



Initial Distribution System Evaluation (IDSE) Report  
for Standard Monitoring  
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): \_\_\_\_\_



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**II. STAGE 2 DBPR REQUIREMENTS\***

**A. Number of Compliance Monitoring Sites**

Highest TTHM: \_\_\_\_\_  
Highest HAA5: \_\_\_\_\_  
Existing Stage 1: \_\_\_\_\_  
Total: \_\_\_\_\_

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

**C. Compliance Monitoring Frequency**

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

**III. MONITORING RESULTS\***

**A. Did you deviate in any way from your approved standard monitoring plan?**    \_\_\_Yes    \_\_\_No

If YES, explain (attach additional sheets if necessary):

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**B. Where were your TTHM and HAA5 samples analyzed?**

\_\_\_ In-House  
    Is your in-house laboratory certified?    \_\_\_Yes    \_\_\_No

\_\_\_ Certified Laboratory  
    Name of certified laboratory: \_\_\_\_\_

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

___ TTHM	___ HAA5
___ EPA 502.2	___ EPA 552.1
___ EPA 524.2	___ EPA 552.2
___ EPA 551.1	___ EPA 552.3
	___ SM 6251 B



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**D. IDSE Standard Monitoring Results – TTHM**

Site ID <sup>1</sup>	Data Type	TTHM (mg/L)						LRAA <sup>2</sup>
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
	Sample Date							
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	Sample Date							
	Sample Result							

<sup>1</sup> Verify that site IDs for IDSE standard monitoring sites match the site IDs in you Standard Monitoring Plan.

<sup>2</sup> LRAA = Locational Running Average

Attach additional sheets as needed for IDSE standard monitoring results.



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**E. IDSE Standard Monitoring Results – HAA5**

Site ID <sup>1</sup>	Data Type	HAA5 (mg/L)						LRAA <sup>2</sup>
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
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	Sample Result							

<sup>1</sup> Verify that site IDs for IDSE standard monitoring sites match the site IDs in you Standard Monitoring Plan.  
<sup>2</sup> LRAA = Locational Running Average

Attach additional sheets as needed for IDSE standard monitoring results.



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**F. Stage 1 DBPR Compliance Monitoring Results – TTHM**

Site ID <sup>1</sup>	Data Type	TTHM (mg/L)						LRAA <sup>2</sup>
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
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	Sample Result							

<sup>1</sup> Verify that site IDs for Stage 1 compliance monitoring sites match the site IDs in your Standard Monitoring Plan.

<sup>2</sup> LRAA = Locational Running Annual Average

Attach additional sheets as needed for Stage 1 compliance monitoring results.



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**G. Stage 1 DBPR Compliance Monitoring Results – HAA5**

Site ID <sup>1</sup>	Data Type	HAA5 (mg/L)						LRAA <sup>2</sup>
	Sample Date							
	Sample Result							
	Sample Date							
	Sample Result							
	Sample Date							
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	Sample Date							
	Sample Result							

<sup>1</sup> Verify that site IDs for Stage 1 compliance monitoring sites match the site IDs in your Standard Monitoring Plan.

<sup>2</sup> LRAA = Locational Running Annual Average

Attach additional sheets as needed for Stage 1 compliance monitoring results.



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**IV. JUSTIFICATION OF STAGE 2 DBPR COMPLIANCE MONITORING SITES\***

Stage 2 Compliance Monitoring Site ID	Site Type	Justification
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	
	<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA5 <input type="checkbox"/> Stage 1 DBPR	

Attach additional copies of this sheet if you need more room



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**V. PEAK HISTORICAL MONTH AND PROPOSED STAGE 2 DBPR COMPLIANCE MONITORING SCHEDULE**

**A. Peak Historical Month\*** \_\_\_\_\_

**B. Is your Peak Historical Month the Same as in Your IDSE Standard Monitoring Plan?**

\_\_\_Yes      \_\_\_No

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

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**C. Proposed Stage 2 DBPR Compliance Monitoring Schedule\***

Stage 2 Compliance Monitoring Site ID	Projected Sampling Date (date or week) <sup>1</sup>			
	Period 1	Period 2	Period 3	Period 4

<sup>1</sup> period = monitoring period. Complete for the number of monitoring periods from Section II.C. Attach additional copies of this sheet if you need more room.

**VI. DISTRIBUTION SYSTEM SCHEMATIC\***

**Attach a schematic of your distribution system if it has changed since you submitted your Standard Monitoring Plan.**



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**VII. ATTACHMENTS**

- \_\_\_ Additional sheets for explaining how and why you deviated from your standard monitoring plan (Section III).
- \_\_\_ Additional sheets for Standard Monitoring Results (Section III).
- \_\_\_ Additional sheets for Stage 2 DBPR Compliance Monitoring Sites (Section IV).
- \_\_\_ Additional sheets for explaining how you selected the peak historical month (Section V).
- \_\_\_ Additional sheets for proposed Stage 2 DBPR peak historical month and compliance monitoring Schedule (Section V).
- \_\_\_ Distribution system schematic\* (Section VI). **Required if it has changed from your approved IDSE standard monitoring plan.**
- \_\_\_ Compliance calculation procedures (for Stage 2 Compliance Monitoring Plan).

