



## Consumer Confidence Report (CCR) Certification Form

Name of CWS: Southwest Warren Co Municipal Authority PWSID Number: 6620032

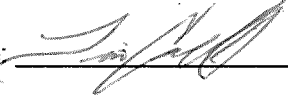
The community water system (CWS) named above confirms that its CCR for the period of January 1, 2020 through December 31, 2020 has been distributed to customers (and appropriate notices of availability have been given). The system also confirms that the information in the CCR is correct and consistent with the compliance monitoring data previously submitted to the Pennsylvania Department of Environmental Protection (DEP).

Please check all items that apply to your CCR delivery.

- CCR was distributed by mail.
- CCR was distributed by other direct delivery method(s). (check all that apply):
- Mail notification that CCR is available on website via a direct uniform resource locator (URL)\*  
Direct URL Internet address provided: www.tidioute.org
  - E-mail – direct URL to CCR\*
  - E-mail – CCR sent as an attachment to the e-mail\*
  - E-mail – CCR sent embedded in the e-mail\*

\* If the CCR was provided electronically, attach a description of how a customer requests a paper copy.

- "Good faith" efforts were used to reach non-bill paying consumers:
- posting the CCR on the Internet at www.tidioute.org notice was also sent with water bill for June
  - mailing the CCR to postal patrons within the service area (attach a list of zip codes used)
  - advertising the availability of the CCR in news media (attach copy of announcement)
  - publication of CCR in local newspaper (attach copy of newspaper announcement)
  - posting the CCR in public places (attach a list of locations)
  - delivery of multiple copies to single bill addresses serving several persons
  - delivery to community organizations (attach a list)
  - electronic newsletter or listserv (attach a copy of the article or notice)
  - electronic announcement of CCR availability via social media outlets (attach list of outlets utilized)
- The CCR was posted on a publicly-accessible Internet site because this system serves 100,000 or more.  
Internet site address at www.
- Delivered CCR to other agencies as required by the state/primacy agency (attach a list)
- A copy of the CCR and a completed CCR Certification Form have been sent to the DEP district office (or the Allegheny County Health Department) that provides oversight and support of this water system.

Certified by: Signature:  Print Name: Tim Carl

Title: Water Treatment Plant operator Phone: 814/484/7424 Date: 6/4/2021

**For DEP use only. Checked by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 2020 ANNUAL DRINKING WATER QUALITY REPORT

**PWSID #: 6620032**

**NAME: Southwest Warren County Municipal Authority (SWCMA)**

*Este informe contiene información importante acerca de su agua potable. Haga que alguien lo traduzca para usted, ó hable con alguien que lo entienda.* (This report contains important information about your drinking water. Have someone translate it for you or speak with someone who understands it.)

### **WATER SYSTEM INFORMATION:**

This report shows our water quality and what it means. If you have any questions about this report or concerning your water utility, please contact Frank Buccardo at the Tidioute Borough/SWCMA office, 129 Main St., Tidioute, PA (814-484-7424). We want you to be informed about your water supply. If you want to learn more, please attend any of our regularly scheduled meetings. They are held on the second Thursday of each month at 7:00 pm in the Tidioute Borough office located at 129 Main Street.

### **SOURCE(S) OF WATER:**

Our water source is surface water taken from the Ben George reservoir located off Buckley Road in Triumph Township. This is filtered at our slow sand treatment facility and serves approximately one thousand customers in Tidioute Borough and portions of the surrounding townships. A second permitted source, the Arcade well, was located near Buckley Road but has been capped and removed from the permit in early 2018.

