



Disinfectants/Disinfection Byproducts: TTHM/HAA5 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: _____

B. PWS Operations: Check Box(es) Which Applies.

System Type	<input type="checkbox"/> Community or <input type="checkbox"/> Non-transient, non-community
Source Water Type	<input type="checkbox"/> Ground water or <input type="checkbox"/> Surface water
Buying/Selling Relationships:	<input type="checkbox"/> Wholesale System or <input type="checkbox"/> Purchase water or <input type="checkbox"/> Neither
Disinfectant Type	<input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramines <input type="checkbox"/> Ozone <input type="checkbox"/> Chlorine Dioxide
Type of Disinfected Sources	<input type="checkbox"/> Surface water or <input type="checkbox"/> Groundwater or <input type="checkbox"/> Purchased water

II. STAGE 2 DBPR REQUIREMENTS: 40 CFR 141.621 (a)(2)

A. Determine Monitoring Requirements Based on Population and Source Type

Instructions: Mark the required monitoring frequency and number of locations

Source Water Type	Population Served	Routine Monitoring Frequency	Number of Distribution System Locations	
Subpart H (Surface Water or Groundwater Under the Influence)	Less than 500	per quarter	1 location	<input type="checkbox"/>
	500 - 3,300	per quarter	2 locations	<input type="checkbox"/>
	3,301 - 9,999	per quarter	2 locations	<input type="checkbox"/>
	10,000 - 49,999	per quarter	4 locations	<input type="checkbox"/>
	50,000 - 249,999	per quarter	8 locations	<input type="checkbox"/>
Groundwater	Less than 500	per year	1 location	<input type="checkbox"/>
	500 - 9,999	per year	2 locations	<input type="checkbox"/>
	10,000 - 99,999	per quarter	4 locations	<input type="checkbox"/>



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B. Proposed Stage 2 Compliance Monitoring Sites and Justification:

Instructions: Based on number of required location(s) from Table A, list the proposed site(s) and explain why each site(s) was selected in the justification column. Example of justifications include: longest retention time, site represent distribution system, distribution entry point etc. Please keep in mind the following when selecting a sample site:

- a. Sample sites should be located at the point of entry point; or at the farthest point and represent the distribution system.
- b. Sample sites should have regular water usage, such as a full-time residential house, sample station or flush hydrant.
- c. Sample sites should be not located at a deadend line.

Location Code <small>(DEQ Use Only)</small>	Physical Address or Description	Justification

III. ADDITIONAL INFORMATION:

A. Warmest Month of the Year: _____

B. Attach a map of your distribution system depicting the location of the various water sources, wells, water treatment plant, towers, chlorination stations, pump stations, and the proposed Stage 2 monitoring sites.

IV. APPROVAL BY DBP COMPLIANCE COORDINATOR:

Signature: _____

Date: _____

V. 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: New Stage 2 Plan

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