Total number of pages in your Standard Monitoring Plan: \_\_\_\_\_

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

**Please submit IDSE Report for Standard Monitoring 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 Report for Standard Monitoring 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

**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



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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\***

II.A. Number of Compliance Monitoring Sites – Refer to the *Standard Monitoring Requirements – Attachment* sheet in Chapter 2 of the IDSE guidance manual. Copy the numbers from the “Stage 2 Compliance Monitoring Requirements” table that correspond to your source water type and the population served by your system.

II.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.

II.C. Compliance Monitoring Frequency - Refer to the *Standard Monitoring Requirements – Attachment* sheet in Chapter 2 of the IDSE guidance manual. Locate the monitoring frequency from the “Stage 2 Compliance Monitoring Requirements” table that corresponds to your source water type and the population served by your system. Put a check mark to identify the monitoring frequency.

**III. Monitoring Results\***

III.A. Did you deviate in any way from your approved standard monitoring plan? – Put a check mark to identify whether your system collected any standard monitoring samples on different dates or at different locations than indicated in your approved standard monitoring plan.

If you sampled on a different date or during a different week than scheduled in the approved monitoring plan, you should write an explanation in the space provided (or in attached sheets). You should include the standard monitoring site ID, the scheduled sampling date or week from your monitoring plan, and the actual sampling date. You must also explain why you sampled on a different day or week than planned. An example explanation is shown below.

*According to our standard monitoring plan, we were to collect samples at standard monitoring sites 2 and 4 on January 14, 2009. However, a major snowstorm created hazardous road conditions and limited our access to sample locations. Therefore, we conducted our sampling at all sites on January 18, 2009 after the roads were cleared.*



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III.B. 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, put a check mark 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 space provided. If you used more than one laboratory (e.g. if you used different laboratories for standard monitoring samples and Stage 1 DBPR compliance samples), list both laboratories, or check “in-house” and list the name of the laboratory if applicable.

III.C. What method(s) was used to analyze you TTHM and HAA5 samples? – Put a check mark to indicate the analytical method used to measure the TTHM and HAA5 concentrations of your standard monitoring and Stage 1 DBPR compliance samples. If more than one method was used (e.g., if you used different laboratories for standard monitoring samples and Stage 1 DBPR compliance samples), check more than one method. If you do not know what method was used, contact your laboratory.

III.D. IDSE Standard Monitoring Results – TTHM – Enter your TTHM results for each standard monitoring site for each monitoring period in which you collected data. For each sample result, enter the date on which sampling was conducted.

III.E. IDSE Standard Monitoring Results – HAA5 – Enter your HAA5 results for each standard monitoring site for each monitoring period in which you collected data. For each sample result, enter the date on which sampling was conducted.

III.F. Stage 1 DBPR Compliance Monitoring Results – TTHM – Enter your TTHM results for each Stage 1 site for each monitoring period in which you collected data. For each sample result, enter the date on which sampling was conducted.

III.G. Stage 1 DBPR Compliance Monitoring Results – HAA5 – Enter your HAA5 results for each Stage 1 site for each monitoring period in which you collected data. For each sample result, enter the date on which sampling was conducted.

#### 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). For example:

*This site had the 2<sup>nd</sup> highest TTHM LRAA*

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



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

**V. Peak Historical Month and Proposed Stage 2 DBPR Compliance Monitoring Schedule**

- V.A. Peak Historical Month\* - Enter the month that you determined to be your peak historical month.
- V.B. Is your Peak Historical Month the Same as in Your IDSE Standard Monitoring Plan? – Put a check mark to identify whether your system used the same peak historical month as in your standard monitoring plan. If your standard monitoring results prompted you to change your peak historical month, explain how you selected a new peak historical month.
- V.C. Proposed Stage 2 DBPR Compliance Monitoring Schedule\* - Enter the ID for each Stage 2 DBPR compliance monitoring site in the table (these should match the ID’s 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
  - 2<sup>nd</sup> 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. Note that there is only space for 8 monitoring sites on this sheet. If you are a subpart H system serving more than 249,999 people you are required to monitor at more than 8 sites. Therefore, you will need to attach additional sheets.

**VI. Distribution System Schematic\***

A distribution system schematic is required *only if it has changed from you approved IDSE standard monitoring plan*. If it has changed, attach the revised distribution system schematic. See Section 7.1.3 of the IDSE guidance manual for guidance.

**VII. Attachments**

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

A distribution system schematic is required *only if it has changed since you submitted your IDSE standard monitoring plan*. Refer to Section VI for details.



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