

385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415 Email: <u>EHS.CustomerService@dph.sbcounty.gov</u>

Website: wp.sbcounty.gov/dph/ehs Text/Call: 800.442.2283

Fax: 909.387.4323

DISINFECTANTS/DISINFECTION BYPRODUCT RULE (DBPR) MONITORING PLAN

SYSTEM INFORMATION				
Name of Water System:	System Number:			
Street Address:	Phone Number:			
Contact Person:	Email:			
Type of Water System (check all that apply): Surface Water Groundwater Both				
Service Connections: Population Served:				
SOURCE				
Source Name(s):				
Source Location(s):				
Seasonal Variability:				
TREATMENT PLANT				
Type of Facility/Treatment:				
Plant Location:				
Storage Tank(s) Number and Size:				
Storage Tank Identification:				
Number of Pressure Zones:				
TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS (FIVE) (HAA5) MONITORING FREQUENCY AND SAMPLING				
All samples must be collected from locations representing maximum residence time in the distribution system. When samples are only collected annually, they must be collected in the month with the warmest water temperature.				
Routine Month(s) Sampled:				
Increased Frequency Month(s) Sampled:				
Reduced Frequency Month(s) Sampled:				
NOTE: Reduced frequency needs prior written approval from Environmental Health Services (EHS).				
Sample Location(s):				
Sample Time:				
Calculating Maximum Contaminant Level (MCL) Compliance: Compliance is based on the concentration of the annual sample result unless quarterly monitoring is required, then it will be on the annual average.				
TTHM MCL: 0.080 mg/L HAA5 MCL: 0.060 mg/L				
MAP OF SYSTEM				
A map of the distribution system showing the source (well, spring, etc.), storage piping and sampling location(s) is required. Have you enclosed this map?	e tanks, treatment facilities, distribution Yes No			

DISTRIBUTION SYSTEM DISINFECTANT RESIDUALS MONITORING				
Water systems using chlorine or chloramines shall measure the residual disinfectant levels at the same points in the distribution system and the same time as coliform bacteriological monitoring that is outlined in the Bacteriological Sample Siting Plan (BSSP). Contact EHS if either of the following questions is "no".				
Do you have a BSSP on file that is less than 10 years old?	Yes	No		
Has a copy of your BSSP been submitted to EHS?	Yes	No		
Refer to Title 22 Section 64530 for more information on DBPR monitoring and reporting requirements.				
SIGNATURE				
The above information will be reviewed by EHS. The applicant v date as to the disposition of this application.	vill be notified v	within thirty (30) c	lays of the application filing	
Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.				
By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.				
I hereby certify, to the best of my knowledge, that the information given on this application is true and correct. Submission of falsified information on this application may be grounds for denial, denial of renewal, revocation or suspension of permit to operate within San Bernardino County.				
DBPR Plan Prepared By:			Date:	

Title:

Signature: