



# Disinfectants and Disinfection Byproducts Operational Evaluation Reports

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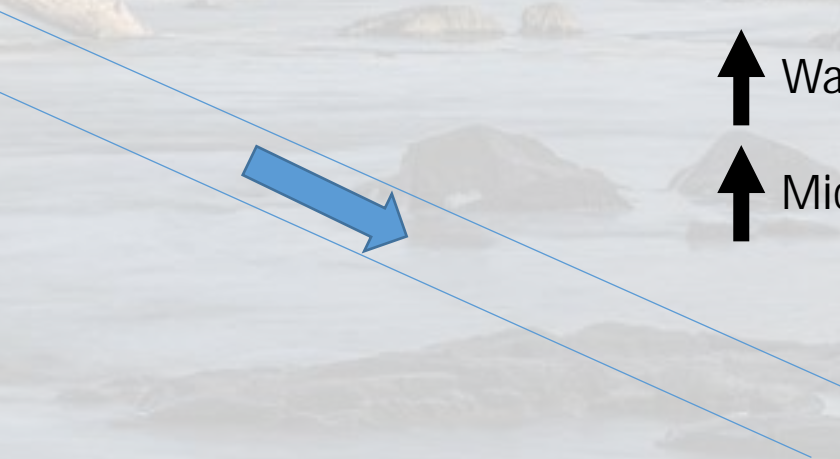


# Disinfection Residuals and DBPs

**Who does this apply to?**

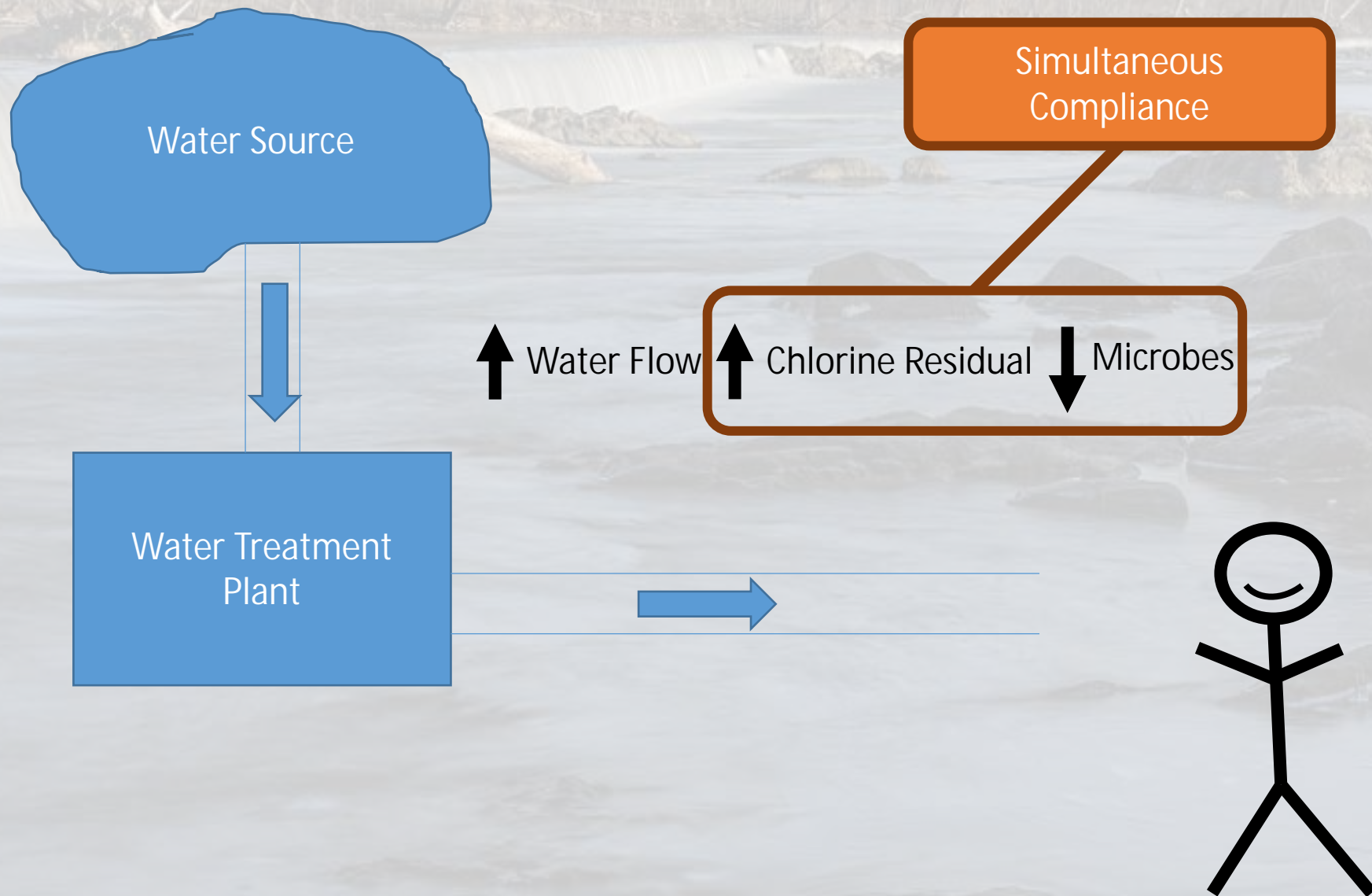
**Community Water Systems and  
Non-Transient Non-Community Water  
Systems (NTNCWS)**

**that add chlorine as a chemical  
disinfection.**



I'm Thirsty









# Maximum Residual Disinfectant Levels (MRDLs)

↑ Chlorine Residual ↓ Microbes

Can too much of a good thing, be a bad thing?

