Received 08.11.2026

Ohio Environmental Protection Agency

Mike DeWine, Governor
Jim Tressel, Lt. Governor
John Logue, Director

Disinfectants/Disinfection Byproducts
Operational Evaluation Level Report

PUBLIC WATER SYSTEM INFORMATION			
PWS Name:	Van Wert Water Plant		
PWSID#: OH	OH 8100611	Period OEL Exceeded:	2nd quarter 2026year

Please use this Report as a tool to explain the likely causes of the high TTHM and/or HAA5 Operational Evaluation Level(s) identified on the Operational Evaluation Level (OEL) exceedance letter. This report shall identify corrective actions the system has taken, or intends to take, to mitigate future DBP exceedances.

This Report shall be submitted to the Ohio EPA district office within 90 days of the date of the OEL exceedance letter. Please note that Ohio EPA may request additional information. All sections of this report are required to be completed unless you were granted a limited scope OEL.

Were you granted a limited scope OEL report? ☐ Yes ☒ No
[A limited scope report must be requested by the PWS and approved in writing by Ohio EPA]

Is this the first time this PWS has exceeded an OEL? ☐ Yes ☒ No

UPDATES FROM THE LAST OEL REPORT

Please answer the following if this is NOT the first OEL exceedance for this PWS.

Have there been any operational adjustments since the last OEL exceedance? ☐ Yes ☒ No ☐ NA

Have there been specific changes made since the last OEL exceedance? ☐ Yes ☒ No ☐ NA

Has additional sampling occurred to evaluate the system? ☐ Yes ☒ No ☐ NA
If so, please include those results in Table 1.

Has your PWS been working with an outside consultant on the DBP issue? ☒ Yes ☐ No ☐ NA

Describe any changes your system has implemented since the last OEL exceedance which were intended to reduce DBPs. This includes but is not limited to: increased flushing, increased tank turnover, additional infrastructure and/or treatment, operational adjustments (such as enhanced coagulation), chemical feed changes, etc. Please include amounts, locations, and other pertinent information. Describe the effect(s) these changes had (or did not have) on DBP levels. If your PWS has been working with an outside consultant, identify the consultant and the projects they have been working on. Provide updates and timelines you have established with the consultant.

We continue to turn over a large percent of water in our elevated water towers. As stated in a previous OEL tank mixers were installed on October 23rd 2025. Additionally we are continuing to work with Jones and Henry on a spray aeration system. We are uncertain of an exact installation date of this system. We are hopefull it will be early to mid 2027.

Table 1 – Please include results of additional monitoring performed since the last OEL.

Analyte / Parameter	Results (units)	SMP ID	Address	Collection Date
TTHM	111	DS201	Hydrant 2115 N. Washington St.	12 MAY 26
TTHM	78.1	DS202	S. water tower drain	12 MAY 26
TTHM	108	DS203	800 N. Washington St.	12 MAY 26
TTHM	83.8	DS204	Hydrant 2089 Burt/Cable	12 MAY 26

Please include any additional notes about these samples below.

WATER PRODUCTION

If you are a consecutive system and do not produce any of your own water, check the box and skip to section 5.

PWS does not produce water: ☐

SECTION 1 – SOURCE WATER

Was there any change in source water (alternative source(s))?	☒ Yes	☐ No	
Was there a change in the intake level?	☐ Yes	☒ No	☐ NA
Was there a turnover event?	☐ Yes	☒ No	☐ NA
Was there an algae bloom?	☐ Yes	☒ No	☐ NA
Was there any unusual rainfall (moderate/heavy/tornado) in the watershed?	☒ Yes	☐ No	☐ NA
Was the watershed in a state of drought?	☐ Yes	☒ No	☐ NA
Is an oxidant fed at the intake? If so, what chemical? _____	☐ Yes	☒ No	☐ NA
Were the river or reservoir levels different from normal?	☒ Yes	☐ No	☐ NA
Was raw water stored before treatment?	☒ Yes	☐ No	
Was the raw water stored for an unusual amount of time?	☐ Yes	☒ No	☐ NA
Was there a change in odor of the raw water?	☐ Yes	☒ No	
Were there any significant changes (e.g. construction, logging) in the watershed?	☐ Yes	☒ No	☐ NA

Are any of the changes above suspected to have increased total organic carbon (TOC) levels or other DBP precursors (such as bromide) in the source water? If so, please explain in detail below. Please include how frequently your system monitors for TOC and include any pertinent results (i.e. abnormal TOC values). Please describe how current TOC values compare to historical TOC values.

March 2026 Van Wert reservoirs were at about 50 to 60 capacity. We received enough rainfall the end of March into April that allowed us to pump heavily during this period ensuring our resevoirs were full going into summer. We monitored TOC as we normally do. None of those test results seem to be out of the ordinary. We did however have elevated turbidities durning this period. We speculate that this heavy pumping into our resevoirs is at least partially responsible for the elevated TTHM results.

SECTION 2 – TREATMENT

Were any treatment processes offline or significantly altered?	☐ Yes	☒ No	
Were there any treatment upsets since the previous DBP sample date?	☐ Yes	☒ No	
Were there any changes (additions/removals) in chemicals used?	☐ Yes	☒ No	
If GAC is used, is it at or past its life expectancy?	☐ Yes	☐ No	☒ NA
Were there any changes in the PAC dosages?	☐ Yes	☒ No	☐ NA
Is a pre-oxidant used prior to filtration? If so, what chemical? _____	☐ Yes	☒ No	
Were there any changes to pre-oxidation/disinfection?	☐ Yes	☒ No	☐ NA
Were there any changes in chemical suppliers?	☐ Yes	☒ No	
Was there any major maintenance to the treatment train(s)?	☐ Yes	☒ No	
Were there any chemical feed problems?	☐ Yes	☒ No	
Finished Water Data			
Did the chlorine residual change significantly?	☐ Yes	☒ No	
Did the pH change significantly?	☐ Yes	☒ No	☐ NA
Did the temperature change significantly?	☐ Yes	☒ No	☐ NA
Did the alkalinity change significantly?	☐ Yes	☒ No	☐ NA
Did the finished water turbidity change significantly?	☐ Yes	☒ No	☐ NA
Did the color change significantly?	☐ Yes	☒ No	☐ NA
Did the TOC change significantly?	☐ Yes	☒ No	☐ NA

If you answered yes to any of the questions above, please describe in detail how each factor may have contributed to increased DBP formation.

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SECTION 3 – IN-PLANT TANK INFORMATION:

If your PWS does not have in-plant tanks, check the box and skip to Section 4.

PWS has no in-plant tanks: ☐

IN-PLANT TANK NAME	TYPE OF TANK	VOLUME, MG	LAST INSPECTION DATE	LAST CLEANING DATE	DATE LAST DRAINED	AERATION? MIXING?	INFLUENT TTHM (ug/L) HAA5 (ug/L) & date	EFFLUENT TTHM (ug/L) HAA5 (ug/L) & date
KMnO4 contact	☒ Reaction tank/basin ☐ Wet well ☐ Clearwell ☐ Other: _____	**127,000 gallons**	**31 OCT 24**	**31 OCT 24**	**31 OCT 24**	☐ Aeration ☐ Mixing		
West Clairifier	☒ Reaction tank/basin ☐ Wet well ☐ Clearwell ☐ Other: _____	**317,000 gallons**	**07 AUG 24**	**07 AUG 24**	**07 AUG 24**	☐ Aeration ☒ Mixing		
East Clairifier	☒ Reaction tank/basin ☐ Wet well ☐ Clearwell ☐ Other: _____	**317,000 gallons**	**07 SEP 23**	**07 SEP 23**	**07 SEP 23**	☐ Aeration ☒ Mixing		
Recarbonation Basin	☒ Reaction tank/basin ☐ Wet well ☐ Clearwell ☐ Other: _____	**127,000 gallons**	**13 NOV 24**	**13 NOV 24**	**13 Nov 24**	☐ Aeration ☒ Mixing		

