

Form 3: IDSE Report for an Existing Monitoring Results SSS

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I. GENERAL INFORMATION

(Skip this section if you are submitting the plan and report at the same time)

A. PWS Information*

PWSID: _____

PWS Name: _____

PWS Address: _____

City: _____ State: _____ Zip: _____

Population Served: _____

B. Date Submitted*

System Type: <input type="checkbox"/> CWS <input type="checkbox"/> NTNCWS	Source Water Type: <input type="checkbox"/> Subpart H <input type="checkbox"/> Ground	Buying / Selling Relationships: <input type="checkbox"/> Consecutive System <input type="checkbox"/> Wholesale System <input type="checkbox"/> Neither
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C. PWS Operations

Residual Disinfectant Type: Chlorine Chloramines Other _____

Number of Disinfected Sources: ___ Surface ___ GWUDI ___ Ground ___ Purchased

D. Contact Person*

Name: _____

Title: _____

Phone #: _____ Fax #: _____

E-mail: _____

II. STAGE 2 DBPR REQUIREMENTS*

A. Number of Required Stage 2 DBPR Compliance Monitoring Sites _____ TOTAL

_____ Highest TTHM _____ Stage 1 DBPR _____ Highest HAA5

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II. STAGE 2 DBPR REQUIREMENTS (continued)*

B. IDSE Schedule

- Schedule 1
- Schedule 2
- Schedule 3
- Schedule 4

C. Required Stage 2 DBPR Compliance Monitoring Frequency

- During peak historical month (1 monitoring period)
- Every 90 days (4 monitoring periods)

III. ADDITIONAL SSS AND STAGE 1 COMPLIANCE MONITORING RESULTS*

(Skip this section if you are submitting the plan and report at the same time)

A. Where were your TTHM and HAA5 samples analyzed?

- In-House

Is your in-house laboratory certified?

Yes No

- Certified Laboratory

Name of certified laboratory: _____

B. What method(s) was used to analyze your TTHM and HAA5 samples?

- | TTHM | HAA5 |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> EPA 502.2 | <input type="checkbox"/> EPA 552.1 |
| <input type="checkbox"/> EPA 524.2 | <input type="checkbox"/> EPA 552.2 |
| <input type="checkbox"/> EPA 551.1 | <input type="checkbox"/> EPA 552.3 |
| | <input type="checkbox"/> SM 6251 B |

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III. ADDITIONAL SSS AND STAGE 1 DBPR MONITORING RESULTS (Continued)*

C. TTHM Results

Site ID ¹	12-month period	Data Qualifies (yes/no)	Data Type	TTHM (mg/L)						LRAA
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							

¹ Verify that site IDs match the site IDs in your SSS Plan.

Attach additional sheets as needed for SSS and Stage 1 DBPR results.

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III. ADDITIONAL SSS AND STAGE 1 DBPR MONITORING RESULTS (Continued)*

D. HAA5 Results

Site ID ¹	12-month period	Data Qualifies (yes/no)	Data Type	HAA5 (mg/L)						LRAA
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							

¹ Verify that site IDs match the site IDs in your SSS Plan.

Attach additional sheets as needed for SSS and Stage 1 DBPR results.

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IV. JUSTIFICATION OF STAGE 2 DBPR COMPLIANCE MONITORING SITES*

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	
	<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	

Attach additional copies of this sheet if you need more room.

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V. PEAK HISTORICAL MONTH

A. Peak Historical Month* _____

B. Is Your Peak Historical Month the Same as in Your SSS Plan?

Yes No

If no, explain how you selected your new peak historical month (*attach additional sheets if needed*):

VI. 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

¹ period = monitoring period. Complete for the number of monitoring periods from Section II.C.

Attach additional copies of this sheet if you need more room.

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VII. DISTRIBUTION SYSTEM SCHEMATIC*

(Skip this section if you are submitting the plan and report at the same time)

ATTACH a schematic of your distribution system if it has changed since you submitted your Existing Monitoring Results SSS Plan (Form 2).

VIII. ATTACHMENTS

- Additional sheets for Additional SSS Monitoring Results (Section III).
- Additional sheets for Stage 2 DBPR Monitoring Sites (Section IV). **REQUIRED if you are a subpart H system serving more than 249,999 people.**
- Additional sheets for explaining how you selected the peak historical month (Section V).
- Additional sheets for proposed compliance monitoring dates (Section VI). **REQUIRED if you are a subpart H system serving more than 249,999 people.**
- Explanation of deviations from approved study plan.
- Distribution system schematic* (Section VII). **REQUIRED if it has changed from your approved SSS plan.**
- Compliance calculation procedures (for Stage 2 Compliance Monitoring Plan).

Total Number of Pages in Your Report: _____

Note: Fields with an asterisk(*) are required by the Stage 2 DBPR.