



STAGE 2 DISINFECTANTS AND DISINFECTION BY-PRODUCTS RULE SUMMARY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MUNICIPAL FACILITIES
SFN 60320 (1-2014)

Public Water System (PWS) Name:		PWS Number: (ex: ND1234567)		
Type of Water System:	<input type="checkbox"/> Ground Water <input type="checkbox"/> Surface Water	Population:		
Type of Disinfectant Used:	<input type="checkbox"/> Chlorine <input type="checkbox"/> Chloramine	Operator Name:		
Reporting Year:	<input type="checkbox"/> 1 st Quarter (Report by April 10 th) <input type="checkbox"/> 3 rd Quarter (Report by October 10 th)	<input type="checkbox"/> 2 nd Quarter (Report by July 10 th) <input type="checkbox"/> 4 th Quarter (Report by January 10 th)		
Note: Systems that do <u>not</u> use the State Chemistry Laboratory must attach information identifying the location, sampling date, and result for each sample. All testing must be performed by a certified laboratory.				
Section 1. Maximum Residual Disinfectant Level (MRDL) (No reduced monitoring allowed)		<input type="checkbox"/> Free Chlorine	<input type="checkbox"/> Total Chlorine	<input type="checkbox"/> Chloramines
Month:	Number of Samples:	Monthly Average (mg/L):		
Month:	Number of Samples:	Monthly Average (mg/L):		
Month:	Number of Samples:	Monthly Average (mg/L):		
Comments:	Quarterly Average (Reporting Quarter) (mg/L):			
	Quarterly Average (Previous Quarter) (mg/L):			
	Quarterly Average (2 nd Oldest Quarter) (mg/L):			
	Quarterly Average (3 rd Oldest Quarter) (mg/L):			
	Running Annual Average (mg/L):			
MRDL = 4.0 mg/L as: free Cl ₂ for Chlorine, combined Cl ₂ for Chloramines, or Total Chlorine MRDL exceeded? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

Note: if only submitting MRDL data, only page 1 needs to be submitted.

For Department Use Only:

Section 2. TTHM and HAA5		<input type="checkbox"/> Routine Monitoring		<input type="checkbox"/> Reduced Monitoring	
TTHM Data (MCL = 0.080 mg/L)	TTHM Site	TTHM Site	TTHM Site	TTHM Site	TTHM Site
Site ID (Ex: STG2-01):					
Sample Date:					
Quarterly Average 1 (Reporting Quarter) (mg/L) :					
Quarterly Average 2 (Previous Quarter) (mg/L) :					
Quarterly Average 3 (2 nd Oldest) (mg/L) :					
Quarterly Average 4 (3 rd Oldest) (mg/L) :					
Locational Running Annual Average(LRAA) (mg/L) :					
MCL Exceeded (Y/N)?					
OEL: ((Q1Avg*2) + Q2Avg + Q3Avg) (mg/L)					
Does OEL Exceed MCL (Y/N)?					
HAA5 Data (MCL = 0.060 mg/L)	HAA5 Site	HAA5 Site	HAA5 Site	HAA5 Site	HAA5 Site
Site ID (Ex: STG2-01) :					
Sample Date:					
Quarterly Average 1(Reporting Quarter) (mg/L) :					
Quarterly Average 2 (Previous Quarter) (mg/L) :					
Quarterly Average 3 (2 nd Oldest) (mg/L) :					
Quarterly Average 4 (3 rd Oldest) (mg/L) :					
Locational Running Annual Average(LRAA) (mg/L) :					
MCL Exceeded (Y/N)?:					
OEL = ((Q1Avg*2) + Q2Avg + Q3Avg) (mg/L):					
Does OEL Exceed MCL (Y/N)?					

Definitions:

TTHM - Total Trihalomethanes	Quarter 1 Average -	Quarter you are reporting for (Ex: Oct-Dec)
HAA5 - Haloacetic Acids	Quarter 2 Average -	Quarter previous to Quarter 1 (Ex: Jul-Sep)
OEL - Operational Evaluation Level	Quarter 3 Average -	Quarter previous to Quarter 2 (Ex: Apr-Jun)
MCL - Maximum Contaminant Level	Quarter 4 Average -	Quarter previous to Quarter 3 (Ex: Jan-Mar)

Section 4. TOC and Alkalinity (for surface water systems only)		<input type="checkbox"/> Routine Monitoring	<input type="checkbox"/> Reduced Monitoring
Note: Systems that do <u>not</u> use the State Chemistry Laboratory must attach information identifying the location, sampling date, and result for each sample. All testing must be performed by a certified laboratory.			
Number of paired samples taken last quarter :			
Month:	Ratio of Actual TOC Removed to Required TOC Removal:		
Month:	Ratio of Actual TOC Removed to Required TOC Removal:		
Month:	Ratio of Actual TOC Removed to Required TOC Removal:		
		Quarterly Average (Reporting Quarter):	
		Quarterly Average (Previous Quarter):	
		Quarterly Average (2 nd Oldest Quarter):	
		Quarterly Average (3 rd Oldest Quarter):	
		Running Annual Average:	
		In compliance (>= 1.00)? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Using Alternative Criteria? Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
Mark which alternative compliance criteria are being used (results required if using to substitute for TOC Removal). NOTE: Compliance for all criteria is based on running annual average.			
<input type="checkbox"/> 1. Source water TOC < 2.0 mg/L <input type="checkbox"/> 2. Treated water TOC < 2.0 mg/L <input type="checkbox"/> 3. Source water TOC < 4.0 mg/L, source water alkalinity > 60 mg/L (as CaCO ₃) and TTHM ≤ 0.040 mg/L and HAA5 ≤ 0.030 mg/L <input type="checkbox"/> 4. TTHM ≤ 0.040 mg/L and HAA5 ≤ 0.030, and the system used only chlorine for primary and residual disinfection <input type="checkbox"/> 5. Source water SUVA ≤ 2.0 L/mg-m <input type="checkbox"/> 6. Treated water SUVA ≤ 2.0 L/mg-m <input type="checkbox"/> 7. Softening that results in lowering the treated water alkalinity to less than 60 mg/L (as CaCO ₃), measured monthly and calculated quarterly as a running annual average. <input type="checkbox"/> 8. Softening that results in removing at least 10 mg/L of magnesium hardness (as CaCO ₃), measured monthly and calculated quarterly as a running annual average.			
Send this form along with appropriate sampling locations, dates, and results within 10 days after the end of a quarter to:		Division of Municipal Facilities 918 E. Divide Ave. Bismarck, ND 58501-1947 Telephone Number 701.328.5221 Fax Number 701.328.5200	