Clearwell	☒ Reaction tank/basin ☐ Wet well ☐ Clearwell ☐ Other: _____	**500,000 gallons**	**17 MAY 23**	**15 MAY23**		☐ Aeration ☐ Mixing			

SECTION 4 – ADDITIONAL INFORMATION

Is there any additional information of interest with regards to TTHM or HAA5 in your treatment plant system? What water production changes do you intend to make to ensure the TTHM or HAA5 MCL is met during the upcoming monitoring period? If this is not the first time you have filed this report, use the space below (and additional pages as necessary) to explain the status of previously identified water productions objectives to minimize TTHM or HAA5.

As stated previously we continue to work with our consultants and OEPA to get our spray aeration system online as quickly as the process will allow.

WATER PRODUCTION CORRECTIVE ACTIONS: Describe all corrective actions the PWS intends to take to prevent future DBP exceedances. Include estimated timelines for each.

Same as stated in the above box.

Water Production Operator(s) of Record must sign below.

I certify under penalty of law that I have personally examined and am familiar with the data submitted in this report; that the data in this report is true, accurate and complete; and I am aware that falsification thereof

could result in the imposition of fines and penalties including revocation of my certification as a public water system operator.

Treatment Plant Operator of Record Name and Certification Number	Operator of Record Signature (Type initials for electronic submission)	Date
1. Donald Lippi - WS4 2. 3.	DEL	06 JUL 26

WATER DISTRIBUTION

This section must be completed by all water systems.

SECTION 5- DISTRIBUTION SYSTEM OPERATIONS

Were there any major line breaks or line replacements during the sampling timeframe?	☐ Yes	☒ No	
Were there valve closures that significantly rerouted flow during the sampling timeframe?	☐ Yes	☒ No	☐ NA
Were there fire demands that rerouted flow patterns during the sampling timeframe?	☐ Yes	☒ No	
Was there a substantial change in water consumption during the sampling timeframe?	☐ Yes	☒ No	
Was there a change in high volume water users during the sampling timeframe?	☐ Yes	☒ No	☐ NA
Was the Average Daily Production for the entire system during the time frame the TTHM/HAA5 samples were collected substantially different than that of previous years in the same time frame?	☐ Yes	☒ No	

If you answered yes to any of the questions above, please describe in detail how each may have contributed to increased DBP formation. Changes in flow can increase water age which may lead to increased DBP levels. If there were any other changes in flow that may have increased water age, please describe below. If the Average Daily Production was substantially different, explain why and include quantities.

SECTION 6 – CHLORINE BOOSTER STATION

Does your system have a chlorine booster station in the distribution system? ☐ Yes ☒ No

If yes, how many? Were all booster stations in use at the time of the exceedance? ☐ Yes ☐ No ☒ NA

Did you test for TTHMs and /or HAA5s directly before or after the booster station(s)? ☐ Yes ☐ No ☒ NA

Table 2 – Booster Station Data

Booster Station Name/ Address	TTHM (ug/L)	HAA5 (ug/L)	Chlorine Residual Before (mg/L)	Chlorine Residual After (mg/L)	Free or Total	Date of Collection
					☐ free ☐ total	
					☐ free ☐ total	
					☐ free ☐ total	
					☐ free ☐ total	
					☐ free ☐ total	
					☐ free ☐ total	
					☐ free ☐ total	

Did you need to change the amount of chlorine being added during the last quarter? ☐ Yes ☒ No

If the amount of chlorine added was modified, explain.

SECTION 7 – SAMPLE SITE DATA

The following questions apply to the DBP monitoring location(s) which exceeded the OEL in the current quarter.