A "Source Water Assessment" of our water source was completed by the PA Department of Environmental Protection (Pa. DEP). The Assessment has found that our source is potentially most susceptible to accidental release of known or unknown contaminants along the gravel roads, storm water runoff from gravel roads and residential properties (especially properties with malfunctioning on-lot septic systems), and storm water runoff from timbering activities. There are also potential sources of contamination from oil and gas wells. Overall, our source has little risk of significant contamination. A summary report of the Assessment is available on the *Source Water Assessment & Protection Web page* at (<http://www.dep.state.pa.us/dep/deputate/watermgt/wc/Subjects/SrceProt/SourceAssessment/default.htm>). Complete reports were distributed to municipalities, water supplier, local planning agencies and PADEP offices. Copies of the complete report are available for review at the Pa. DEP Northwest Regional Office, Records Management Unit at (814) 332-6899.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the *Safe Drinking Water Hotline* (800-426-4791).



| <b>Chemical Contaminants</b> |                  |      |                |                     |       |             |               |                             |
|------------------------------|------------------|------|----------------|---------------------|-------|-------------|---------------|-----------------------------|
| Contaminant                  | MCL in CCR Units | MCLG | Level Detected | Range of Detections | Units | Sample Date | Violation Y/N | Sources of Contamination    |
| Gross Alpha                  | 15               | 0    | 0.380          | 0 to 0.380          | pCi/l | 8/15/06     | N             | Erosion of natural deposits |
| Nitrate                      | 10               | 10   | 0.32           | 0.32                | ppm   | 07/28/2020  | N             | Erosion of natural deposits |
| Radium 226                   | 5                | 0    | 0.40           | 0 to 0.40           | pCi/l | 10/24/06    | N             | Erosion of natural deposits |
| Radium 228                   | 5                | 0    | 1.21           | 0 to 1.21           | pCi/l | 10/24/06    | N             | Erosion of natural deposits |

| <b>Entry Point Disinfectant Residual</b> |                               |                       |                     |       |             |               |  |
|--|-------------------------------|-----------------------|---------------------|-------|-------------|---------------|--|
| Contaminant                              | Minimum Disinfectant Residual | Lowest Level Detected | Range of Detections | Units | Sample Date | Violation Y/N | Sources of Contamination                 |
| Chlorine                                 | 1.0                           | 1.0                   | 1.0 to 1.78         | ppm   | 2020        | N             | Water additive used to control microbes. |

| <b>Lead and Copper</b> |                   |      |                                   |       |                                    |               |                                  |
|------------------------|-------------------|------|-----------------------------------|-------|------------------------------------|---------------|----------------------------------|
| Contaminant            | Action Level (AL) | MCLG | 90 <sup>th</sup> Percentile Value | Units | # of Sites Above AL of Total Sites | Violation Y/N | Sources of Contamination         |
| Lead 2016              | 15                | 0    | 3                                 | ppb   | 0                                  | N             | Corrosion of household plumbing. |
| Copper 2016            | 1.3               | 1.3  | 0.324                             | ppm   | 0                                  | N             | Corrosion of household plumbing. |

| <b>Microbial</b>                          |   |      |                                    |               |                                       |
|---|---|------|------------------------------------|---------------|---------------------------------------|
| Contaminants                              | MCL   | MCLG | Highest # or % of Positive Samples | Violation Y/N | Sources of Contamination              |
| Total Coliform Bacteria                   | For systems that collect <40 samples/month:<br><ul style="list-style-type: none"> <li>More than 1 positive monthly sample</li> </ul> For systems that collect ≥ 40 samples/month:<br><ul style="list-style-type: none"> <li>5% of monthly samples are positive</li> </ul> | 0    | 0                                  | N             | Naturally present in the environment. |
| Fecal Coliform Bacteria or <i>E. coli</i> | 0   | 0    | 0                                  | N             | Human and animal fecal waste          |

| <b>Turbidity</b>   |   |             |                       |                    |                      |                                |
|--------------------|---|-------------|-----------------------|--------------------|----------------------|--------------------------------|
| <b>Contaminant</b> | <b>MCL</b>                                    | <b>MCLG</b> | <b>Level Detected</b> | <b>Sample Date</b> | <b>Violation Y/N</b> | <b>Source of Contamination</b> |
| Turbidity          | TT=2 NTU for a single measurement             | 0           | 0.92                  | 2020               | N                    | Soil runoff.                   |
|                    | TT= at least 95% of monthly samples < 1.0 NTU |             | 100%                  | 2020               | N                    |                                |

**HEALTH EFFECTS:**

Nitrate: Infants below the age of six months who drink water containing nitrate in excess of the MCL could be become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue baby syndrome

**OTHER VIOLATIONS:**

Our water system did have violations in 2020 due to high sample results of TTHM (Total Trihalomethanes) and HAA5 (Total Haloacetic Acid) at sample sites 701 and 702. The MCL notification forms are attached for the year of 2020 for your review.

