**TTHM MCL =** 0.080 mg/l **HAA5 MCL** = 0.060 mg/l

**System Name**: **System No.**

**No. of Monitoring Locations: \_\_\_\_\_\_ Population:** \_\_\_\_\_\_\_\_\_ **No. of pressure zones:**

**Source Type**: *(Circle all that apply)*: Groundwater Surface Water Both

# *(The following information may be attached in a separate table or sheet if necessary.)*

A map of the distribution system must be attached to include all the facilities mentioned below and DBP sample location(s) **is required**. A picture of the DBP monitoring location(s) is optional.

### TTHM/HAA5 Monitoring Frequency

**Location 1, PS Code:**

**Frequency:** Routine \_\_\_\_\_\_\_\_\_\_\_\_\_ Increased \_\_\_\_\_\_\_\_\_\_\_\_ Reduced \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Location Description** (*Address, Building No., Source, etc.)*:

**Sample Date (between July and September)**:

**Location 2, PS Code:**

**Frequency:** Routine \_\_\_\_\_\_\_\_\_\_\_\_\_ Increased \_\_\_\_\_\_\_\_\_\_\_\_ Reduced \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Location Description** (*Address, Building No., Source, etc.)*:

**Sample Date (between July and September)**:

**Calculating MCL Compliance** (*Check the compliance that applies*):

\_\_\_\_\_ Compliance will be based on concentration of an annual sample result per sample location.

\_\_\_\_\_ Compliance will be based on the running annual average of quarterly sample results per sample location.

\_\_\_\_\_ Formula for calculating compliance is attached (if not using either of the above).

 ***(If there are more monitoring locations attach on an additional sheet.)***

**Disinfectant Residual Monitoring (Free Chlorine Residual)**

**Sample Location & Frequency**: *Same time and location as coliform bacteriological monitoring sample(s). See system Bacteriological Sample Siting Plan. The maximum residual disinfectant level (MRDL) = 4 mg/L.*

**Source Name(s), Location(s) and, if applicable, Seasonal Variability of Use:**

**Treatment Plant Facilities** *(Includes each chlorinator and its injection point)*:

**Treatment Plant Location(s)**:

**Storage Tank(s) Identification & Location:**

Signature Date