# DISINFECTANTS/DISINFECTION BYPRODUCTS MONITORING PLAN

**System Information:**

System Name: System Number:

Street Address: Ph. No.:

Mailing Address: Fax:

Service Connections: Population Served:

**Sources:**

Source Type (check one): [ ]  Surface Water [ ]  Ground Water [ ]  Both

If both surface water and ground water are used, describe the seasonal variability:

Is treated water purchased from other water systems? [ ]  Yes [ ]  No

If Yes, provide the name(s) of the wholesale water systems: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Number of treated water storage tanks:

**Treatment:**

Disinfectant used:

Disinfectant residual target (ppm):

Number of Sources/Treatment Plants where a disinfectant is added:

Number of locations in the distribution system where additional disinfectant is added:

**Total Trihalomethanes (TTHM) and Haloacetic acids 5 (HAA5) Monitoring:**

Sampling Frequency (check one): [ ]  Quarterly [ ]  Annually [ ]  Reduced:

\*\*Samples must be taken at a location representing maximum residence time, during the warmest month of the year.\*\*

Sample Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sampling Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who performs sampling?

Laboratory (include mailing address):

State Lab Code: Phone #: Fax #:

Reporting due by: 10th of the month immediately following the end of the sampling period (e.g. quarter or year)

**Disinfectant Residual Monitoring:**

Who performs sampling?

Sampling Locations: Same time and location as bacteriological monitoring.

Reporting due by: 10th of the month immediately following the end of each quarter.

**Map of System:**

A map of the distribution system showing the sources (well), storage tanks, treatment facilities, pressure zones, distribution piping, and TTHM/HAA5 sample locations is required. Is map enclosed? [ ]  Yes [ ]  No

Prepared by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_