

## COUNTY OF SAN LUIS OBISPO HEALTH AGENCY ENVIRONMENTAL HEALTH SERVICES DIVISION

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## **DISINFECTANTS/ DISINFECTION BYPRODUCT RULE MONITORING PLAN**

SYSTEM NAME:	
SYSTEM NUMBER:	
POPULATION:	
1.	SOURCE TYPE (CHECK ALL THAT APPLY):
	☐ GROUNDWATER ☐ SURFACE WATER ☐ BOTH
2.	SOURCE NAME(S), LOCATION(S) AND SEASONAL VARIABILITY:
3.	TREATMENT PLANT FACILITIES:
	TREATMENT PLANT LOCATION:
5.	STORAGE TANK(S) IDENTIFICATION:
6.	STORAGE TANK(S) LOCATION(S):
7.	NUMBER OF PRESSURE ZONES:
TTHM/HAA5 MONITORING FREQUANCY	
1.	ROUTINE:
	☐ ATTACHED MAP OF DISTRIBUTION SYSTEM WITH SAMPLE LOCATION MARKED
2.	SAMPLE LOCATION:
3.	SAMPLE TIME:
4.	CALCULATING MCL COMPLIANCE (TTHM MCL: 0.080 MG/L, HAA5 MCL: 0.060 MG/L):
DISTRIBUTION SYSTEM DISINFECTANT RESIDUAL MONITORING	
SA	MPLE LOCATION AND FREQUENCY:
O2	ONE FACILITIES
	CHECK IF NO OZONE. BROMATE SAMPLING DOES NOT APPLY.
1.	MONTHLY BROMATE MONITORING LOCATION:
CA	LCULATING MCL COMPLIANCE (BROMATE MCL: 0.010 MG/L):
	SIGNATURE DATE