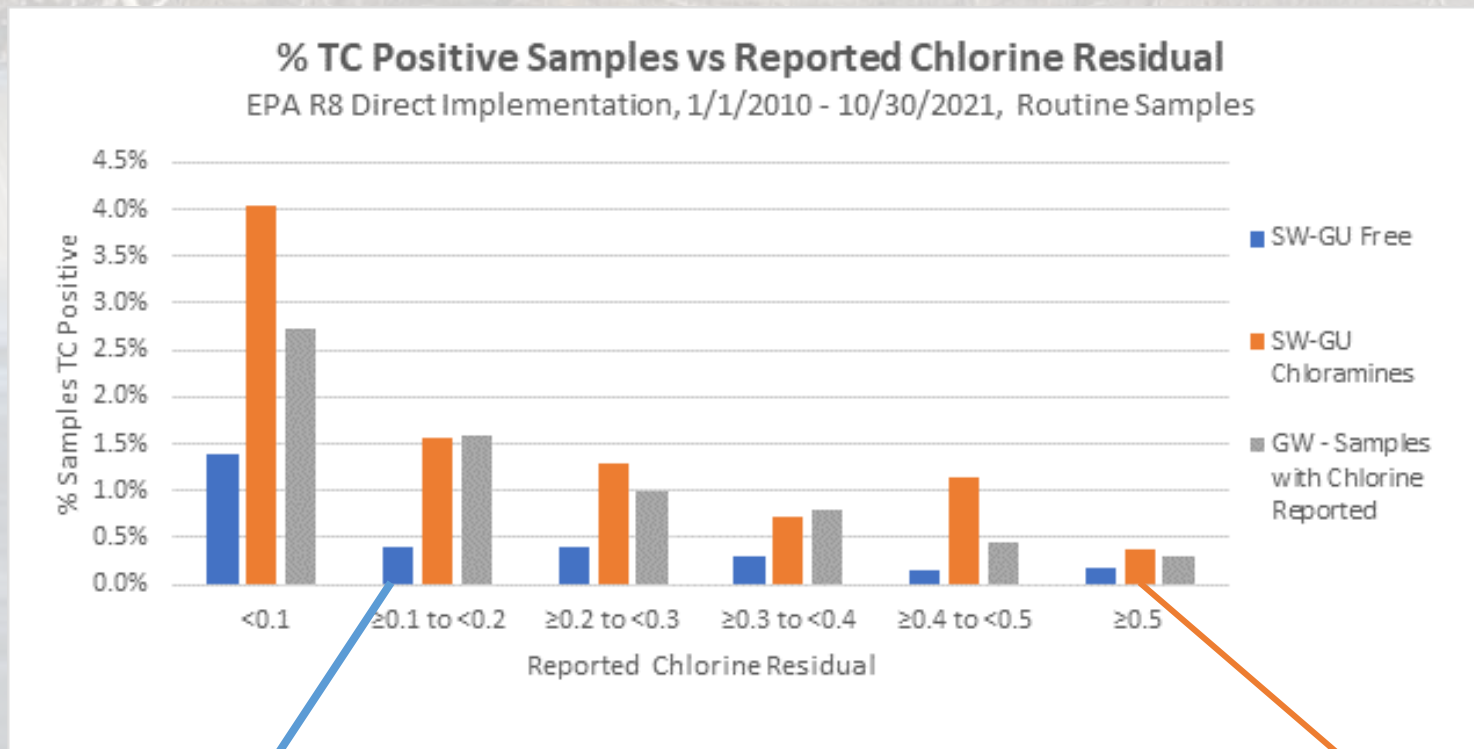
## Maximum Residual Disinfectant Levels

Chlorine = 4.0 mg/L

Chloramines = 4.0 mg/L

Chlorine Dioxide = 0.8 mg/L

If that was too much, how much is too little?

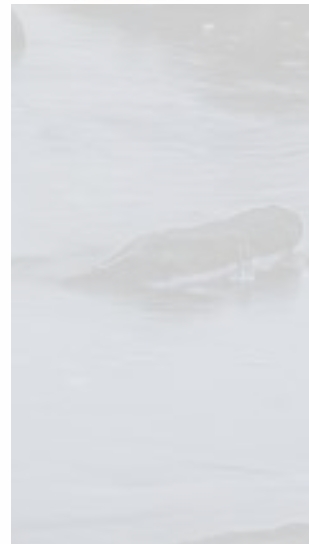


Free Chlorine  
EPA Recommends 0.2 mg/L

Chloramines  
EPA Recommends 0.5 mg/L

## Commonly Used Instruments – Free Chlorine

- Portable Colorimeter Pocket II / DR-300 Colorimeters
  - Relatively smaller and less expensive than other portable colorimeters
  - Measures absorbance at a fixed wavelength (i.e., single or limited parameters)
  - DR-300 replaced Pocket II model in 2019
  - Performance should be verified periodically with secondary standards



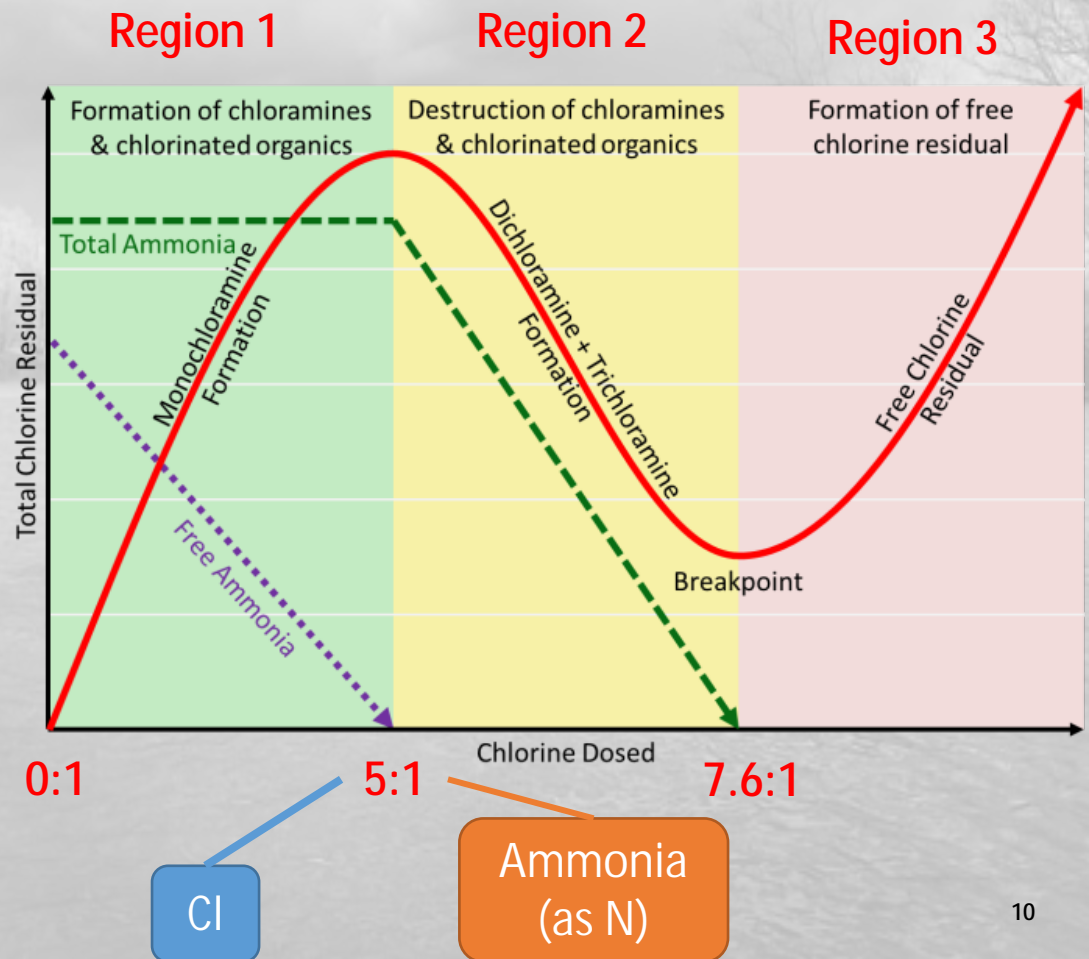


## Commonly Used Instruments – Chloramines

- Portable Parallel Analyzer (PPA) SL-1000
  - Relatively more expensive than other portable colorimeters
  - Uses Chemkey reagent
  - Measures multiple parameters at different wavelengths simultaneously (4 Chemkeys and 2 probes)
  - Ideal for chloraminated water systems
  - Automated analysis minimizes potential user error and adjusts reaction time based on sample temperature
  - Saves operator time



