



# Disinfectants/Disinfection Byproducts: TOC 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. IDENTIFY SAMPLE SITES: Refer to 40 CFR 141.132(d)(1)

Site Code	Sampling Location	Site Description
TOCRAW	TOC Raw Sample	
TOCFIN	TOC Finish Sample	

## III. ADDITIONAL INFORMATION:

- A. What month/year will water plant become active? \_\_\_\_\_
- B. Include **required** water plant schematic with the following sampling sites labeled: TOCRAW, TOCFIN, CFE turbidity meter and any disinfectant injection points.
- C. Please list alternative methods that will be used to meet TOC treatment technique requirements. If alternative method is used in the future, DEQ must approve the method before it will be used to determine compliance. Refer to 40 CFR 141.135 (a)(2): \_\_\_\_\_

## 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](mailto:dbpr@deq.ok.gov)**