment systems and se POSSIBLY, explain below.	It EPA's Simul approaches. ast be man have a o system. edance(s)? ource water. I	taneous	, No bly
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Chlorine residuats at the filteration planet mi at a gomewhat higher level in order to residual at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL exceed If NO, proceed to evaluations of treatment systems and se POSSIBLY, explain below.	It EPA's Simul approaches. ast be man have a o system. edance(s)? ource water. I	taneous	, Mo bly
	If NO, proceed to item I. If YES, explain below and consul Compliance Guidance Manual for alternative compliance Compliance Guidance Manual for alternative compliance of a consumption of the fight of the order to residual at the ends of the distribution Conclusion Did the distribution system cause or contribute to the OEL exceed If NO, proceed to evaluations of treatment systems and se POSSIBLY, explain below.	It EPA's Simul approaches. ast be man have a o system. edance(s)? ource water. I	taneous	bly

Source Water Evaluation Checklist Page 1 of 2										
	NO DATA	AVAIL	ABLE							
Sy: Ch	stem Name ecklist Con	e: npletec	HAZIETON City Authority by: Page Musceling Date:	1/12/24						
	Do you h		wree water temperature data?		M No					
A.	If NO, proceed to item B. If YES, was the source water temperature									
high? If NO, proceed to item B. If YES, answer the following questions for the time period prior to the OEL exceedance.										
Yes No										
			Was the raw water storage time longer than usual?							
			Did you place another water source on-line?							
			Were river/reservoir flow rates lower than usual? If yes, indicat lower flow rates and the anticipated impact on the OEL exceed	e the locatio lance.	on of					
			Did point or non-point sources in the watershed contribute to the exceedance?	ne OEL						
В.	Do you h (TOC, DC	ave da)C, SU	ata that characterizes organic matter in your source water (e.g., VA, color, THM formation potential)?	🖄 Yes	□ No					
	If NO,	proce	eed to item C. If YES, were these values higher than	☐ Yes	🔀 No					
	If NO,	proce	eed to item C. If YES, answer the following questions for the	time period	1					
	Yes	to the No	OEL exceedance.							
			Did heavy rainfall or snowmelt occur in the watershed?							
			Did you place another water source on-line?							
		·□	Did lake or reservoir turnover occur?							
			Did point or non-point sources in the watershed contribute to the exceedance?	ne OEL						
			Did an algal bloom occur in the source water?							
			If algal blooms were present, were appropriate algae control m employed (e.g. addition of copper sulfate)?	easures						
			Did a taste and odor incident occur?							
C.	Do you h	ave so	ource water bromide data?	☐ Yes	🔀 No					
	If NO, proceed to item D. If YES, were the bromide levels higher or lower than normal? If NO, proceed to item D. If YES, answer the following questions for the time period prior to the OEL exceedance.									
	Yes	No								
			Has saltwater intrusion occurred?							
			Are you experiencing a long-term drought?							
			Did neavy raintall or snowmelt occur in the watershed?							
			Did you place another water source on-line?							
			Are you aware of any industrial spills in the watershed?							

Sc	ource W	/ater	· Evaluation Checklist		Page	e 2 of 2					
D.	Do you h	ave so	ource water turbidity or particle count data?		🗹 Yes	No No					
	If NO, proceed to item E. If YES, were the turbidity values or particle counts higher than normal? 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 h	ave so	purce water pH or alkalinity data?		Yes Yes	No No					
	If NO, norm	proce al valu	eed to item F. If YES, was the pH or alkalinity diff les?	erent from	🔯 Yes	No No					
	lf NO, prior Yes	proce to the No	eed to item F. If YES, answer the following quest OEL exceedance.	ions for the t	ime perio	d					
		\mathbf{X}	Was there an algal bloom in the source water?								
		X	If algal blooms were present, were algae control m	easures emp	loyed?						
	X		Did heavy rainfall or snowmelt occur in the watersh	ned?							
		Ø	Has the PWS experienced diurnal pH changes in s	source water?)						
F.	Conclus	ion									
	Did sour	ce wat	er quality factors contribute to your OEL exceedance	?	☐ Yes ⊠ Possib	□ No bly					
	If YES	or PC	OSSIBLY, explain below.								
	Extre	aely	heavy Rain storms occured pris	or to th	e time						
	TTHM	and	HAAS Samples were to be sem,	pled, Th	he incr	Case					
-	in tur	biti	ty we believe contriduted to the	increas	e in						
	rganic	ac	tivity. Because of this increas	e in tup	bidity	·					
DERCHARGES CONTRIBUTED TO CHANGES IN The level of											
by products. It is also believed that during this time											
Peroid our main reservoir, Dreck Creek, turned over,											