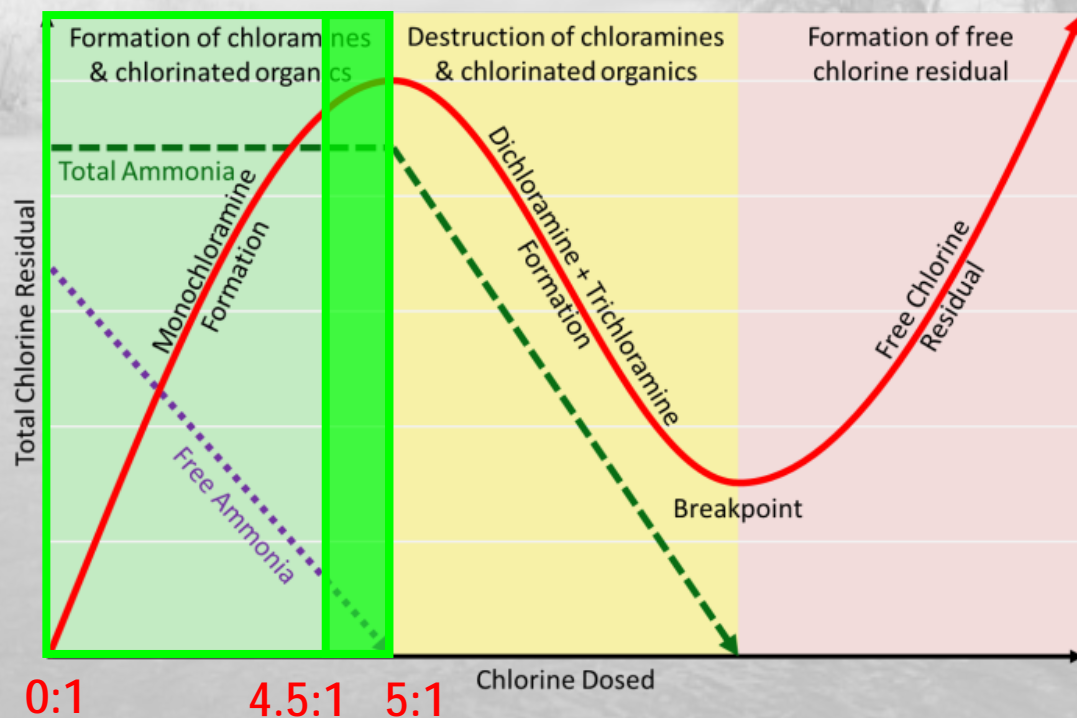
- Simplified graphical representation
- Chloramine speciation influenced by:
  - $\text{Cl}_2:\text{N}$
  - pH
  - Alkalinity
  - Temperature
- Three distinct regions





# Region I: *Monochloramine Formation*

- Desired region for chloraminated systems
- Monochloramine is the predominant species
- As  $\text{Cl}_2:\text{N}$   $\uparrow$  from 0:1 - 5:1
  - Total  $\text{Cl}_2$  (mostly  $\text{NH}_2\text{Cl}$ )  $\uparrow$
  - Free  $\text{NH}_3$   $\downarrow$
- Optimal  $\text{Cl}_2:\text{N}$  is 4.5:1 - 5:1 to minimize free ammonia
- Does not account for chlorine demand

