

Stage 2 Disinfectant Byproducts (DBP) Rule Sampling Plan

Every Community or Non-Transient Non-Community (NTNC) drinking water system that routinely and regularly adds a chemical disinfectant such as chlorine is required to monitor for disinfection byproducts (DBP) according to their monitoring schedule and an approved DBP sampling plan.

Water System Summary Information	
Enter information or check at least one box in each field in this top table.	
Water System Name:	Source Water Type(s) (check all that apply)
WSID:	<input type="checkbox"/> Groundwater
Disinfectant(s): <input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramine	<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 _____
Distribution Systems: <input type="checkbox"/> water system has only 1 distribution system	
or <input type="checkbox"/> water system has more than 1; this plan is for:	<input type="checkbox"/> DS001 <input type="checkbox"/> DS002 <input type="checkbox"/> DS003

DBP monitoring schedules are based on the water sources, population size, and prior DBP results. DBP samples must be collected either quarterly, annually, or every three years; within a specific month; and at one or more sample sites. Your water system's annual monitoring schedule shows the DBP sampling requirements in years when samples must be collected. Current schedules can be sent by email or mail and are online: <https://anrweb.vt.gov/DEC/DWGWP>

This sampling plan specifies locations where DBP samples will be taken. Each distribution system must have at least one sample point for each of the two types of regulated DBP, total trihalomethanes (TTHM) and total haloacetic acids (HAA5). The TTHM sample points are coded TH001, TH002, etc.; HAA5 sample points, HA001, HA002, etc. Sample locations may or may not be the same for TTHM and HAA5 depending on prior results. Most Vermont water systems only have one or two sample points for each type of DBP, so will only need to complete two or four rows of the table below and on the next page. Leave other rows blank or write N/A. Check your monitoring schedule to see what sample points you need to include below. See the Division [DBP website](#) for more information. **Be sure to sign the back of the form before you submit it. The form may also be completed via ANRonline.**

Sample Point	Street address	Site Justification (check at least one for each sample point)
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"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:

TH002	<input type="checkbox"/> Highest TTHM in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:
HA002	<input type="checkbox"/> Highest HAA5 in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:
TH003	<input type="checkbox"/> Highest TTHM in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:
HA003	<input type="checkbox"/> Highest HAA5 in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:
TH004	<input type="checkbox"/> Highest TTHM in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:
HA004	<input type="checkbox"/> Highest HAA5 in prior data <input type="checkbox"/> Endpoint of distribution system and/or maximum water age <input type="checkbox"/> Other:

Certification & Signature

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: _____ Role: Operator Administrative Contact

The Division will send a plan approval letter or provide suggestions for revision and resubmission. Keep a copy of your plan and your approval letter on file at your system.

Submit completed form to: VT DEC DWGPD
 attn: DBP Rule Coordinator
 1 National Life Dr
 Montpelier VT 05620-3521