Tre	eatmen	t Pro	ocess Evaluation Checklist	Page	e 1 of 4						
		VAILA	ABLE								
Fac	ility Name		Azteton City Authority Date:	11/13/20							
A.	Review fi	nished	water data for the time period prior to the OEL exceedance(s) a	and compare	e to						
	historical	finishe	ed water data using the following questions:	-	-						
	Were DI	3P pre	cursors (TOC, DOC, SUVA, bromide, etc.) higher than normal?	∐ Yes	No No						
	Was fini	shed w	vater pH higher or lower than normal?	∐ Yes	🔀 No						
	Was the finished water temperature higher than normal?										
	Was finished water turbidity higher than normal?										
	Was the	disinf	ectant concentration leaving the plant(s) higher than normal?	☐ Yes	🔀 No						
	Were fin	ished	water TTHM/HAA5 levels higher than normal? Not Sampled	Yes	□ No						
	Were op effective	eration decis	nal and water quality data available to the system operator for ion making?	🔀 Yes	□ No						
В.	Does the	treatm	nent process include predisinfection?	Yes	∭.No						
	If NO,	proce	eed to item C. If YES, answer the following questions for the	period in w	hich						
	Yes	No	eedance occurred:								
			Was disinfected raw water stored for an unusually long time?								
			Were treatment plant flows lower than normal?								
	Were treatment plant flows equally distributed among different trains?										
			Were water temperatures high or warmer than usual?								
			Were chlorine feed rates outside the normal range?								
			Was a disinfectant residual present in the treatment train follow	wing predisir	nfection?						
			Were online instruments utilized for process control?								
			Did you switch to free chlorine as the oxidant?								
			Was there a recent change (or addition) of pre-oxidant?								
			Did you change the location of the predisinfection application?								
C.	Does you	ir treat	ment process include presedimentation?	Yes	🕅 No						
	If NO,	proce	eed to item D. If YES, answer the following questions for the	period in w	hich						
	an OE Yes	L exc No	eedance occurred:								
			Were flows low?								
			Were flows high?								
			Were online instruments utilized for process control?								
			Was sludge removed from the presedimentation basin?								
			Was sludge allowed to accumulate for an excessively long tim	e?							
			Do you add a coagulant to your presedimentation basin?								
			Was there a problem with the coagulant feed?								

Tr	eatmen	t Pro	ocess Evaluation Checklist	Page	e 2 of 4								
D	Does you	ur treatu	ment process include coagulation and/or flocculation?	X Yes									
	If NO, proceed to item E. If YES, answer the following questions for the period in which an OEL exceedance occurred: Yes No												
		Were there any feed pump failures or were feed pumps operating at improper feed rates?											
	Ø		Vere chemical feed systems controlled by flow pacing?										
		Ø	Were there changes in coagulation practices or the feed point?										
		Did you change the type or manufacturer of the coagulant?											
		Do you suspect that the coagulant in use at the time of the OEL exceedance did not meet industry standards?											
		\boxtimes	Did the pH or alkalinity change at the point of coagulant addition?										
		Ø	Were there broken or plugged mixers?										
		\bowtie	Were flow rates above the design rate or was there short-circuitin	ıg?									
Ε.	Does you	ur treati	ment process include sedimentation or clarification?	🛛 Yes	No								
	If NO, an OE	proce	ed to item F. If YES, answer the following questions for the per eedance occurred:	riod in w	hich								
			Were there changes in plant flow rate that may have resulted in a settling time or carry-over of process solids?	i decreas	e in								
		Ø	Were settled water turbidities higher than normal?										
		¥	Was there any disruption in the sludge blanket that may have res to the point of disinfection?	ulted in c	arryover								
		Ø	Was there any maintenance in the basin that may have stirred slubottom of the basin and caused it to carry over to the point of disinaddition?	udge fron nfectant	n the								
		Was sludge allowed to accumulate for an excessively long time or was there a malfunction in the sludge removal equipment?											