**EDUCATIONAL INFORMATION:**

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally-occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity. Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban stormwater run-off, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
- Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA and DEP prescribes regulations which limit the number of certain contaminants in water provided by public water systems. FDA and DEP regulations establish limits for contaminants in bottled water which must provide the same protection for public health.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling

the Environmental Protection Agency's *Safe Drinking Water Hotline* (800-426-4791).

### **Information about Lead**

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. The Southwest Warren County Municipal Authority (SWCMA) is responsible for providing high quality drinking water but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water, testing methods, and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at <http://www.epa.gov/safewater/lead>.

### **OTHER INFORMATION:**

The Tidioute Borough / SWCMA office is located at 129 Main St. The building is owned by the Borough and has an area to use as a small meeting room. Please check that your name and address is correct on your monthly bill. If there is anything that needs updated, please contact the Tidioute Borough / SWCMA office at 814-484-7424.

We are in the process of replacing water meters. Feel free to contact the Borough office if you have any questions.

In our continuing efforts to maintain a dependable water supply we have and will continue to make improvements in the water system. These improvements as well as other construction projects to replace aging distribution lines may be a temporary inconvenience but, they are essential in maintaining the dependability and effectiveness of the system. We at SWCMA work around the clock to provide quality water to every tap.


**OPERATIONAL EVALUATION LEVEL (OEL) EXCEEDANCE NOTIFICATION FORM**
**Section I: System Information**

|   |                       |
|---|-----------------------|
| PWS Name: Southwest Warren County Msw/ Auth | PWSID #: 6626032      |
| Contact Name: Frank Buccardo                | Phone #: 814-730-0778 |

**Section II: OEL Exceedance Information\***

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

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

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#<br>(3-digit # starting with "7") | 702             | DEP Sample Location ID#<br>(3-digit # starting with "7") | 702          |
| Sample Location Name                                     | Veew Klinestone | Sample Location Name                                     | Boone Office |
| Sample Date<br>(most recent quarterly sample)            | 3/10/2020       | Sample Date<br>(most recent quarterly sample)            | 3/10/2020    |
| Sample Received Date<br>(date result received from lab)  | 3/26/2020       | Sample Received Date<br>(date result received from lab)  | 3/26/2020    |
| Monitoring Period (Qtr)                                  | 1st             | Monitoring Period (Qtr)                                  | 1st          |
| TTHM: Calculated<br>OEL Value                            | 30.5            | TTHM: Calculated<br>OEL Value                            | 43.7         |
| OEL Calculation: $[(66.4) + (14.2) + 2(20.7)]/4$         |                 | OEL Calculation: $[(81.9) + (21.7) + 2(35.5)]/4$         |              |
| HAA5: Calculated<br>OEL Value                            | 51.9            | HAA5: Calculated<br>OEL Value                            | 20.7         |
| OEL Calculation: $[(55.1) + (19.7) + 2(60.7)]/4$         |                 | OEL Calculation: $[(45.7) + (14.7) + 2(11.1)]/4$         |              |

\*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: ~~4-1-2020~~ 90 days from the sample received date)

**Section IV: Verification**

|  |
|--|
| Responsible Official's Name (printed): Frank Buccardo                  |
| Responsible Official's Signature: <i>Frank Buccardo</i> Date: 4-1-2020 |

