



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

I. GENERAL INFORMATION

A. System Information*

B. Date Submitted*

PWS ID#: AZ04 _____

PWS Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Population Served: _____

Source Water Type: ___Ground ___Surface/GUDI

System Type: ___CWS ___NTNCWS

Combined Distribution System: ___Wholesale ___Consecutive ___Neither

If wholesale, list system(s) you wholesale to: (Please specify PWS # and name)

If consecutive, list system(s) you are consecutive with: (Please specify PWS # and name)

C. PWS Operations

Residual Disinfectant Type: ___Chlorine ___Chloramines ___Other _____

Number of Disinfected Sources: ___Surface ___GUDI ___Ground ___Purchased

D. Contact Person*

Name: _____

Title: _____

Phone Number: _____ Fax Number (if applicable): _____

Email Address (if applicable): _____



Initial Distribution System Evaluation (IDSE) Report
 for System Specific Study (SSS) Using
 Existing Monitoring Results
 Stage 2 Disinfectants and Disinfection Byproducts Rule

II. STAGE 2 DBPR REQUIREMENTS*

A. Number of Required Stage 2 DBPR Compliance Monitoring Sites: _____ TOTAL
 _____ Highest TTHM _____ Stage 1 DBPR _____ Highest HAA5

B. IDSE Schedule (circle one): Schedule 1 Schedule 2 Schedule 3 Schedule 4

C. Required Stage 2 DBPR Compliance Monitoring Frequency

___ During peak historical month (1 monitoring period)
 ___ Every 90 days (4 monitoring periods)

III. ADDITIONAL SSS AND STAGE 1 COMPLIANCE MONITORING RESULTS*

A. Where were your TTHM and HAA5 samples analyzed?

___ In-House
 Is your in-house laboratory certified? ___ Yes ___ No
 ___ Certified Laboratory
 Name of certified laboratory: _____
 Certified Laboratory Number: _____

B. What method(s) was used to analyze your TTHM and HAA5 samples?

<p>TTHM</p> <p>___ EPA 502.2</p> <p>___ EPA 524.2</p> <p>___ EPA 551.1</p>	<p>HAA5</p> <p>___ EPA 552.1</p> <p>___ EPA 552.2</p> <p>___ EPA 552.3</p> <p>___ SM 6251 B</p>
--	---



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

C. TTHM Results

Site ID ¹	12-month period	Data Qualifies (yes/no)	Data Type	TTHM (mg/L)						LRAA ²
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							

¹ Verify that site IDs match the site IDs on your distribution system schematic. Attach additional sheets as needed for SSS and Stage 1 DBPR results.

² LRAA = Locational Running Annual Average



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

D. HAA5 Results

Site ID ¹	12-month period	Data Qualifies (yes/no)	Data Type	HAA5 (mg/L)						LRAA ²
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							
			Sample Date							
			Sample Result							

¹ Verify that site IDs match the site IDs on your distribution system schematic. Attach additional sheets as needed for SSS and Stage 1 DBPR results.

² LRAA = Locational Running Annual Average



Initial Distribution System Evaluation (IDSE) Report
 for System Specific Study (SSS) Using
 Existing Monitoring Results
 Stage 2 Disinfectants and Disinfection Byproducts Rule

IV. JUSTIFICATION OF STAGE 2 DBPR COMPLIANCE MONITORING SITES*

Stage 2 Compliance Monitoring Site ID	Site Type	Justification
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	
	___ Highest TTHM ___ Highest HAA5 ___ Stage 1 DBPR	

Attach additional copies of this sheet if needed.



Initial Distribution System Evaluation (IDSE) Report
 for System Specific Study (SSS) Using
 Existing Monitoring Results
 Stage 2 Disinfectants and Disinfection Byproducts Rule

V. PEAK HISTORICAL MONTH

A. Peak Historical Month* _____

B. Is your Peak Historical Month the Same as in Your SSS Plan? ___Yes ___No

If no, explain how you selected your new peak historical month (attach additional sheets if needed):

VI. PROPOSED STAGE 2 DBPR COMPLIANCE MONITORING SCHEDULE*

Stage 2 Compliance Monitoring Site ID	Projected Sampling Date (date or week) ¹			
	period 1	period 2	period 3	period 4

¹ period = monitoring period. Complete for the number of monitoring periods from Section II.C
 Attach additional copies of this sheet if needed.