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Tre	eatmen	t Pro	Discess Evaluation Checklist Page 3 of 4									
F.	Does you	ir treat	ment process include filtration?									
	If NO, proceed to item G. If YES, answer the following questions for the period in which an OEL exceedance occurred: Yes No											
	Ø		Was there an increase in individual or combined filter effluent turbidity or particle counts?									
	\boxtimes		Was there an increase in turbidity or particle loading onto the filters?									
		Ø	Was there an increase in flow onto the filters or malfunction of the rate of flow controllers?									
		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?										
		\boxtimes	Were any filters operated beyond their normal filter run time?									
	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?											
	Were all filters run in a filter-to-waste mode during initial filter ripening?											
	If GAC filters are used, is it possible the adsorptive capacity of the GAC becreached before reactivation occurred (leave blank if not applicable)?											
	If biological filtration is used, were there any process upsets that may have resulted in the breakthrough of TOC (leave blank if not applicable)?											
0.	prior to a If NO, an OE Yes	a clear proce EL exco No	West here a sudden increase in the amount of chlorine fed or an increase in the chlorine residual?									
		Ø	Was there an increase in clearwell holding time?									
		Ø	Was the plant shut down or were plant flows low?									
		\bowtie	Was there an increase in clearwell water temperature?									
		Ø	Did you switch to free chlorine recently as the primary disinfectant?									
		\boxtimes	Was the inactivation of Giardia and/or viruses exceptionally high?									
		Ø	Was there a change in the mixing strategy (i.e. mixers not used, adjustment of tank level)?									
Н.	Does you	ur plant	t recycle spent filter backwash or other streams?									
	lf NO, an OE Yes	proce L exc No	eed to item I. If YES, answer the following questions for the period in which eedance occurred:									
		\boxtimes	Did a change in the recycle stream quality contribute to increased DBP precursor loading that was not addressed by treatment plant processes?									
		\boxtimes	Did a recycle event result in flows in excess of typical or design flows?									

Treatment Process Evaluation Checklist	Page 4 of 4								
 Do you inject a disinfectant after your clearwell to maintain a distribution system residual? If NO, proceed to item 1. If XES, answer the following questions for the residual 	Yes No								
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 burn	out period?								
\square \square \flat^{\triangleright} If using chloramines, was the chlorine to ammonia ratio in the p	proper range?								
\square \square $\downarrow^{\triangleright}$ 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									
If NO, proceed to item K. If YES, explain below and consult EPA's <i>Simul</i> <i>Compliance Guidance Manual</i> for alternative compliance approaches.	taneous								
Chlorine residuals at the Hazteton City Author plant must be maintained at a history heret in	ity Filtration								
to reach and maintain a residual at the end of	four								
K. Conclusion									
Did treatment factors and/or variations in the plant performance contribute to the	Yes No								
OEL exceedance(s)?	Possibly								
If YES or POSSIBLY, explain below.									
The HCA maintains an adequate level of Sodi to compate organic material. The current Sodium	The HCA maintains an adequate level of Sodium Chlorite								
feed pump is not currently Flow pased. It is possible that									
The oudden in flux of Turbidity contributed to t in HAAS results We are in the process of automa	ating the								
Sodium Chlorite System, which will help preve	art situations								
like this in the future.									

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Raw TOC Avg	1.675	1.800	2.000	1.800	2.200	2.300	1.720	1.900	1.990	1.680	1.520
Finished TOC Avg	0.870	1.200	1.400	1.300	1.600	1.600	1.100	1.080	1.100	0.960	0.650
TTHM RAA	0.0226	0.0348	0.0304	0.0374	0.0360	0.0524	0.0377	0.0350	0.0358	0.0380	0.0333
HAA5 RRA	0.0295	0.0275	0.0250	0.0296	0.0466	0.0487	0.0221	0.0332	0.0267	0.0288	0.0372













TTHM and HAA5 Running Average

Reporting Requirements for TTHM and HAA5 Compliance (3rd Quarter 2024)

	Max. Resid	lence	Avg. Resid	ence	Avg. Resid	ence	Avg. Resid	ence			
Quarter	Time		Time		Time	Time		Time			
Quarter	MRT0001	700	MRT0002	701	MRT0003	702	MRT0004	703	Quarterly	Average	
	TTHM	HAA5	TTHM	HAA5	TTHM	HAA5	TTHM	HAA5			
Month 1	A24 Butle	r Torraco	1033 SP (obbel 010	100 Haz	ol Stroot	Advanced	Auto Pouto	TTHM	HAA5	
Month 2		ive	1955 SR 940 Jeddo		Regiver Meadowe		Advanced Auto Roule				
Month 3		ive	01	ars	Deavern	vieauows	33, West	Παζιετοπ			
(3Q) 2024	0.0513	0.1010	0.0795	0.0899	0.0538	0.0473	0.0341	0.0731	0.0547	0.0778	
(2Q) 2024	0.0538	0.0564	0.0367	0.0490	0.0656	0.0477	0.0314	0.0491	0.0469	0.0506	
(1Q) 2024	0.0435	0.0252	0.0534	0.0232	0.0577	0.0324	0.0331	0.0219	0.0469	0.0257	
(4Q) 2023	0.0290	0.0383	0.0272	0.0398	0.0362	0.0173	0.0286	0.0420	0.0303	0.0344	
Average (RAA), based on the average of the last four quarters.	0.0444	0.0552	0.0492	0.0505	0.0533	0.0362	0.0318	0.0465	0.0447	0.0471	

MCL TTHM MCL HAA5 Running Yearly Average Running Yearly Average 0.080 mg/L 0.060 mg/L