**NOTE:**

The completed form must be submitted to DEP by the 10<sup>th</sup> 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 10<sup>th</sup>. Mail all OEL Exceedance Notification Forms to your local DEP Office. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.dep.state.pa.us/eLibrary/Search>

## OPERATIONAL EVALUATION LEVEL (OEL) EXCEEDANCE NOTIFICATION FORM

**Section I: System Information**

|  |                              |
|--|------------------------------|
| <b>PWS Name:</b> Southwest Warren County Mor/ Auth | <b>PWSID #:</b> 6620032      |
| <b>Contact Name:</b> Frank Buccardo                | <b>Phone #:</b> 814-730-0778 |

**Section II: OEL Exceedance Information\***

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

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

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#<br>(3-digit # starting with "7") |                  | DEP Sample Location ID#<br>(3-digit # starting with "7") |             |
|--|------------------|--|-------------|
|  | 701              |  | 702         |
| Sample Location Name                                     | VERN KINVESTIGER | Sample Location Name                                     | BORO OFFICE |
| Sample Date<br>(most recent quarterly sample)            | 6-9-2020         | Sample Date<br>(most recent quarterly sample)            | 6-9-2020    |
| Sample Received Date<br>(date result received from lab)  | 6-9-2020         | Sample Received Date<br>(date result received from lab)  | 6-9-2020    |
| Monitoring Period (Qtr)                                  | 2nd              | Monitoring Period (Qtr)                                  | 2nd         |
| TTHM: Calculated<br>OEL Value                            | 31.65            | TTHM: Calculated<br>OEL Value                            | 19.1        |
| OEL Calculation: $[(14.7) + (20.7) + 2(45.6)]/4$         |                  | OEL Calculation: $[(14.7) + (11.1) + 2(25.3)]/4$         |             |
| HAA5: Calculated<br>OEL Value                            | 55.6             | HAA5: Calculated<br>OEL Value                            | 35.8        |
| OEL Calculation: $[(33.9) + (60.7) + 2(63.9)]/4$         |                  | OEL Calculation: $[(37.0) + (35.5) + 2(35.3)]/4$         |             |

\*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: 6/30 (i.e. 90 days from the sample received date)

**Section IV: Verification**

|   |                 |
|---|-----------------|
| Responsible Official's Name (printed): Frank Buccardo   |                 |
| Responsible Official's Signature: <i>Frank Buccardo</i> | Date: 6/30/2020 |

**NOTE:**

The completed form must be submitted to DEP by the 10<sup>th</sup> 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 10<sup>th</sup>. Mail all OEL Exceedance Notification Forms to your local DEP Office. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.depgreenport.state.pa.us/eLibrary/Search>





## OPERATIONAL EVALUATION LEVEL (OEL) EXCEEDANCE NOTIFICATION FORM

### Section I: System Information

|   |                              |
|---|------------------------------|
| PWS Name: <u>Southwest Warren County Mun/Health</u> | PWSID #: <u>6670032</u>      |
| Contact Name: <u>Frank Buccardo</u>                 | Phone #: <u>814-730-0778</u> |

### Section II: OEL Exceedance Information\*

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

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

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#<br>(3-digit # starting with "7")              | DEP Sample Location ID#<br>(3-digit # starting with "7")              |
|---|---|
| <u>701</u>  | <u>702</u>  |
| Sample Location Name: <u>Vern Klimestone</u>                          | Sample Location Name: <u>Boro Office</u>                              |
| Sample Date (most recent quarterly sample): <u>9-8-2020</u>           | Sample Date (most recent quarterly sample): <u>9-8-2020</u>           |
| Sample Received Date (date result received from lab): <u>9-8-2020</u> | Sample Received Date (date result received from lab): <u>9-8-2020</u> |
| Monitoring Period (Qtr): <u>3rd</u>                                   | Monitoring Period (Qtr): <u>3rd</u>                                   |
| TTHM: Calculated OEL Value: <del>35.5</del> <u>58.4</u>               | TTHM: Calculated OEL Value: <del>35.5</del> <u>24.6</u>               |
| OEL Calculation: $[(20.7) + (45.6) + 2(83.6)] / 4$                    | OEL Calculation: $[(16.1) + (25.3) + 2(31.4)] / 4$                    |
| HAA5: Calculated OEL Value: <del>8.5</del> <u>76.9</u>                | HAA5: Calculated OEL Value: <del>8.2</del> <u>62.8</u>                |
| OEL Calculation: $[(60.7) + (63.4) + 2(91.5)] / 4$                    | OEL Calculation: $[(35.5) + (35.3) + 2(90.2)] / 4$                    |