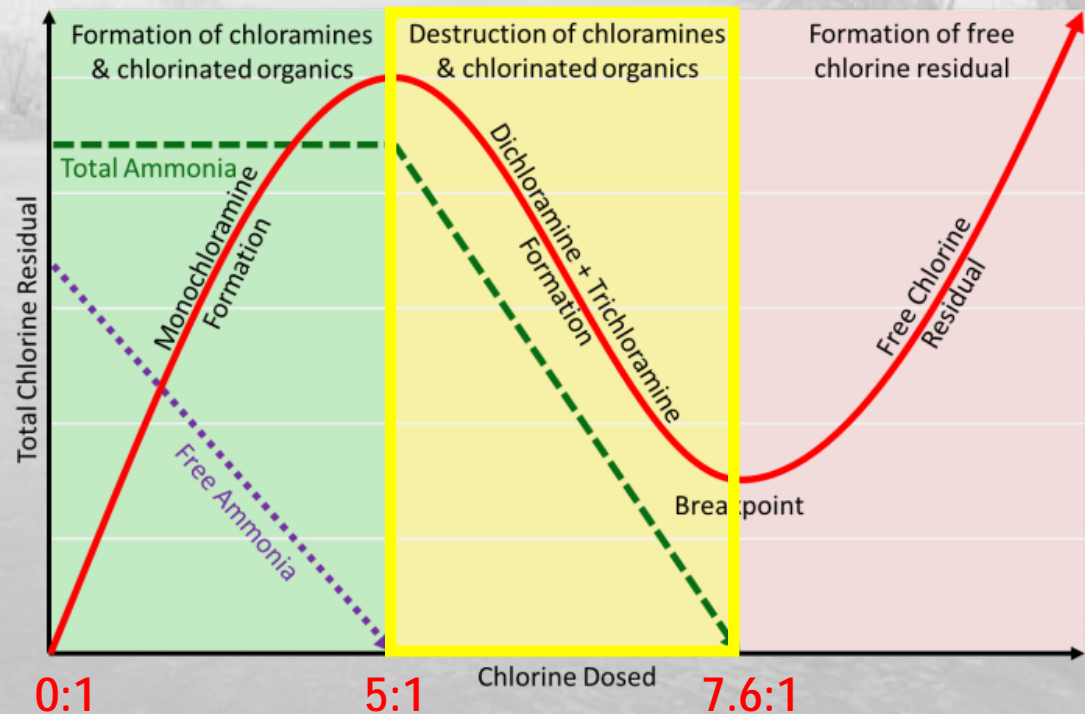




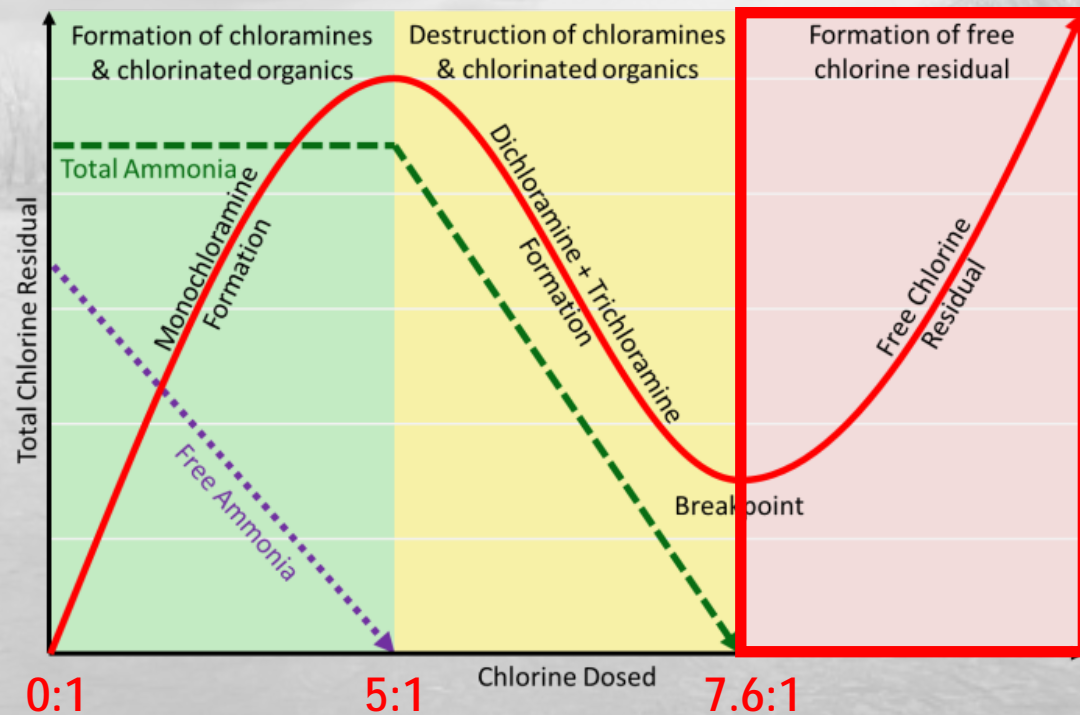


# Region II: *Monochloramine Destruction*

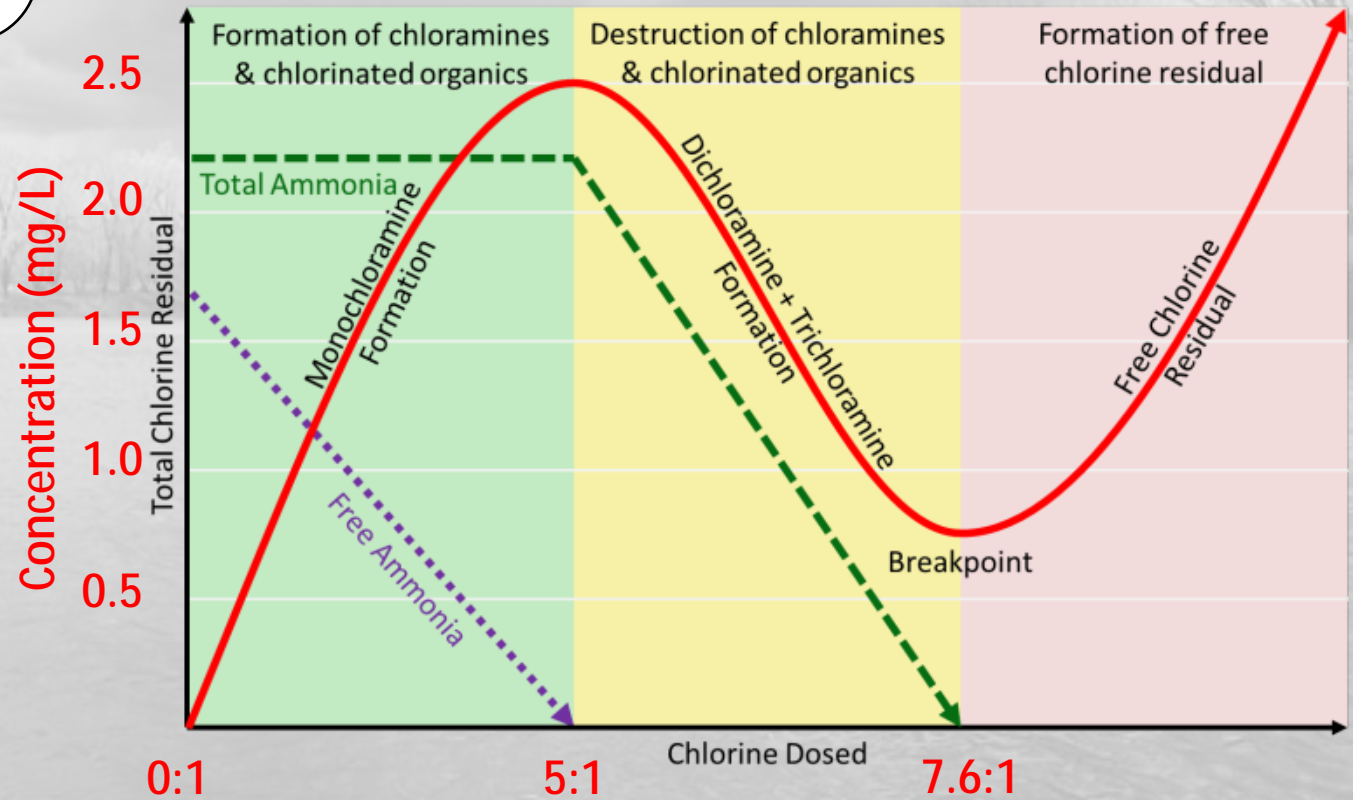
- Undesired region for all systems
- Unstable mixture of mono-, di-, and trichloramine
- As  $\text{Cl}_2:\text{N}$   $\uparrow$  from 5:1 – 7.6:1
  - Total  $\text{Cl}_2$   $\downarrow$
  - Total  $\text{NH}_3$   $\downarrow$
- $\text{Cl}_2:\text{N}$  to achieve breakpoint in natural water is  $>7.6:1$ , likely 9:1 to 10:1



- Desired region for free chlorine systems
- Predominantly free chlorine
- As  $\text{Cl}_2:\text{N}$   $\uparrow$  after breakpoint
  - Total  $\text{Cl}_2$   $\uparrow$
  - Free  $\text{Cl}_2$   $\uparrow$

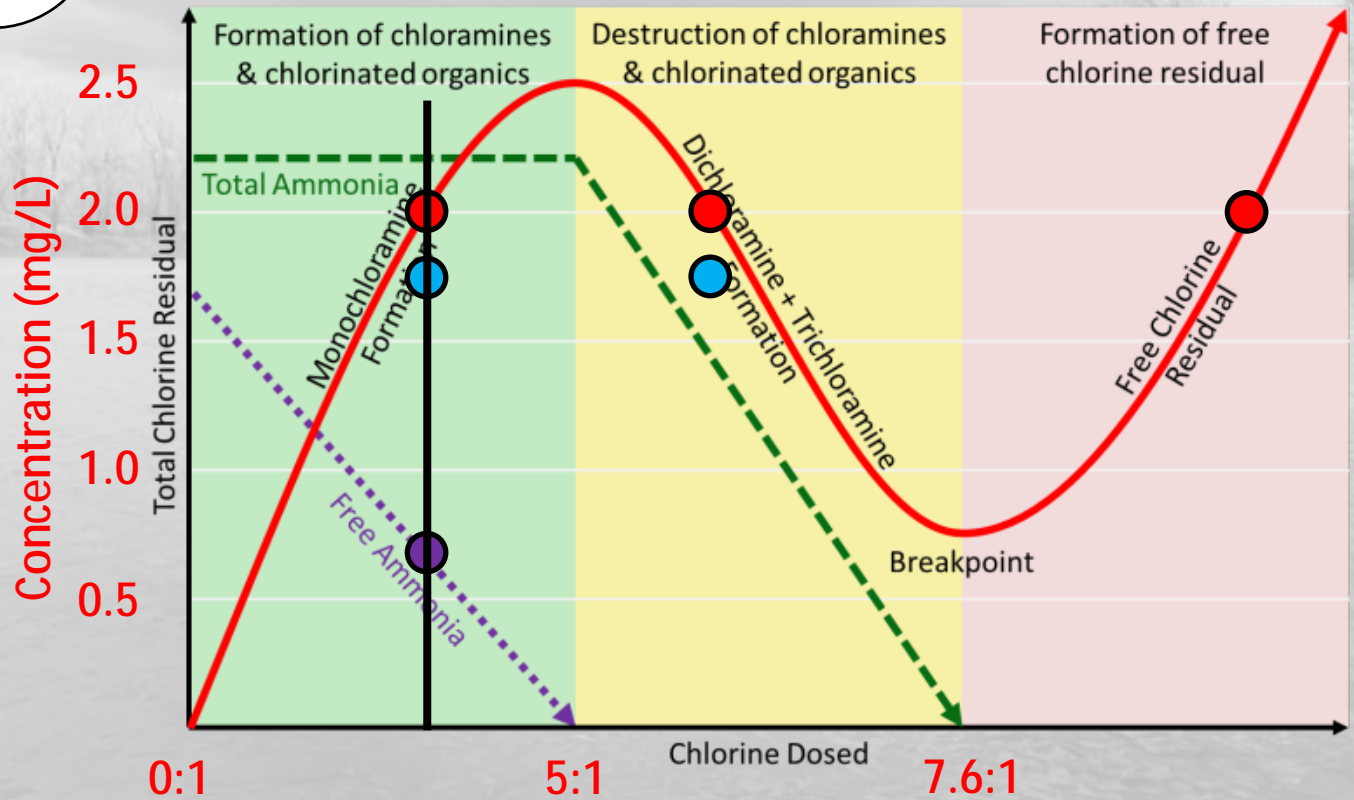


How do I know where I am on the breakpoint curve?





