

**Disinfectants/Disinfection Byproduct Rule Monitoring Plan**

TTHM MCL: 0.080 mg/L, HAA5 MCL: 0.060 mg/L

**System Name:** \_\_\_\_\_

**System Number:** \_\_\_\_\_ **Population Served:** \_\_\_\_\_

**Source Type: (Circle any that apply):**       **Ground Water**       **Surface Water**       **Other:**

**Source Name(s), Location(s) and Seasonal Variability: (e.g. Well 1A, Well 2A, wells used year around, seasonal)**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Treatment Description and Location: (e.g. type used, setup)** \_\_\_\_\_

**Storage Tank(s) Identification: (e.g. how many, size)** \_\_\_\_\_

**Storage Tank(s) Location(s):** \_\_\_\_\_

**TTHM/HAA5 Monitoring Frequency**

| Monitoring Type  | Monitoring Frequency   | Total # of Monitoring Locations per Monitoring Period | Samples  | Next Scheduled Due Date |
|--|--|---|--|-------------------------|
| <input type="checkbox"/> Routine<br><input type="checkbox"/> Increased<br><input type="checkbox"/> Reduced<br>*See notes below | <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually<br><input type="checkbox"/> Triennially<br>*Annual/Triennial monitoring during warmest month |   | <input type="checkbox"/> Individual Samples<br><input type="checkbox"/> Dual Sample Sets |                         |

\***Routine Sampling** - Start with 2 routine samples or 1 dual sample per year for <500 population.

\***Reduced Sampling** - If Locational Running Annual Average (LRAA) <0.040 mg/L TTHM and <0.030 mg/L HAA5 and no sample >0.060 mg/L TTHM or 0.045 mg/L HAA5

\***Increased Sampling** - If any sample >0.080 mg/L TTHM or >0.060 mg/L for HAA5.

\***Return to Routine from Increased** - If TTHM LRAA ≤0.060 mg/L and HAA5 LRAA <0.045 mg/L for 4 consecutive quarters.

**Sample Location(s): (furthest from treatment)** \_\_\_\_\_

Locations must be in an area of the distribution system with the longest retention time and where disinfection byproducts are anticipated to be high. Please note each pressure zone will have its own set of samples. Attach a map of the distribution system with sample location(s) marked

**Distribution System Disinfectant Residual Monitoring**

Sample Location and Frequency: \_\_\_\_\_

I hereby submit this Stage 2 Compliance Monitoring Plan. I understand that failing to monitor in accordance with this plan (required by section 64534.8 of Title 22, California Code of Regulations (CCR)) is a violation of the monitoring requirements established in Chapter 15.5 of Title 22 CCR.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

A signed copy must be submitted to:  
 Shasta County Environmental Health Division  
 1855 Placer Street, Suite 201, Redding CA 96001