

Drinking Water and Groundwater Protection Division

### Stage 2 Disinfectant Byproduct (DBP) Rule Sampling Plan

To be completed by any Non-Transient Non-Community or Community drinking water system that routinely and regularly applies a chemical disinfectant. The Division will send a plan approval letter or provide suggestions for revision and resubmission. Keep your approval letter and a copy of your plan on file at your system.

Basic Water System Information	
Water System Name:	Source Water Type(s) (check all that apply) <input type="checkbox"/> Groundwater <input type="checkbox"/> Groundwater Purchasing from WSID _____ <input type="checkbox"/> Groundwater under direct influence of surface water <input type="checkbox"/> Surface Water <input type="checkbox"/> Surface Water Purchasing from WSID _____
WSID:	
Residual Disinfectant Type (check one): <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramine	
Number of Distribution Systems: <input type="checkbox"/> 1 <input type="checkbox"/> More than 1 (contact the Division prior to submitting the plan)	
# of Service Connections (living units):	Population (# of users):

Sampling for DBPs may be required quarterly, annually, or every three years depending on the water source, population size, and prior DBP results. Samples must be collected within a specified month. Schedules with location and sample details are updated as needed at <https://anrweb.vt.gov/DEC/DWGWP/> For new schedules, contact the Division.

Each system must have at least one TTHM (trihalomethanes) sampling site (usually coded TH001) and at least one HAA5 (five haloacetic acids) sampling site (usually coded HA001). If your monitoring schedule requires additional sample points, please check this box and attach additional sheets.

Sample Code	Specific location (911 address, tap within a building, etc.)	Site Characteristics / Justification (check those that apply)
TH001		<input type="checkbox"/> Highest TTHM in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:
HA001		<input type="checkbox"/> Highest HAA5 in prior data <input type="checkbox"/> Midpoint of a large distribution system <input type="checkbox"/> Endpoint of a small distribution system <input type="checkbox"/> Other:

#### Signature / Certification

I hereby certify that I am the person authorized to fill out this application and that the information contained herein is true, accurate, and complete to the best of my knowledge and ability at the time it was completed.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Title (check one):  **Operator**  **Administrative Contact**

**Fax or Mail** the completed form to:  
 (Emailed forms cannot be accepted)

Drinking Water and Groundwater Protection Division  
 ATTN: DBP Rule Coordinator (Amy Galford)  
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 Fax: 802-828-1541

This application and related environmental information are available online: <http://dec.vermont.gov/water>