



## STAGE 2 DISINFECTION BYPRODUCTS SAMPLE PLAN TOTAL TRIHALOMETHANE AND HALOACETIC ACIDS

Return Form to: Bureau of Safe Drinking Water, 901 South Stewart Street, Suite 4001, Carson City, NV 89701  
Phone: 775-687-9521 Fax: 775-687-5699

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

<b>I. GENERAL INFORMATION</b>					
<b>A. PWS Information</b>					
PWSID:					
PWS Name:					
PWS Address:					
City:		State:		Zip:	
<b>System Type:</b>		<b>Source Water Type:</b>		<b>Buying/Selling Relationships:</b>	
<input type="checkbox"/> Community		<input type="checkbox"/> Subpart H		<input type="checkbox"/> Consecutive System (HAULING)	
<input type="checkbox"/> NTNC		<input type="checkbox"/> Ground		<input type="checkbox"/> Wholesale System	
Population:				<input type="checkbox"/> Neither (HAULING)	
<b>C. PWS Operations</b>					
Disinfectant Type:	<input type="checkbox"/> Chlorine	<input type="checkbox"/> Chloramines	<input type="checkbox"/> Chlorine Dioxide	<input type="checkbox"/> Ozone	<input type="checkbox"/> Other
# of Disinfected Sources:	Surface	GWUDI	Ground		
<b>D. Contact Person</b>					
Name:					
Title:					
Phone:		Mobile:			
Email:					
<b>II. STAGE 2 DBPR REQUIREMENTS</b>					
<b>A. Number of Compliance Monitoring Sites</b>			<b>B. Compliance Monitoring Frequency</b>		
Highest TTHM:			<input type="checkbox"/> During peak historical month (1-monitoring period)		
Highest HAA5:			<input type="checkbox"/> Every 90 days (4 monitoring periods)		
Existing Stage 1					
<b>TOTAL:</b>					

<b>III. MONITORING SITES</b>		
Stage 2 Compliance Monitoring Site ID	Site Type	Justification
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	

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

<sup>1</sup>period = 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 10<sup>TH</sup> OF THE MONTH FOLLOWING RECEIPT OF RESULTS.*