



New Jersey Department of Environmental Protection
Division of Water Supply and Geoscience
MAIL CODE 401-04Q
401 East State Street - P.O. Box 420
Trenton, New Jersey 08625-0420
Tel # 609-292-5550 – Fax #609-633-1495
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STAGE 2 DBPR MONITORING PLAN

For Non-transient Noncommunity (NTNC) Water Systems

Guidance Document

Provide the date the form was submitted.
Select reason for submission of this form.

General Water System Information

Fill in pertinent information

DBP Schedule Information

Monitoring Frequency:

- SubPart H refers to Surface Water Systems and Ground Water Systems Under the Influence of Surface Water.
- Annual samples will be collected in August, Quarterly samples will be collected in February, May, August, and November. November.

Location Description:

- Systems required to have individual locations will sample 1 location for highest TTHM and another location for highest HAA5. Dual locations indicate both TTHM and HAA5 will be sampled at that single location.
- Systems with individual sample locations, will choose the TTHM site as the location with longest retention time in distribution system, and the HAA5 site as the location with mid-retention time in distribution system.

Number of Sites Required:

- Select appropriate number of sites based on source water type and population as outlined in the table.

Selected Sampling Locations

Note: No point of use treatment (e.g., filters) are to be installed at each sample location.

Monitoring Site ID: choose ID to represent locations.

- DBP1, DBP2, etc.
- TTHM 1, HAA5 1, etc.
- MAX TIME, MID TIME, etc.

Address:

- When sites are in separate buildings, use physical address.
- When sites are within buildings, use building name and site description.

Site Type:

- If applicable, include which analyte(s) are historically high at this location.



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Other Justification:

- Include justification for choice (e.g., highest retention time, child care).
- If changing sites, include distance from original site.

Schematic

- Include sketch in the space provided or attach a map.
- Illustrate the location of all wells, treatment plants, and the flow of water, and sampling sites chosen.
- If the facility is composed of multiple uses and/or buildings, indicate the use of each.

Document must be signed by Licensed Operator of Record (LOR) or Water System Owner. Check the certification box and be sure all information is provided.