\*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: 10-8 (i.e. 90 days from the sample received date)

### Section IV: Verification

|  |                        |
|--|------------------------|
| Responsible Official's Name (printed): <u>Frank Buccardo</u> |                        |
| Responsible Official's Signature: <u>Frank Buccardo</u>      | Date: <u>9-22-2020</u> |

#### NOTE:

The completed form must be submitted to DEP by the 10<sup>th</sup> 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 10<sup>th</sup>. Mail all OEL Exceedance Notification Forms to your local DEP Office. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.depgreenport.state.pa.us/elibrary/Search>

## OPERATIONAL EVALUATION LEVEL (OEL) EXCEEDANCE NOTIFICATION FORM

|   |                              |
|---|------------------------------|
| <b>Section I: System Information</b>            |                              |
| PWS Name: <i>Southwest Warren Co Mun. Auth.</i> | PWSID #: <i>6620032</i>      |
| Contact Name: <i>Tim Carll</i>                  | Phone #: <i>814-484-7424</i> |

**Section II: OEL Exceedance Information\***

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

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

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.

|   |   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
|---|---|------------|----------------------|-------------------------|--|------------------|--|-------------------|-------------------------|-----------------------------|----------------------------|-------------|--|--|----------------------------|--------------|--|--|--|---|------------|----------------------|-----------------------------|--|------------------|--|-------------------|-------------------------|-----------------------------|----------------------------|-------------|--|--|----------------------------|-------------|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>DEP Sample Location ID# (3-digit # starting with "7")</td><td style="text-align: center;"><i>701</i></td></tr> <tr><td>Sample Location Name</td><td><i>Vern Klinestiver</i></td></tr> <tr><td>Sample Date (most recent quarterly sample)</td><td><i>12-8-2020</i></td></tr> <tr><td>Sample Received Date (date result received from lab)</td><td><i>12-22-2020</i></td></tr> <tr><td>Monitoring Period (Qtr)</td><td><i>10-1-2020 12-31-2020</i></td></tr> <tr><td>TTHM: Calculated OEL Value</td><td style="text-align: center;"><i>61.7</i></td></tr> <tr><td colspan="2">OEL Calculation: <math>[(45.6) + (83.4) + 2(58.8)] / 4</math></td></tr> <tr><td>HAA5: Calculated OEL Value</td><td style="text-align: center;"><i>85.45</i></td></tr> <tr><td colspan="2">OEL Calculation: <math>[(63.9) + (91.5) + 2(93.2)] / 4</math></td></tr> </table> | DEP Sample Location ID# (3-digit # starting with "7") | <i>701</i> | Sample Location Name | <i>Vern Klinestiver</i> | Sample Date (most recent quarterly sample) | <i>12-8-2020</i> | Sample Received Date (date result received from lab) | <i>12-22-2020</i> | Monitoring Period (Qtr) | <i>10-1-2020 12-31-2020</i> | TTHM: Calculated OEL Value | <i>61.7</i> | OEL Calculation: $[(45.6) + (83.4) + 2(58.8)] / 4$ |  | HAA5: Calculated OEL Value | <i>85.45</i> | OEL Calculation: $[(63.9) + (91.5) + 2(93.2)] / 4$ |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>DEP Sample Location ID# (3-digit # starting with "7")</td><td style="text-align: center;"><i>702</i></td></tr> <tr><td>Sample Location Name</td><td><i>Tidioute Boro Office</i></td></tr> <tr><td>Sample Date (most recent quarterly sample)</td><td><i>12-8-2020</i></td></tr> <tr><td>Sample Received Date (date result received from lab)</td><td><i>12-22-2020</i></td></tr> <tr><td>Monitoring Period (Qtr)</td><td><i>10-1-2020 12-31-2020</i></td></tr> <tr><td>TTHM: Calculated OEL Value</td><td style="text-align: center;"><i>25.7</i></td></tr> <tr><td colspan="2">OEL Calculation: <math>[(25.3) + (31.4) + 2(23.0)] / 4</math></td></tr> <tr><td>HAA5: Calculated OEL Value</td><td style="text-align: center;"><i>48.1</i></td></tr> <tr><td