I got...  
2.0 mg/L Total Cl<sub>2</sub>  
1.7 mg/L Mono  
0.6 mg/L Free NH<sub>3</sub>

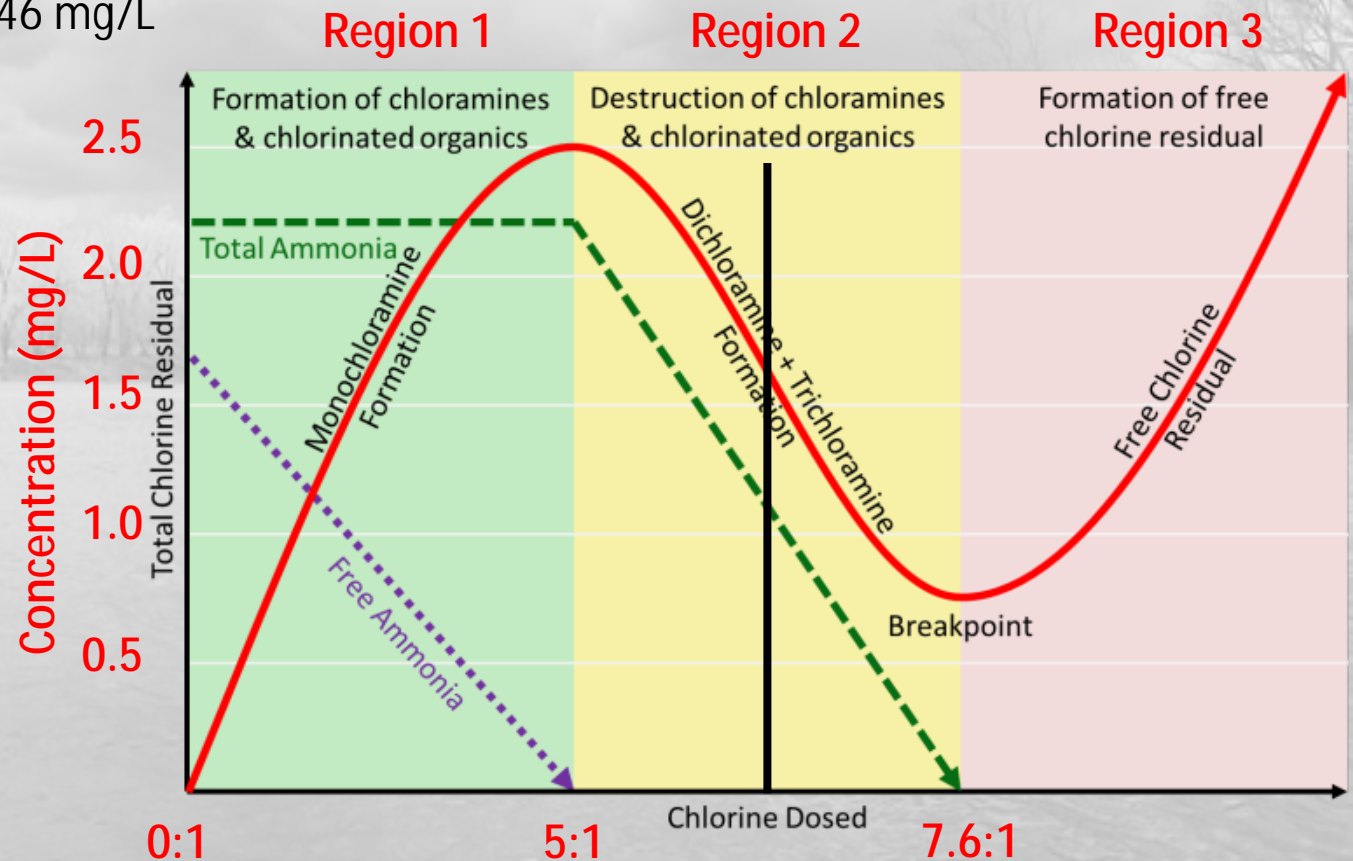




# Breakpoint Curve: Quiz Question #1

• Where on the curve is this sample?

- Total  $\text{Cl}_2$ : 1.78 mg/L
- Mono: 1.23 mg/L
- Free  $\text{NH}_3$ : 0.01 mg/L
- Free  $\text{Cl}_2$ : 0.46 mg/L