Was the disinfectant residual
☐ lower or ☐ higher than normal for that time of year? ☐ Not tested ☒ No significant change

Was the water temperature
☐ lower or ☐ higher than normal for that time of year? ☐ Not tested ☒ No significant change

Was the water pH
☐ lower or ☐ higher than normal for that time of year? ☐ Not tested ☒ No significant change

While not required, it is recommended this data be collected at your DBP sample locations because variation in trends can greatly impact DBP formation potential. If there were changes in the above parameters please explain why these may have occurred.

SECTION 8 – CHLORINE RESIDUAL MONITORING

Table 3 - For the month in which the OEL exceedance occurred and the preceeding two months, indicate the number of distribution chlorine residual samples taken in each month. For each month, identify the number of samples in which the free chlorine residual was less than 0.2 mg/L , or if chloraminating, the number of samples

in which the combined chlorine residual was less than 1.0 mg/L. Additionally, identify the average monthly plant tap free chlorine residual (if not chloraminating) or combined chlorine residual (if chloraminating).

MONTH	# OF DISTRIBUTION CHLORINE SAMPLES COLLECTED	# OF SAMPLES <0.2 mg/L FREE OR <1.0 mg/L COMBINED	AVERAGE PLANT TAP CHLORINE RESIDUAL FOR THE MONTH
MARCH	41	0	2.03
APRIL	40	0	1.91
MAY	41	0	1.94

The chlorine level has a direct impact on DBP formation. Reducing the chlorine residual at the plant tap, while still maintaining the required residual in the distribution system, may be a strategy to consider for reduction of elevated DBP levels. Please ensure to consult with your plant operator to accurately provide this information and make the appropriate adjustments for your system.

SECTION 9 – STORAGE TANK OPERATIONS

If your PWS does not have storage tanks, check the box and skip to Section 10.

PWS has no Storage Tanks: ☐

Do any of the storage tanks have large diameter inlet pipes (> 24 inches)?	☒ Yes ☐ No
Was any storage tank drawn down more than usual?	☐ Yes ☒ No
Was there any change in the water level fluctuations?	☐ Yes ☒ No
Were there any mixing or aeration problems with any storage tank?	☐ Yes ☒ No

Water age is a significant contributor to DBP formation potential. Understanding the operations of your storage tank may help you optimize your distribution system to lower DBP levels. Please explain how any of the factors above and in Table 4, below, may have impacted DBP levels at the time of the exceedance.

Table 4 – Identify each distribution system storage tank and provide the information below. Use additional pages as needed.

DISTRIBUTION TANK NAME	VOLUME, MG	LAST INSPECTION DATE	LAST CLEANING DATE	DATE LAST DRAINED	AERATION? MIXING?	SINGLE INLET/ OUTLET PIPE?	PROVIDE THE INFORMATION BELOW FOR THE DBP SAMPLING MONTH AND FOR THE PRIOR 2 MONTHS			
							MONTH	% DAILY FLUCTUATION	DISINFECTANT RESIDUAL (mg/L) & DATE	TTHM (ug/L) HAA5 (ug/L) & DATE
North Tower	500,000 gallons	15 AUG 22	JUN-AUG 2020	AUG 2020	☒ Aeration ☐ Mixing	☒ Yes ☐ No	MARCH 26	28.2-39.4 34.8 Avg.	Avg 2.03 Max 2.26 max date 3-4-26	
							APRIL 26	35.7-37.5 36.8Avg.	Avg 1.92 Max 2.27 max date 4-14-26	
							MAY 26	34.2-37.2 35.9 Avg.	Avg 1.94 Max 2.18 max date 5-5-26	108 / 43.0 5-12-26
South Tower	400,000 gallons	19 JULY 24	JULY 2024	08 JULY24	☒ Aeration ☐ Mixing	☒ Yes ☐ No	MARCH 26	28.2-39.4 34.8 Avg.	Avg 2.03 Max 2.26 max date 3-4-26	
							APRIL 26	35.7-37.5 36.8Avg.	Avg 1.92 Max 2.27 max date 4-14-26	
							MAY 26	34.2-37.2 35.9 Avg.	Avg 1.94 Max 2.18 max date 5-5-26	78.1 / 35.4 5-12-16
					☐ Aeration ☐ Mixing	☐ Yes ☐ No				
					☐ Aeration ☐ Mixing	☐ Yes ☐ No				

