***COMPLETE FORM IN ITS ENTIRETY. IF IT DOES NOT APPLY, WRITE N/A.***

|  |
| --- |
| I. GENERAL INFORMATION |
| A. PWS Information |
| PWSID:  |  |
| PWS Name:  |  |
| PWS Address:  |  |
| City:  |  | State:  |  | Zip:  |  |

|  |  |  |
| --- | --- | --- |
| System Type: | Source Water Type: | Buying/Selling Relationships: |
| [ ] Community[ ] NTNCPopulation: | [ ] Subpart H[ ] Ground | [ ] Consecutive System (HAULING)[ ] Wholesale System[ ] Neither (HAULING) |

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| --- |
| C. PWS Operations |
| Disinfectant Type: | [ ] Chlorine | [ ] Chloramines | [ ] Chlorine Dioxide | [ ] Ozone | [ ] Other |
| # of Disinfected Sources: |       Surface |       GWUDI |       Ground |  |

|  |
| --- |
| D. Contact Person |
| Name: |        |
| Title: |        |
| Phone: |       | Mobile:  |  |
| Email: |       |

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| --- |
| II. STAGE 2 DBPR REQUIREMENTS |
| **A. Number of Compliance Monitoring Sites** | B. Compliance Monitoring Frequency |
| Highest TTHM: |  | [ ]  During peak historical month (1-monitoring period) |
| Highest HAA5: |   |
| Existing Stage 1 |  | [ ] Every 90 days (4 monitoring periods) |
| **TOTAL:** |  |  |

|  |
| --- |
| III. MONITORING SITES |
| Stage 2 Compliance Monitoring Site ID | Site Type | Justification |
|  | [ ] Highest TTHM[ ] Highest HAA5[ ] Stage 1 DBPR |  |
|  | [ ] Highest TTHM[ ] Highest HAA5[ ] Stage 1 DBPR |  |
|  | [ ] Highest TTHM[ ] Highest HAA5[ ] Stage 1 DBPR |  |
|  | [ ] Highest TTHM[ ] Highest HAA5[ ] Stage 1 DBPR |  |

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| --- |
| IV. PEAK HISTORICAL MONTH AND PROPOSED STAGE 2 DBPR COMPLIANCE MONITORING SCHEDULE |
| A. Peak Historical Month |  |
| B. Proposed Stage 2 DBPR Compliance Monitoring Schedule |
| Stage 2 Compliance Monitoring Site ID | Projected Sampling Date (date or week)1 |
| Period 1 | Period 2 | Period 3 | Period 4 |
|  |  |       |       |       |
|  |  |       |       |       |
|  |  |       |       |       |

*1period = monitoring period. Complete for the number of monitoring periods from Section II.B.*

*Attach additional copies of this sheet if more room is needed.*

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| V. DISTRIBUTION SYSTEM SCHEMATIC |
| **ATTACH a schematic of your distribution system** showing locations of system facilities including sources, treatment plant, storage, pump stations, disinfectant applicators (e.g. chlorinators), and proposed sample sites.  |

*Sign and Return a Copy to NDEP BSDW 901 S. STEWART ST. STE #4001 CARSON CITY, NV 89701*

*Keep one copy on-site and one on file for TIMELY & proper monitoring. Analytical results of coliform are due by the 10th of the month following receipt of results.*