

Stage II Disinfection Byproduct Rule Monitoring Plan Form

TTHM MCL = _____ HAA 5 MCL = _____

System Name: _____ System No. _____

No. of Monitoring Locations: _____ Population: _____ No. of pressure zones: _____

Source Type: (Check all that apply): Groundwater Surface Water Both

(The following information may be attached in a separate table or sheet if necessary.)

A map of the distribution system must be attached to include all the facilities mentioned below and DBP sample location(s) is required. A picture of the DBP monitoring location(s) is optional.

TTHM/HAA5 Monitoring Frequency

Location 1:

Frequency: Routine _____ Increased _____ Reduced _____

Sample Location Description (Address, Building No., Source, etc.): _____

Sample Date (Month): _____

Location 1:

Frequency: Routine _____ Increased _____ Reduced _____

Sample Location Description (Address, Building No., Source, etc.): _____

Sample Date (Month): _____

Calculating MCL Compliance (Check the compliance that applies):

- Compliance will be based on concentration of an annual sample result.
- Compliance will be based on the running annual average of quarterly sample results per sample location.
- Formula for calculating compliance is attached (if not using either of the above).

Disinfectant Residual Monitoring (Free Chlorine Residual)

Sample Location & Frequency: Same time and location as coliform bacteriological monitoring sample(s). See system Bacteriological Sample Siting Plan. The maximum residual disinfectant level (MRDL) = 4 mg/L.

Signature _____

Date _____

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