



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  
[watersupply@dep.nj.gov](mailto:watersupply@dep.nj.gov)

## STAGE 2 DISINFECTION BYPRODUCTS (DBP) MONITORING PLAN

### For Non-transient Noncommunity (NTNC) Water Systems

Plan Submitted for:

- ☐ New sampling plan  
☐ Change in sampling location(s)  
☐ Change in population requiring additional sites  
☐ As a corrective action due to an OEL or violation

Date Submitted: \_\_\_\_\_

General Water System Information					
<b>System Name:</b>					
<b>PWSID Number:</b>					
<b>Treatment Plant(s) with chemical disinfection added:</b>					
Source Water Type				Population Served (Pop)	
<input type="checkbox"/> GW	<input type="checkbox"/> GUDISW	<input type="checkbox"/> SW	<input type="checkbox"/> Bulk Purchase	<input type="checkbox"/> Residential:	
				<input type="checkbox"/> Non-Transient:	
				<input type="checkbox"/> Transient:	
<b>General Contact Name:</b>					
<b>Phone:</b>				<b>Email:</b>	

DBP Schedule Information		
Monitoring Frequency	<input type="checkbox"/> Yearly (Subpart H Pop < 500; Ground Water Pop < 10,000) <input type="checkbox"/> Quarterly (all other)	
Location Description	<input type="checkbox"/> Individual (Subpart H 500-3,000; Ground Water Pop 500-9,999) <input type="checkbox"/> Dual (all other)	
Number of Sites Required *	<b>Subpart H**</b> <input type="checkbox"/> 1 Pop < 500 <input type="checkbox"/> 2 Pop 500 - 9,999 <input type="checkbox"/> 4 Pop 10,000 - 49,000 <input type="checkbox"/> 5 Pop 50,000 - 249,999 <input type="checkbox"/> 12 Pop 250,000 - 999,999***	<b>Ground Water</b> <input type="checkbox"/> 1 Pop < 500 <input type="checkbox"/> 2 Pop 500 - 9,999 <input type="checkbox"/> 4 Pop 10,000 - 99,999 <input type="checkbox"/> 6 Pop 100,000 - 499,999 <input type="checkbox"/> 8 Pop > 500,000

\* Minimum required, may be increased based on review of the distribution system.

\*\* Subpart H systems are those served by surface water or groundwater under direct influence of surface water.

\*\*\* Systems with population 1,000,000 and over, contact DEP at [watersupply@dep.nj.gov](mailto:watersupply@dep.nj.gov).



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Selected Sampling Locations			
Confirm no point of use treatment (e.g., filters) are installed at each sample location.			
Monitoring Site ID	Address	Site Type	Other Justification
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA <sub>s</sub>	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA <sub>s</sub>	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA <sub>s</sub>	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA <sub>s</sub>	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA <sub>s</sub>	
		<input type="checkbox"/> Highest TTHM <input type="checkbox"/> Highest HAA <sub>s</sub>	

Include additional pages as needed

Schematic
<input type="checkbox"/> If attached, check here

Include a drawing/schematic of the distribution system, illustrating the location of all wells, treatment plants, and the flow of water. If the facility is composed of multiple uses and/or buildings, indicate the use of each. Note sites chosen.

☐ I hereby certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Water System Owner/  
Licensed Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_