VII. DISTRIBUTION SYSTEM SCHEMATIC*

Attach a schematic of your distribution system if it has changed since you submitted your Existing Monitoring Results SSS Plan.



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

VIII. ATTACHMENTS

- ___ Additional sheets for Additional SSS Monitoring Results (Section III).
- ___ Additional sheets for Stage 2 DBPR Monitoring Sites (Section IV).
- ___ Additional sheets for explaining how you selected the peak historical month (Section V).
- ___ Additional sheets for proposed compliance monitoring dates (Section VI).
- ___ Explanation of deviations from approved study plan.
- ___ Distribution system schematic* (Section VII). **Required if it has changed from your approved SSS plan.**
- ___ Compliance calculation procedures (for Stage 2 Compliance Monitoring Plan).

Total number of pages in your IDSE report: _____

Note: Fields with an asterisk (*) are required by the Stage 2 DBPR.

Please submit IDSE Report for SSS Using Existing Monitoring Results 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 your SSS Report to:

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



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

INSTRUCTIONS FOR COMPLETING THE FORM

I. General Information

I.A. 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 you 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.

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.

I.B. Date Submitted – Enter either the date that you are submitting the form electronically, putting it in the mailbox, or dropping it off with the express delivery service. Be sure to submit your SSS plan before the deadline.

I.C. Residual Disinfectant Type – Put a check mark to identify the type of disinfectant you most often use **to maintain a residual in your distribution system** (not necessarily the same disinfectant used for primary disinfection at the treatment plant). If you use chloramines but switch to free chlorine for a short time, you should still check chloramines only. If you use chloramines and chlorine regularly in your system (e.g., 4 months of free chlorine and 8 months of chloramines), check both chlorine and chloramines. If you maintain your residual with a disinfectant other than chlorine or chloramines (e.g., chlorine dioxide), you should place a check next to “Other” and enter the type of disinfectant you use in the blank next to “Other”.

Number of Disinfected Sources – Enter the total number of sources that deliver disinfected water to your distribution system. If you connect to a single wholesale system at a number of locations in your distribution system, consider this one purchased source. Multiple wells that are disinfected at a common



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

treatment plant should also be considered one source. Do not count wells that are not disinfected or are disinfected by UV only.

I.D. 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.

II. Stage 2 DBPR Requirements

- 11.A. Number of Required Stage 2 DBPR Compliance Monitoring Sites – Refer to the *System Specific Study Requirements – Attachment* in Chapter 2 of the IDSE Guidance Manual. Copy the numbers from the “Stage 2 Compliance Monitoring Requirements” table that correspond to your source type and the population served by your system.
- 11.B. 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.
- 11.C. Required Stage 2 DBPR Compliance Monitoring Frequency – Refer to the *System Specific Study Requirements – Attachment* in Chapter 2 of the IDSE Guidance Manual. Locate the monitoring frequency from the “Stage 2 Compliance and Monitoring Requirements” table that corresponds to your source type and the population served by your system. Put a check mark in the box corresponding to that monitoring frequency.

III. Additional SSS and Stage 1 Compliance Monitoring Results

III.A. Where were your TTHM and HAA5 samples analyzed? – Put a check mark to identify whether your system analyzed TTHM and HAA5 samples in an in-house laboratory or sent the samples to a certified laboratory for analysis.

If you analyzed your TTHM and HAA5 samples in an in-house laboratory, check either “Yes” or “No” to identify whether your laboratory is certified. If you sent your TTHM and HAA5 samples to a certified laboratory, enter the name of the laboratory in the blank. Also enter the certified laboratory number. If you used more than one laboratory (e.g., if you used different laboratories for operational and compliance samples), list both laboratories, or check “in-house” and list the name of the laboratory if applicable.

III.B. What method(s) was used to analyze your TTHM and HAA5 samples? – Put a check mark to indicate the analytical method used to measure TTHM and HAA5. If more than one method was used (e.g., if



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

you used different methods for operational and compliance samples), check more than one method. If you do not know what method was used, contact your laboratory.

III.C. **TTHM Results** – Enter the TTHM results for each monitoring site for each monitoring period in which you collected data. Attach additional copies of this page if needed. Alternatively, you can use your own format and submit all monitoring results in an attachment. Guidelines for using the data tables in this section are provided below.