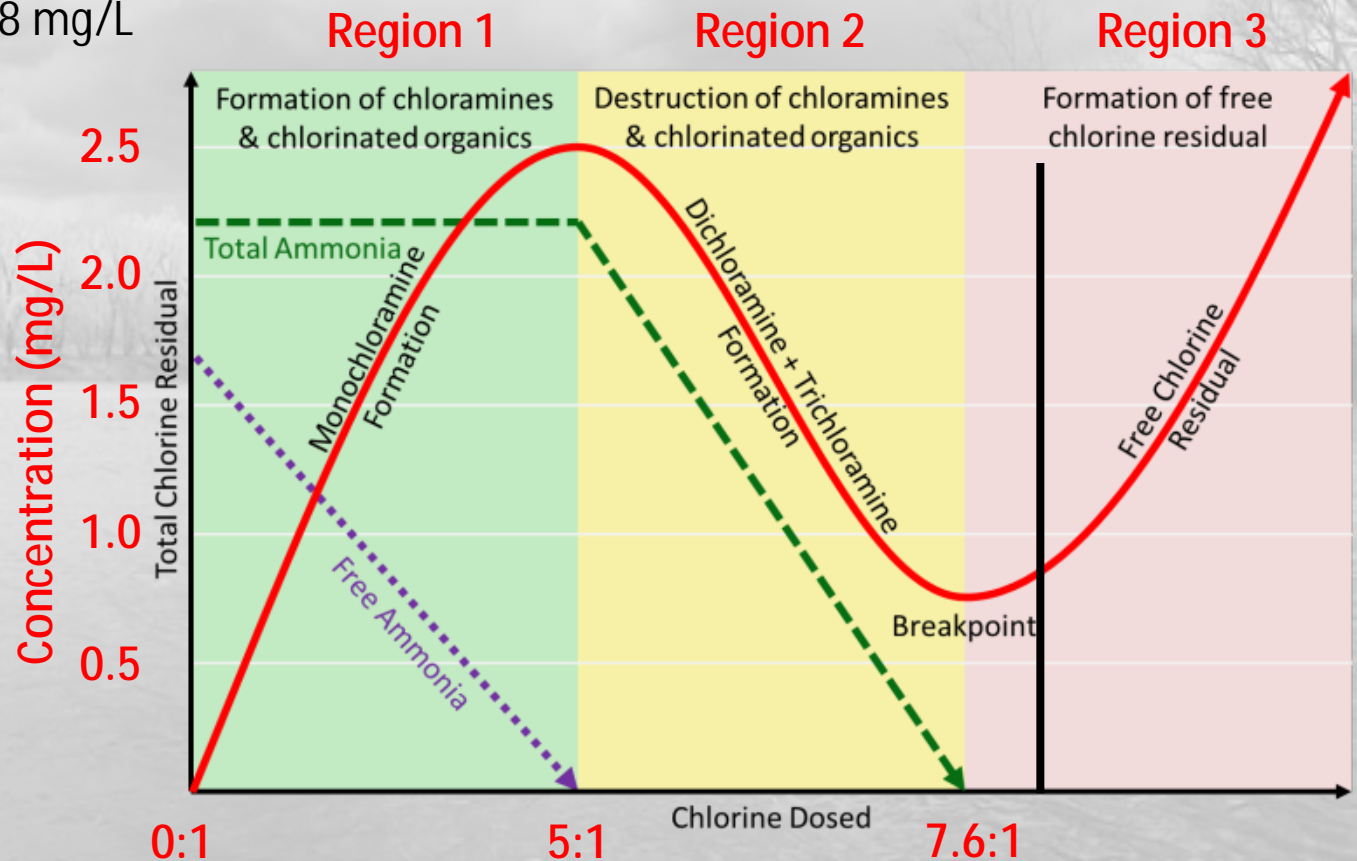


Actual water quality data collected from the Kickapoo WTP finished water tap on May 20, 2021.

• Where on the curve is this sample?

- Total  $\text{Cl}_2$ : 1.48 mg/L
- Mono: 0.03 mg/L
- Free  $\text{NH}_3$ : 0.01 mg/L
- Free  $\text{Cl}_2$ : 0.38 mg/L

For free chlorine systems,  
Recommend Free chlorine  
> 85% of Total

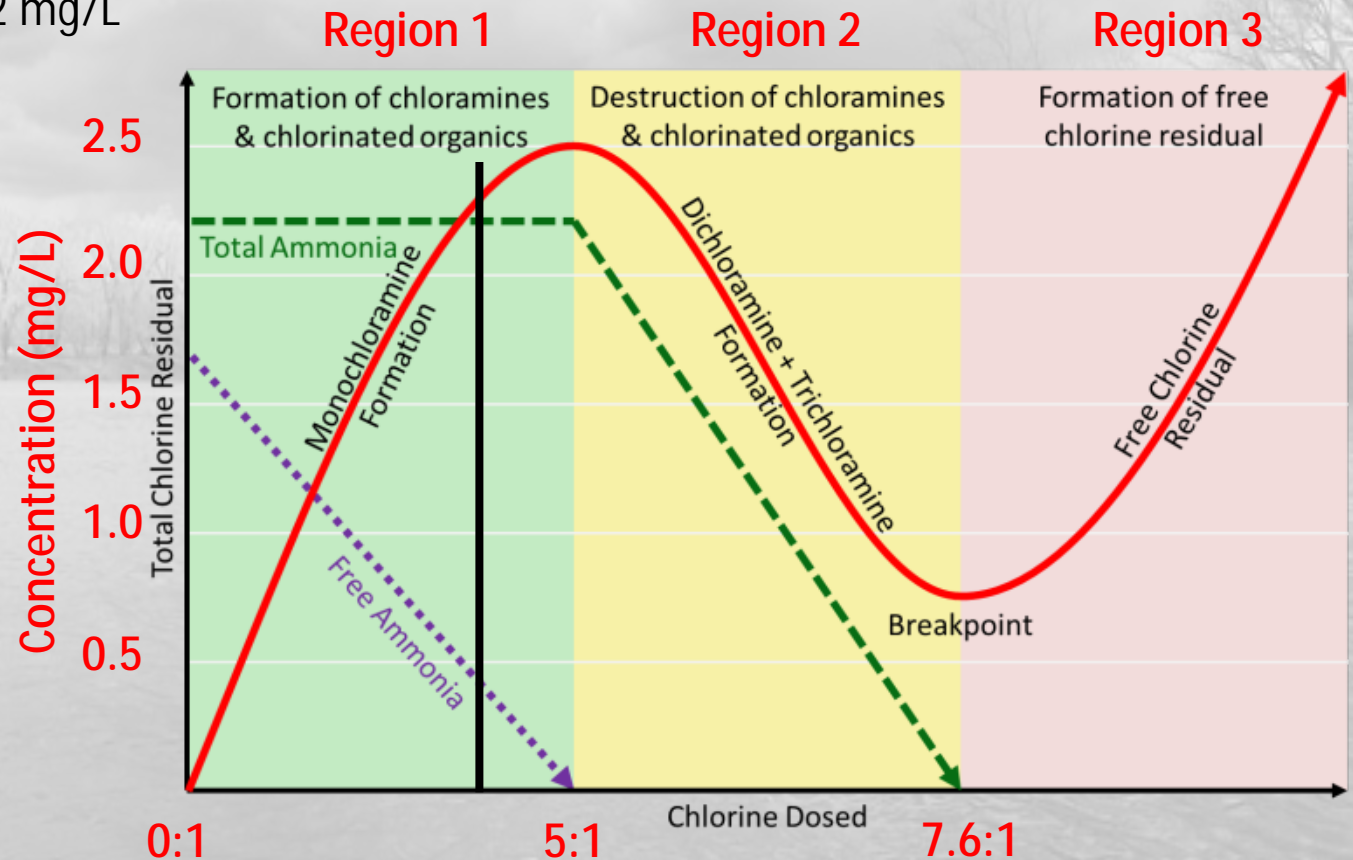


Actual water quality data collected from the Kickapoo WTP finished water tap on May 20, 2021.



• Where on the curve is this sample?

- Total  $\text{Cl}_2$ : 2.86 mg/L
- Mono: 2.59 mg/L
- Free  $\text{NH}_3$ : >0.60 mg/L
- Free  $\text{Cl}_2$ : 0.12 mg/L



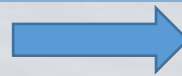
Actual water quality data collected from the Kickapoo WTP finished water tap on May 20, 2021.



**DBP Precursor in Water**  
Natural Organic Matter (NOM-TOC)  
Bromide

↑ Precursors    ↑ Chlorine Dosage    ↑ Water Age    =    ↑ DBPs

**Added Disinfectant**  
Chlorine  
Chloramines  
Chlorine Dioxide  
Ozone



**Disinfection Byproducts (DBP)**  
TTHM = 0.080 mg/L  
HAA5 = 0.060 mg/L  
Chlorite = 1.0 mg/L  
Bromate = 0.010 mg/L





EPA Approved  
Monitoring  
Location





# DBPs – LRAA Reporting Form

US Environmental Protection Agency  
 Drinking Water Section  
 1595 Wynkoop Street  
 Denver, CO 80202-1129  
<https://www.epa.gov/region8>

Only for Systems on Quarterly Monitoring

## Quarterly Stage 2 Disinfection Byproducts Rule (DBPR) Reporting Form for Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s) - Automated Calculations

PWSID No:	WY5605000	SYSTEM NAME:	Nice Place
DATE:	August 26, 2020	PREPARED BY:	Seth Tourney
POPULATION SERVED:	495	TITLE:	DBP Rule Manager
WATER SOURCE TYPE:	Groundwater	<input checked="" type="checkbox"/> Surface Water	<input type="checkbox"/> Both
Sample Point:	S2-SHOPHOUSE	**Note: One form per sample location.	
Sample Point Description:	Town Shop	Peak Month	8
Samples Required to be collected:	<input checked="" type="checkbox"/> TTHMs	<input checked="" type="checkbox"/> HAA5s	Units of Measurement mg/L
Current Year:	2020		
Check One (Use X):	<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 2nd Quarter	<input checked="" type="checkbox"/> 3rd Quarter
Report Due:	September 10, 2020	<input type="checkbox"/> 4th Quarter	

Locational Running Annual Average (LRAA)

$$\frac{\text{QTR 1} + \text{QTR 2} + \text{QTR 3} + \text{QTR 4}}{4} = \text{LRAA}$$

Column E Data Results	
TTHMs mg/L	HAA5s mg/L
0.065	0.033
0.078	0.04
0.095	0.045
0.055	0.03
0.073	0.037

### Operational Evaluation Level (OEL)

Current Quarter	OEL Calculation		OEL Exceedance?		You must fillout an OPERATIONAL EVALUATION REPORT
	TTHMs mg/L	HAA5s mg/L	TTHMs	HAA5s	
3rd Quarter	0.083	0.041	Yes	No	Report is Due on 11/30/2020

For the Operational Evaluation Report (OER) form, go to [www.epa.gov/region8-waterops](http://www.epa.gov/region8-waterops). Then go to reporting forms.

