

**Water Quality Parameter (WQP) Range Worksheet for the month of _____ (month/year).
Entry Point Test Results**

Facility:	
TAP NO.	
Frequency:	*
	<i>*This is the minimum number of measurements per month. It is your option to monitor more frequently.</i>
Corrosion Control Treatment	
Water Quality Parameters and Ranges	
pH	
Orthophosphate	

Directions for completing form is on reverse side

Date	pH		Orthophosphate (mg/l) as PO4		Check if excursion of either Daily Value
	No. of samples	Daily Value	No. of samples	Daily Value	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total Excursions for Month (total all checks)					

Directions for completing form

1. You are required to sample for each WQP at least once each day with the exception of Holidays, Saturdays, and Sundays.
2. Insert the month and year in the space provided at the top of the form.
3. **Date:** There is nothing to complete in this field. The number represents the date.

pH column and Orthophosphate column

4. **No. of samples:** The supply has the option to collect more than one sample per day. In this column, record the number of samples (or measurements) collected for that day. For compliance purposes, the number of samples collected from day to day must be constant. If you did not collect a sample for a day, enter “NS” (no sample).
For example: If you are only taking one measurement for the day, then enter 1. If you take four measurements throughout the day for that WQP, enter 4.
5. **Daily Value:** If only one sample was collected during the day: enter concentration. If more than one sample is collected for the day, calculate an average using all results. Enter the average concentration.

Every day MUST have a Daily Value recorded even if no measurements were collected for that day. If no measurement were collected for a day, the Daily Value would be the last Daily Value in which a measurement was recorded.

6. **Check if excursion of either Daily Value occurred.** If the Daily Value exceeds the WQP ranges for either or both parameters, put a checkmark in this column.
7. **Total Excursions for Month:** Total all checkmarks for the month. If you have nine or more checkmarks, your supply has incurred a treatment technique violation.

Example of completed form

Date	pH Range 7.0 or greater		Orthophosphate (mg/l) as PO4 Range 0.25 mg/l or greater		Check if excursion of either Daily Value
	No. of samples	Daily Value	No. of samples	Daily Value	
1	2	7.0	1	0.26	
2	2	7.1	1	0.25	
3	2	7.0	1	0.27	
4	2	7.2	1	0.26	
5	2	7.6	1	0.23	
6	NS	7.6*	1**	0.26**	
7	NS	7.6*	NS	0.25*	
8	2	7.2	1	0.26	
9	2	6.9	1	0.26	
10	2	7.0	1	0.27	
11	2	7.0	1	0.28	
12	2	7.1	1	0.27	
13	NS	7.1*	NS	0.27*	
14	NS	7.1*	NS	0.27*	
15	2	7.2	1	0.26	
16	2	7.3	1	0.23	
17	2	7.3	1	0.26	
18	2	7.3	1	0.24	
19	2	7.0	1	0.26	
20	NS	7.0*	NS	0.26*	
21	NS	7.0*	NS	0.26*	
22	2	7.1	1	0.26	
23	2	7.1	1	0.25	
24	2	7.2	1	0.25	
25	2	7.1	1	0.25	
26	2	7.3	1	0.27	
27	NS	7.3*	NS	0.27*	
28	NS	7.3*	NS	0.27*	
29	2	7.2	1	0.26	
30	2	7.0	1	0.20	
31	2	7.2	1	0.25	
Total Excursions for Month (total all checks)					4

* No sample collected - Saturday and Sunday. Daily Value for the day is the last recorded measurement.

** Supply collected a sample on Saturday due to an excursion on Friday.

This Agency is authorized to require this information under Illinois Revised Statutes, 1987, Chapter 111 ½, section 1004(H). Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$10,000.00 and additional civil penalty up to \$10,000.00 for each day the failure continues, a fine up to \$1,000.00 and imprisonment up to one year. This form has been approved by the Forms Management center.