colspan="2">OEL Calculation: <math>[(35.3) + (90.2) + 2(33.4)] / 4</math></td></tr> </table> | DEP Sample Location ID# (3-digit # starting with "7") | <i>702</i> | Sample Location Name | <i>Tidioute Boro Office</i> | Sample Date (most recent quarterly sample) | <i>12-8-2020</i> | Sample Received Date (date result received from lab) | <i>12-22-2020</i> | Monitoring Period (Qtr) | <i>10-1-2020 12-31-2020</i> | TTHM: Calculated OEL Value | <i>25.7</i> | OEL Calculation: $[(25.3) + (31.4) + 2(23.0)] / 4$ |  | HAA5: Calculated OEL Value | <i>48.1</i> | OEL Calculation: $[(35.3) + (90.2) + 2(33.4)] / 4$ |  |
| DEP Sample Location ID# (3-digit # starting with "7")   | <i>701</i>  |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Sample Location Name  | <i>Vern Klinestiver</i>                               |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Sample Date (most recent quarterly sample)  | <i>12-8-2020</i>                                      |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Sample Received Date (date result received from lab)  | <i>12-22-2020</i>                                     |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Monitoring Period (Qtr)   | <i>10-1-2020 12-31-2020</i>                           |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| TTHM: Calculated OEL Value  | <i>61.7</i>   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| OEL Calculation: $[(45.6) + (83.4) + 2(58.8)] / 4$  |   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| HAA5: Calculated OEL Value  | <i>85.45</i>  |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| OEL Calculation: $[(63.9) + (91.5) + 2(93.2)] / 4$  |   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| DEP Sample Location ID# (3-digit # starting with "7")   | <i>702</i>  |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Sample Location Name  | <i>Tidioute Boro Office</i>                           |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Sample Date (most recent quarterly sample)  | <i>12-8-2020</i>                                      |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Sample Received Date (date result received from lab)  | <i>12-22-2020</i>                                     |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| Monitoring Period (Qtr)   | <i>10-1-2020 12-31-2020</i>                           |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| TTHM: Calculated OEL Value  | <i>25.7</i>   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| OEL Calculation: $[(25.3) + (31.4) + 2(23.0)] / 4$  |   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| HAA5: Calculated OEL Value  | <i>48.1</i>   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |
| OEL Calculation: $[(35.3) + (90.2) + 2(33.4)] / 4$  |   |            |                      |                         |  |                  |  |                   |                         |                             |                            |             |  |  |                            |              |  |  |  |   |            |                      |                             |  |                  |  |                   |                         |                             |                            |             |  |  |                            |             |  |  |

\*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: *1-10-21* (i.e. 90 days from the sample received date)

**Section IV: Verification**

|   |                       |
|---|-----------------------|
| Responsible Official's Name (printed): <i>Timothy Carll</i> |                       |
| Responsible Official's Signature: <i>[Signature]</i>        | Date: <i>1-7-2021</i> |

**NOTE:**  
 The completed form must be submitted to DEP by the 10<sup>th</sup> 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 10<sup>th</sup>. Mail all OEL Exceedance Notification Forms to your local DEP Office. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.dep.state.pa.us/enform/Search>