QUESTIONS? Contact DBP RULE MANAGER: Seth Tourney - [tourney.seth@epa.gov](mailto:tourney.seth@epa.gov) - (303) 312-6579



# DBPs – LRAA Reporting Form

Only for Systems on Quarterly Monitoring

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WATER SOURCE TYPE:	Groundwater	<input checked="" type="checkbox"/> Surface Water	<input type="checkbox"/> Both
Sample Point:	S2-SHOPHOUSE	**Note: One form per sample location.	
Sample Point Description:	Town Shop	Peak Month	8
Samples Required to be collected:	<input checked="" type="checkbox"/> TTHMs	<input checked="" type="checkbox"/> HAA5s	Units of Measurement mg/L
Current Year:	2020		
Check One (Use X):	<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 2nd Quarter	<input checked="" type="checkbox"/> 3rd Quarter
Report Due:	September 10, 2020	<input type="checkbox"/> 4th Quarter	

Locational Running Annual Average (LRAA)

$$\frac{0.065 + 0.078 + 0.095 + 0.055}{4} = 0.073 \text{ mg/L}$$

Column E Data Results	
TTHMs mg/L	HAA5s mg/L
0.065	0.033
0.078	0.04
0.095	0.045
0.055	0.03
0.073	0.037

### Operational Evaluation Level (OEL)

Current Quarter	OEL Calculation		OEL Exceedance?		You must fillout an OPERATIONAL EVALUATION REPORT
	TTHMs mg/L	HAA5s mg/L	TTHMs	HAA5s	
3rd Quarter	0.083	0.041	Yes	No	Report is Due on 11/30/2020

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## Operational Evaluation Level

$$\frac{2 * \text{Current Quarter} + \text{Previous Quarter} + 2\text{nd Previous Quarter}}{4} = \text{OEL}$$

Operational Evaluation Level (OEL)					
	OEL Calculation		OEL Exceedance?		You must fillout an <b>OPERATIONAL EVALUATION REPORT</b>
	TTHMs mg/L	HAA5s mg/L	TTHMs	HAA5s	
Current Quarter 3rd Quarter	0.083	0.041	Yes	No	Report is Due on 11/30/2020

For the Operational Evaluation Report (OER) form, go to [www.epa.gov/region8-waterops](http://www.epa.gov/region8-waterops). Then go to reporting forms.

QUESTIONS? Contact DBP RULE MANAGER: Seth Tourney - [tourney.seth@epa.gov](mailto:tourney.seth@epa.gov) - (303) 312-6579



Operational Evaluation Level (OEL)					
Current Quarter	OEL Calculation		OEL Exceedance?		You must fillout an OPERATIONAL EVALUATION REPORT
	TTHMs mg/L	HAA5s mg/L	TTHMs	HAA5s	
3rd Quarter	0.083	0.041	Yes	No	Report is Due on 11/30/2020

For the Operational Evaluation Report (OER) form, go to [www.epa.gov/region8-waterops](http://www.epa.gov/region8-waterops). Then go to reporting forms.

QUESTIONS? Contact DBP RULE MANAGER: Seth Tourney - [tourney.seth@epa.gov](mailto:tourney.seth@epa.gov) - (303) 312-6579

## Operational Evaluation Level

$$2 * 0.095 + 0.078 + 0.065$$

4

$$= 0.083 \text{ mg/L}$$

If OEL is greater than the MCL,  
Operational Evaluation Report Required

## What is an operational evaluation report?



An operational evaluation examines system treatment and operational practices that may contribute to TTHM and HAA5 formation

**AND**

What steps could be considered to minimize future exceedances



# Operational Evaluation Report

<https://www.epa.gov/region8-waterops/stage-2-dbpr-operational-evaluation-report>

We've made some changes to [EPA.gov](https://www.epa.gov). If the information you are looking for is not here, you may be able to find it on the [EPA Web Archive](#) or the [January 19, 2017 Web Snapshot](#). [Close](#)



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## Stage 2 DBPR Operational Evaluation Report

Stage 2 DBPR Operational Evaluation Report – The Stage 2 DBPR Operational Evaluation Report (OER) must be completed and sent to EPA Region 8 no later than 90 days after being notified of analytical results that indicate an operational evaluation level has been exceeded. The operational evaluation report forms below may be used for systems with surface water, ground water, or consecutive system sources.

You may need a PDF reader to view some of the files on this page. See EPA's [About PDF page](#) to learn more.

- [Stage 2 DBPR Operational Evaluation Report for Surface Water Systems \(PDF\)](#)  
(9 pp, 531 K, 05/29/2020)
- [Stage 2 DBPR Operational Evaluation Report for Ground Water Systems \(PDF\)](#)  
(8 pp, 537 K, 05/29/2020)
- [Stage 2 DBPR Operational Evaluation Report for Consecutive Water Systems \(PDF\)](#)  
(9 pp, 555 K, 05/29/2020)

[Contact Us](#) to ask a question, provide feedback, or report a problem.





# Operational Evaluation Report



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 8  
1595 Wynkoop Street  
DENVER, CO 80202-1129  
Phone 800-227-8917  
<http://www.epa.gov/region08>

Stage 2 Disinfectants and Disinfection Byproducts Rule  
(Stage 2 DBPR)  
State of Wyoming and Region 8 Tribal Lands  
Operational Evaluation Report  
For  
SURFACE WATER DRINKING WATER SYSTEMS

### A. ADMINISTRATIVE

PWS No.		Prepared Date	
PWS Name		Prepared By	
		Title	

### B. OPERATION EVALUATION LEVEL (OEL)

This report is submitted for the following monitoring period.

Check One:  1<sup>st</sup> Quarter  2<sup>nd</sup> Quarter  3<sup>rd</sup> Quarter  4<sup>th</sup> Quarter Year

Total Trihalomethanes Exceeded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level	<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L
• If yes, what was the last sample collection date?		
• If yes, what was the amount of chloroform present in the sample result?	Level	<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L
Haloacetic Acids (HAA5s) Exceeded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Level	<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L
• If yes, what was the last sample collection date?		
• If yes, what was the amount of monobromoacetic acid present in the sample result?	Level	<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L
• If yes, what was the amount of dibromoacetic acid present in the sample result?	Level	<input type="checkbox"/> mg/L <input type="checkbox"/> ug/L

### C. HISTORY

1. In the previous quarter, was the OEL exceeded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, did your system submit an Operation Evaluation Report (OER)?	
• If your system did submit an OER in the previous quarter, please skip to Section H.	