SECTION 10 – DISTRIBUTION FLUSHING

If your PWS does not perform distribution flushing, check the box and skip to section 11.

PWS does not perform distribution flushing: ☐

Does the PWS have a written flushing SOP? ☐ Yes ☒ No

If yes, please submit a copy with this report if it has not been previously submitted with an OEL report.

How often is system-wide flushing performed:

Is system-wide flushing unidirectional? ☐ Yes ☐ No ☒ NA

Is other, or additional, flushing performed? ☒ Yes ☐ No

If so, what kind(s)? For all "Yes" answers, describe the additional flushing below, including the frequency.

- More frequent flushing of dead ends? ☒ Yes ☐ No ☐ NA
- Water quality-triggered flushing? ☐ Yes ☐ No ☒ NA
- Flushing in response to complaints? ☒ Yes ☐ No ☐ NA
- Other? Describe:

Are flushing records maintained? ☒ Yes ☐ No

If so, provide a copy of records for flushing performed during the quarter of the OEL exceedance OR the most recent flushing event, if flushing was not performed during the quarter of the OEL exceedance.

Does the PWS use a hydrant meter when flushing? ☐ Yes ☒ No

If not, describe how flushing volumes are determined:

Does the PWS have automatic flushing hydrants? ☐ Yes ☒ No

If yes, describe locations and flushing schedule (frequency, duration, volume).

Provide additional information about distribution flushing below:

Fire Dept flow tests hydrants every year.

SECTION 11 – CONSECUTIVE SYSTEM INFORMATION

If your PWS is not a consecutive (purchasing) system, check the box and skip to section 12.

PWS does not purchase water: ☒

Please list your wholesaler(s):

Does your system have a contract with your wholesaler(s)? ☐ Yes ☐ No

Does your system contract require that water being delivered meets all Federal Standards? ☐ Yes ☐ No

Did you test TTHMs and/or HAA5s at the master meter? ☐ Yes ☐ No

If yes, what were the results? TTHM (ug/L) HAA5 (ug/L)

☐ Yes ☐ No

Did you test disinfectant residual at the master meter?

If yes, what were the results? Free (mg/L) Total (mg/L)

SECTION 12 – ADDITIONAL INFORMATION

Is there any additional information of interest with regards to management or development of TTHM or HAA5 in your distribution system? What distribution system changes do you intend to make to ensure the TTHM or HAA5 MCL is not exceeded during the upcoming monitoring period? If this is not the first time you have filed this report, use the space below (and additional pages as necessary) to explain the status of previously identified distribution system objectives to minimize TTHM or HAA5.

WATER DISTRIBUTION SUMMARY/ ADDITIONAL INFO:

WATER DISTRIBUTION CORRECTIVE ACTIONS: Describe all corrective actions the PWS intends to take in the distribution system to prevent future DBP exceedances. Include estimated timelines for each.

Distribution System Operator(s) of Record must sign below. If same as Treatment Plant Operator(s) of Record, sign again.

I certify under penalty of law that I have personally examined and am familiar with the data submitted in this report; that the data in this report is true, accurate and complete; and I am aware that falsification thereof could result in the imposition of fines and penalties including revocation of my certification as a public water system operator.

Distribution Operator of Record Name and Certification Number	Operator of Record Signature (Type initials for electronic submission)	Date
1. Donald E. Mengerink Jr.	D.E.M.	7/6/2026
2.		
3.		