***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  NTNC  Population: | Subpart H  Ground | Consecutive System (HAULING)  Wholesale System  Neither (HAULING) |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  | | |

|  |  |  |
| --- | --- | --- |
| 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 |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.*

|  |
| --- |
| 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.*