



STATE OF CONNECTICUT

Department of Public Health Drinking Water Section

Stage 2 Disinfectants and Disinfection Byproducts Rule (Stage 2 DBPR) Compliance Monitoring Plan

I. General Information

A. Public Water System (PWS) Information

B. Monitoring Plan Date: _____

PWSID: _____

PWS Name: _____

PWS Address: _____

City: _____ State: _____ Zip: _____

Population Served: _____

System Type	Source Water Type	Buying/Selling Relationships
<input type="checkbox"/> CWS <input type="checkbox"/> NTNC	<input type="checkbox"/> Surface Water or Ground Water Under the Direct Influence of Surface Water (Subpart H) <input type="checkbox"/> Ground Water	<input type="checkbox"/> Consecutive System <input type="checkbox"/> Wholesale System <input type="checkbox"/> Neither

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 Compliance Monitoring Requirements

A. Schedule	B. Stage 2 IDSE Completed	C. Number of Compliance Monitoring Locations Required	D. Compliance Monitoring Frequency
<input type="checkbox"/> Schedule 1 <input type="checkbox"/> Schedule 2 <input type="checkbox"/> Schedule 3 <input type="checkbox"/> Schedule 4 <input type="checkbox"/> N/A	<input type="checkbox"/> Standard Monitoring <input type="checkbox"/> System Specific Study <input type="checkbox"/> 40/30 Certification <input type="checkbox"/> Very Small System Waiver <input type="checkbox"/> N/A - New PWS or Disinfection Treatment	Highest TTHM: _____ Highest HAA5: _____ Total: _____	<input type="checkbox"/> During Peak Historical Month/Every Year (1 monitoring period) <input type="checkbox"/> Every 90 Days/Quarterly (4 monitoring periods)

III. Stage 2 DBPR Compliance Monitoring Locations

Stage 2 Monitoring Site ID	Monitoring Location Description	Location Type	Justification
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5	

The number of sites identified must match the total number of sites from Section II.C.

