

Iowa IDSE – Standard Monitoring Plan

1. General Information

A. PWS Information*

B. Date Submitted: _____

PWSID: _____

PWS Name: _____

PWS Mailing Address: _____

PWS City, State, Zip: _____

Population Served: _____

Source Water Type: Surface Water Influenced Groundwater Groundwater

Buying/Selling Relationship: Consecutive system Wholesale system N/A

C. PWS Operations

Residual Disinfectant Type: Chlorine Chloramines Other: _____

Number of Purchased Disinfected Sources: ___ Surface ___ IGW ___ GW

D. Contact Person (for questions about your IDSE SM Plan)*:

Name: _____ Title: _____

Phone number: _____ Fax number: _____

E-mail: _____

2. IDSE Requirements*

Complete the table for your system:

A. Number of Sites	B. Schedule	C. Standard Monitoring Frequency
Near Entry Point: _____	<input type="checkbox"/> Schedule 1	<input type="checkbox"/> During peak historical month (1 period)
Average Residence Time: _____	<input type="checkbox"/> Schedule 2	<input type="checkbox"/> Every 90 days (4 periods)
High TTHM Location: _____	<input type="checkbox"/> Schedule 3	<input type="checkbox"/> Every 60 days (6 periods)
High HAA5 Location: _____	<input type="checkbox"/> Schedule 4	
Total: _____		

3. Selecting Standard Monitoring Sites

A. Data Evaluated. Put a “✓” in each box corresponding to the data that you used to select each type of standard monitoring site. Check all that apply.

Data Type	Type of Site			
	Near Entry Point (NEP)	Average Residence Time (ART)	High TTHM Location (HTL)	High HAA5 Location (HHL)
System Configuration				
Pipe layout, locations of storage facilities				
Locations of sources and consecutive system entry points				
Pressure zones				
Information on population density				
Locations of large-use customers				
Water Quality and Operational Data				
Disinfectant residual data				
Stage 1 DBP data				
Other DBP data				
Microbiological monitoring data (e.g., HPC)				
Tank level data, pump run times				
Customer billing records				
Advanced Tools				
Water distribution system model				
Tracer study				

B. Summary of Data* Provide a summary of additional data you relied on to justify your standard monitoring site selection. You are not required to submit original data. *(attach additional sheets if needed)*

*Required element of Stage 2 DBPR

4. JUSTIFICATION OF STANDARD MONITORING SITES*

Standard Monitoring Site ID (from map) ¹	Site Type	Justification
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	
	<input type="checkbox"/> Near Entry Point <input type="checkbox"/> Avg. Res. Time <input type="checkbox"/> High TTHM <input type="checkbox"/> High HAA5	

¹ Site IDs should match IDs in Section 4 and on your distribution system schematic (see Section 7 of this form). Attach additional copies of this sheet if you are required to select more than 8 standard monitoring locations or need more space.

Combined Distribution System (CDS)

If you buy or sell water to another system, you are part of a combined distribution system and will have a specific CDS number that describes the whole system. If you don't purchase or sell water, your CDS number is 9999. The CDS number is only for tracking purposes – each system will collect samples only in their own system. You'll use this number as the facility ID on your lab sheet. Use a zero in the first place if you have a three-digit number. *Examples: Alpha sells to Beta so they each have the CDS number of 223 (CDS0223). Delta doesn't sell to anyone, so their CDS number is 9999 (CDS9999).*

Your CDS Number is CDS _ _ _ _

5. PEAK HISTORICAL MONTH & STD. MONITORING SCHEDULE

A. List your peak historical month*: _____

B. If you have multiple sources, list the source used to determine your peak historical month. Note: Emergency sources (those used less than 30 days per year and classified as emergency sources in your operation permit are not to be considered for this plan. Write "N/A" if you have only one source in your system:

C. Your peak historical month is based on the following*: (check all that apply)

High TTHM High HAA5 Warmest water temperature

If you used other information to select your peak historical month, explain here (attach additional sheets if needed):

D. Proposed Standard Monitoring Schedule*:

Standard Monitoring Site ID (from map) ¹	Projected Sampling Date (date or week) ^{See Note 2}					
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6

¹ Site IDs should match IDs in Section 4 and on your distribution system schematic (See Section 7 of this form). Attach additional copies of this sheet if you are required to select more than 10 standard monitoring locations.

² Period = monitoring period. Complete for the number of periods from Section 2.C. You may list either the exact date or the exact week (e.g., week of 7/9/07)

6. PLANNED STAGE 1 DBPR COMPLIANCE MONITORING SCHEDULE *

Stage 1 DBPR Monitoring Site ID (from map) ¹	Projected Stage 1 Sampling Date (date or week) ²			
	Period 1	Period 2	Period 3	Period 4
<i>Example:</i> Site A	10/2007, wk 2	1/2008, wk 2	4/2008, wk2	7/2008, wk 2
Site B	10/2007, wk 2	1/2008, wk 2	4/2008, wk2	7/2008, wk 2

¹ Site IDs should match IDs on your distribution system schematic (see Section 7 of this form). Attach additional copies of this sheet if you are required to monitor at more than four Stage 1 DBPR sites.

² Period = monitoring period. Complete for the number of periods in which you must conduct Stage 1 DBPR monitoring during IDSE monitoring. You may either list the date or the week.

7. DISTRIBUTION SYSTEM SCHEMATIC *

Attach a schematic of your distribution system.

Distribution system schematics should not contain information that poses a **security risk** to your system. EPA recommends that you use one of two options:

- **Option 1: Distribution system schematic with no landmarks or addresses indicated.** Show locations of sources, entry points, storage facilities, booster chlorination facilities, standard monitoring locations, and Stage 1 compliance monitoring locations (required). Also include pressure zone boundaries and locations of pump stations. Provide map scale.
- **Option 2: City map without locations of pipes indicated.** Show locations of sources, entry points, storage facilities, booster chlorination facilities, standard monitoring locations, and Stage 1 compliance monitoring locations (required). Also include boundaries of the distribution system, pressure zone boundaries and locations of pump stations. Provide map scale.

8. ATTACHMENTS

- Distribution System Schematic (required)
- Additional sheets for the summary of additional data you relied on to justify your standard monitoring site selection (Section 3).
- Additional copies of Page 3 for IDSE Standard Monitoring Sites (Section 4).
(Required if you collect more than 10 samples, such as a SW/IGW system serving more than 49,999 people.)
- Additional sheets for explaining how you used data other than TTHM, HAA5, and temperature data to select your peak historical month (Section 5).
- Additional copies of Page 4 for proposed monitoring schedule (Section 5).
(Required if you are a subpart H system serving more than 49,999 people.)
- Additional sheets for planned Stage 1 DBPR compliance monitoring dates (Section 6).

Total Number of Pages in Your Plan: _____