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: __________________________________________

4. TREATMENT PLANT LOCATION: __________________________________________

5. STORAGE TANK(S) IDENTIFICATION: _______________________________________

6. STORAGE TANK(S) LOCATION(S): _________________________________________

7. NUMBER OF PRESSURE ZONES: _____________________________________________

TTHM/HAA5 MONITORING FREQUENCY

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

SAMPLE LOCATION AND FREQUENCY: ______________________________________

OZONE FACILITIES

   - [ ] CHECK IF NO OZONE. BROMATE SAMPLING DOES NOT APPLY.

1. MONTHLY BROMATE MONITORING LOCATION: _____________________________

   CALCULATING MCL COMPLIANCE (BROMATE MCL: 0.010 MG/L): ______________

_________________________________________  _______________________________
SIGNATURE                                 DATE