



Initial Distribution System Evaluation (IDSE)
40/30 Certification Request
Stage 2 Disinfectants and Disinfection Byproducts Rule

Please submit 40/30 Certification request and supplemental materials to:

Arizona Department of Environmental Quality
Attn: Starr Abounader
Drinking Water Monitoring and Protection Unit, Mail Code 5415B-2
1110 West Washington Street
Phoenix, AZ 85007

If your public water system is in Maricopa County, you must also submit the 40/30 Certification request and supplemental materials to:

Maricopa County Environmental Services Department
Attn: John Kolman
Drinking Water Program
1001 North Central Avenue, Suite 250
Phoenix, AZ 85004



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INSTRUCTIONS FOR COMPLETING THE FORM

PWS ID – Enter your public water system identification number here.

PWS name – Enter the name of your system here.

PWS Address – Enter the primary mailing address for your water system here.

Population served – Enter the number of people served by your PWS. This is your retail population served, not including the population served by consecutive systems that purchase water from you.

IDSE Schedule – Circle the schedule number your system is placed on under the Stage 2 DBPR – Schedule 1, 2, 3, or 4. Your schedule is based on your system’s population size if you are a standalone system (not connected to another system), or if you are part of a combined distribution system (CDS), then your schedule is based on the system with the largest population served in the CDS. If you are not sure what your schedule is, you can refer to Exhibit 2.1 of the IDSE Guidance Manual (page 2-2) to determine your IDSE schedule number.

Source Water Type – Put a check mark to identify whether your system is a subpart H (surface water/GUDI) system or a groundwater system. If you use any surface water or GUDI as a source, put a check mark next to surface/GUDI.

System Type – Put a check mark to identify whether your system is a community water system (CWS) or nontransient noncommunity water system (NTNCWS).

Buying/Selling Relationships – Put a check mark to identify whether your system is a wholesale system, consecutive system, or neither. If you are both a consecutive and wholesale system (e.g., you buy and sell water), check both. If you are a wholesale system, list the system(s) you wholesale to in the space provided. If you are a consecutive system, list the system(s) you are consecutive with in the space provided.

Contact Person – Enter the contact information of the person who is submitting the form. This should be the person who will be available to answer questions from state reviewers.

Certification – You must certify that you meet the following criteria:

- You have TTHM and HAA5 data equivalent to what is required by the Stage 1 DBPR for your system (e.g., quarterly, annual, or every third year)
- No individual sample exceeds 0.040 mg/L for TTHM
- No individual sample exceeds 0.030 mg/L for HAA5
- Your system did not have any TTHM or HAA5 monitoring violations

Enter in the “from/to” spaces the dates for which Stage 1 DBPR monitoring was conducted (e.g., from January 1, 2005 to December 31, 2006). See Section 4.1 of the IDSE Guidance Manual for more information on 40/30 certification qualification criteria.



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Enter your signature and date in the spaces provided.

Supplemental Materials – Please submit along with your 40/30 Certification request your Stage 1 DBPR data supporting your 40/30 Certification and representing the Stage 1 DBPR monitoring period you certified on the 40/30 Certification request (note that the Stage 1 data is not required if previously submitted), your system’s recommended Stage 2 DBPR monitoring locations, and distribution system schematic.