



Disinfectants/Disinfection Byproducts: TTHM/HAA5 Revising Sample Site Form

I. GENERAL INFORMATION:

A. PWS Information: PWSID: OK _____ PWS Name: _____
 PWS Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Population Served: _____

B. Date Completed: _____

Contact Person
 Name: _____ Title: _____
 Phone #: _____ Fax #: _____
 E-mail: _____

II. SAMPLE SITE REPLACEMENT REQUEST:

A. Current Site Information

Locational Code	Physical Address or Description	Justification For Inactivation

B. New Site Information

Locational Code (DEQ Use Only)	Physical Address or Description	Justification For Activation

III. ADDITIONAL INFORMATION:

A. ATTACH a map of your distribution system showing the location old sampling point(s) and new sampling point(s).

IV. APPROVAL BY DBP COMPLIANCE COORDINATOR:

Signature: _____ Date: _____

IV. SUBMITTAL TO DEQ:

Return completed form and map of system in one of the following ways:

Mail form and map to:	Fax form and map to:	Email form and map to:
DBP Coordinator DEQ WQD P.O. Box 1677 OKC, OK 73101-1677	405-702-8101 Attn: DBP Coordinator	dbpr@deq.ok.gov Subject Line: Site Change Request

For questions about this form call 405-702-8100 or Email dbpr@deq.ok.gov