Administrative  
Contact Information

What was your OEL  
And Sample Result?



# Operational Evaluation Report

HISTORY					
1. In the previous quarter, was the OEL exceeded?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<ul style="list-style-type: none"><li>If yes, did your system submit an Operation Evaluation Report (OER)? <input type="checkbox"/> Yes <input type="checkbox"/> No</li><li>If your system did submit an OER in the previous quarter, please skip to Section H.</li></ul>					
2. In past years, do your TTHMs normally exceed 0.080 mg/L during the quarter indicated in Section B, reduce in the next quarter, and maintain the calculated locational running annual average (LRAA) value below 0.080 mg/L?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
<ul style="list-style-type: none"><li>If yes, please provide the following information from the past year's applicable quarters to demonstrate that TTHMs reduce from the current quarter to the next quarter.</li></ul>					
Month 1		Year	TTHM Level	<input type="checkbox"/> mg/L	<input type="checkbox"/> ug/L
Month 2		Year	TTHM Level	<input type="checkbox"/> mg/L	<input type="checkbox"/> ug/L
<ul style="list-style-type: none"><li>Month 1 is the month of the sample collection date (from Section B) for the previous year. Month 2 is the following quarter during the previous year.</li><li>If your data demonstrates a normal reduction of TTHMs to remain in compliance, then you may proceed directly to section H.</li></ul>					
3. In past years, do your HAA5s normally exceed 0.060 mg/L during the quarter indicated in Section B, reduce in the next quarter, and maintain the calculated locational running annual average (LRAA) value below 0.060 mg/L?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure		
<ul style="list-style-type: none"><li>If yes, please provide the following information from the past year's applicable quarters to demonstrate that HAA5s reduce from the current quarter to the next quarter.</li></ul>					
Month 1		Year	TTHM Level	<input type="checkbox"/> mg/L	<input type="checkbox"/> ug/L
Month 2		Year	TTHM Level	<input type="checkbox"/> mg/L	<input type="checkbox"/> ug/L
<ul style="list-style-type: none"><li>Month 1 is the month of the sample collection date (from Section B) for the previous year. Month 2 is the following quarter during the previous year.</li><li>If your data demonstrates a normal reduction of HAA5s to remain in compliance, then you may proceed directly to section H.</li></ul>					

## History

Does this OEL exceedance occur every year during the peak month?



# Operational Evaluation Report

D. SOURCE WATER		<input type="checkbox"/> If this submittal is an update from prior reports, skip to Section H.	
1. Have you changed the practices in getting your source water? e.g., changed intake rates or frequency, changed intake structure depth?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have you changed/added sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Does your system have groundwater wells or sources as well? If yes, you may also want to fill out the OER for groundwater systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you seen visual changes in source water quality? e.g., turbidity, color, algae blooms, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Have you seen changes in source water quality measurements? e.g., changes in turbidity, pH, temp, alkalinity, hardness, increased filter changes or number of backwash cycles required.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Have you seen changes in the watershed that may impact the source water? e.g., drought conditions, heavy rain, animal feed lots, agricultural practices, wildfires, industrial practices, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Source Water

E. WATER TREATMENT		<input type="checkbox"/> If this submittal is an update from prior reports, skip to Section H.	
1. Have you changed the amount or type of disinfectant? e.g., chlorine to chloramines, changed disinfectant dosage, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have you changed or added locations of disinfectant points along the treatment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Other than disinfection, have you changed or made additions to any treatment processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you made changes to any other chemical applications? e.g., change any chemicals (change coagulant type or filter aid), filter material, changes in application points, changing dosage of any chemical, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Water Treatment

F. DISTRIBUTION SYSTEM		<input type="checkbox"/> If this submittal is an update from prior reports, skip to Section H.	
1. Have you added additional service areas (industry or residential)? e.g., adding additional pipes or annexing additional areas of service which could change residence times	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Have you experienced significant increases or decreases in water demand? e.g., drought restrictions, industry opening/closing, population change	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, what is the primary suspected cause of water demand changes?			
3. Does your system have storage tanks in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• If yes, how many water storage tanks does your system have?			
• Do any storage tank(s) fill and drain from one pipe into the storage tank?			
• Do any above ground metal storage tanks have condensation differences along the outer wall between upper and lower portions of the storage tank in the morning? <i>Note: This could indicate inadequate water turnover in the tank.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	Date Inspected	

Distribution System





# Operational Evaluation Report

## Operational Evaluation Report - Surface Water Drinking Water Systems

7. If you answered "**YES**" to any of the questions above (Sections D.1-D.6), please explain:

Do you have <b>water temperature</b> data during the month of the OEL exceedance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, what was the water temperature nearest to the DBP sample collection date above?		Date Measured		
• If no, please measure the temperature in the source water.		Date Measured		
9. Do you have raw water <b>pH</b> data during the month of the OEL exceedance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, what was the pH value nearest to the DBP sample collection date above?		Date Measured		
• If no, please measure the pH in the source water.		Date Measured		
10. Do you have raw water <b>turbidity</b> data during the month of the OEL exceedance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, what was the maximum turbidity nearest to the DBP sample collection date above?		Date Measured		
• If no, please measure the turbidity in the source water.		Date Measured		
11. Do you have raw water <b>Alkalinity</b> data during the month of the OEL exceedance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, what was the alkalinity nearest to the DBP sample collection date above?		Date Measured		
• If no, please measure the alkalinity in the source water.		Date Measured		
12. Do you have raw water <b>Total Organic Carbon (TOC)</b> data during the month of the OEL exceedance?				<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, what was the TOC value nearest to the DBP sample collection date above?		Date Measured		
• If no, please measure the TOC in the source water.		Date Measured		

Example of water quality parameters



# Operational Evaluation Report

D. CONTROL PLAN	
If this submittal is an update from prior reports, skip to Section II.	
1. In terms of your source water management, do you plan to monitor or implement best management practices in your source water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does your system have a source water management plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does your system implement any best management practices (BMPs) in your watershed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Does your system monitor for any water quality parameters in the source water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In regarding your existing equipment and infrastructure, do you plan to make <b>operational adjustments</b> to improve the quality of your drinking water for DBP control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are you planning to adjust your chemical feeds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are you planning to change any chemical products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are you planning to start up any existing process equipment not used during the sampling period indicated in Section A?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are you planning to adjust any existing powdered activated carbon (PAC) feed rates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are you planning to adjust your chlorine dosage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are you planning to adjust any existing aeration processes in your drinking water treatment plant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What's the plan?

E. CONTROL PLAN UPDATES	
Only fill out this section, if you filled out an operational evaluation report (OER) in the previous quarter, or the data provided from Sections C.2 and C.3 instructed you to complete this section.	
1. Does your plan only rely on natural decreasing water temperatures to bring your locational running annual average (LRAA) calculated value within compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you continuing with the exact same control plan in your previous report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, please provide an update on the status of accomplishing the items identified in the previous control plan:	
3. Are you planning to use other methods not identified in your previous report to lower your disinfection byproducts (DBPs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are these new methods going to be implemented in the source watershed? <i>(If yes, go back to Section D Source Water above)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are these new methods going to be implemented in the water treatment process? <i>(If yes, go back to fill out Section E Water Treatment above)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, are these new methods going to be implemented in the distribution system or the water storage tanks? <i>(If yes, go back to fill out Section F Distribution System above)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please provide a short-written statement about the control plan updates and status that your system is planning or implementing to reduce disinfection byproducts (DBPs):	

If this is a continuation, what is the update and status?



Questions?

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