

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 4 TOTAL

 2 Highest TTHM 1 Stage 1 DBPR 1 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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IV. JUSTIFICATION OF STAGE 2 DBPR COMPLIANCE MONITORING SITES*

Stage 2 Compliance Monitoring Site ID	Site Type	Justification
#12 - Stage 1 Well 2 Max Residence Time	<input checked="" type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	1 st highest TTHM LRAA. Sampled quarterly at all sites, so compared LRAAs for all sites instead of comparing individual sample results from peak historical month. This is true for the selection of all Stage 2 compliance monitoring sites.
#2 - Stage 1 SW Plant Ave Residence Time Site	<input type="checkbox"/> Highest TTHM <input checked="" type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	1 st highest HAA5; site #7 had the same LRAA result. Site #7 is selected for the Stage 1 site.
#7 - Stage 1 Well 1 Av Residence Time	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input checked="" type="checkbox"/> Stage 1 DBPR	Stage 1 site with highest HAA5 LRAA
# 4 - Stage 1 SW plant max residence time	<input checked="" type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	2 nd highest TTHM LRAA
	<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* July

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
#12	7/15/2013	10/15/2013	1/15/2014	4/15/2014
#2	7/15/2013	10/15/2013	1/15/2014	4/15/2014
#7	7/15/2013	10/15/2013	1/15/2014	4/15/2014
#4	7/15/2013	10/15/2013	1/15/2014	4/15/2014

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: 5

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