- **If you have multiple years of data at a monitoring location:** Select a repeating 12-month period for your data analysis. You may choose the calendar year, fiscal year, or other 12-month period. While you can select any 12-month period, you must include one sample for the peak historical month for every 12 months of qualifying data submitted. List each 12-month period in a separate row and indicate the 12-month period during which the data were collected. List multiple years of data for each monitoring location before continuing to the next monitoring location.
- **If you have data from one 12-month period at a monitoring location:** Use the 12-month period for which you have collected data, even if you used a different time period for other monitoring locations.

Enter the site ID for each location, and note which site IDs are Stage 1 compliance locations. If your locations were monitored at different time intervals (e.g., twice/year vs. quarterly), consider organizing your data such that data from your peak historical month lines up vertically. For each sample result, enter the date on which sampling was conducted.

In the column marked “Data Qualifies (yes/no),” indicate whether the data in the row are qualifying data. To be considered qualifying data, the samples must be analyzed by a certified laboratory using an approved method, and each location must be sampled during the peak historical month identified in III.A. for each 12-month period of data submitted. See Section 5.1.1 of the IDSE Guidance Manual for more information.

Calculate the LRAA for each 12-month period of qualifying data submitted and enter it in the last column in the table. If you did not monitor on a regular basis, compute quarterly averages first, then use these values to calculate you LRAA. If you took a sample once during the peak historical month, then your LRAA is the single result from your peak historical month.

Appendix E provides an example of how you can present your data.

You must include all Stage 1 DBPR compliance results and operational results generated during the time period beginning with the first result reported for the SSS and ending with the most recent Stage 1 DBPR results.



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

III.D. HAA5 Results – Enter the HAA5 results for each monitoring site for each monitoring period in which you collected data. For each sample result, enter the date on which sampling was conducted. Attach additional copies of this page if needed. Alternatively, you can use your own format and submit all monitoring results in an attachment.

Use the same 12-month periods you used to report TTHM data under IV.C. Refer to IV.C. for suggestions on how to organize and report you data.

You must include all Stage 1 DBPR compliance results and operational results generated during the time period beginning with the first result reported for the SSS and ending with the most recent Stage 1 DBPR results.

IV. Justification of Stage 2 DBPR Compliance Monitoring Sites

Enter the site ID from the distribution schematic and the site type (whether it is highest TTHM, highest HAA5, Stage 1 DBPR, or a site selected using criteria other than the site selection protocol). An example of how you might justify a site is given below. For example:

2nd Highest TTHM Site

An example of how you might justify a site that was **not** selected using the protocol is below:

Among the three remaining high TTHM sites, operational Site 4 has the highest TTHM LRAA. However, Stage 1 DBPR Site 7 has only a slightly lower TTHM LRAA than operational Site 4. Therefore, we choose Stage 1 DBPR Site 7 over operational site 4 to maintain the historical DBP record.

Note that there is only space for 10 monitoring sites on this sheet. If you are a subpart H system serving more that 249,999 people, you are required to monitor at more than 10 sites. Therefore, you will need to attach additional sheets.

V. Peak Historical Month

V.A. Peak Historical Month – Enter the month that you determined to be your peak historical month for TTHM or HAA5.

V.B. Is Your Peak Historical Month the Same as in Your SSS Plan? – Put a check mark in the appropriate box to identify whether your system used the same peak historical month as in your SSS plan. If you selected a new peak historical month based on additional monitoring or other data, explain the basis for your selection here.



Initial Distribution System Evaluation (IDSE) Report
for System Specific Study (SSS) Using
Existing Monitoring Results
Stage 2 Disinfectants and Disinfection Byproducts Rule

VI. Proposed Stage 2 DBPR Compliance Monitoring Schedule

Enter the ID for each Stage 2 DBPR compliance monitoring site in the table (verify that these match the IDs you enter in Section IV and on your schematic). Enter your proposed sampling schedule for the number of monitoring periods identified in Section II.C. The entry can be a specific date or week and can be in a number of different formats. For example:

- 7/9/07
- 2nd week in Nov '07
- Week of 7/9/07

Remember that at least one monitoring period must be during the peak historical month identified in Section V.A.

VII. Distribution System Schematic

A distribution system schematic is required *only if it has changed from your SSS plan*. If it has changed, you must attach a distribution system schematic. See Section 5.2 of the IDSE guidance manual for guidance.

VIII. Attachments

Put a check mark next to any attachments that you have included in your report.

If you deviated from your approved SSS plan, you must attach an explanation of all deviations.

Enter the total number of pages in your IDSE report (including attachments) in the space provided. This will allow ADEQ to ensure that all pages were received.