

# DISINFECTION BYPRODUCTS SAMPLE PLAN QUESTIONNAIRE

THIS SPACE FOR OFFICE USE ONLY							
Multiple Wells Determination provided:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Multiple Wells complete:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Sample Plan complete:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Monitor for Bromate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
				Monitor for Chlorite:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

1. Public Water System ID number: \_\_\_\_\_ County: \_\_\_\_\_

2.

Public Water System	Water System Type	Number of Treatment Plants	Number of Wells Springs	Population	Required Samples

<sup>1</sup>This is the maximum sampling required. Actual samples required may be reduced if wells/springs are drawing from the same aquifer.

3. Is it possible that your water system may be approved for fewer samples based on multiple wells and/or springs drawing from the same aquifer? **Yes/No**  
 If yes, please continue.  
 If no, please skip to **Item 6.**
4. Do you have information that can prove the wells/springs are drawing from the same aquifer? Yes  No   
 If yes, please supply this documentation as a part of the **Multiple Wells Questionnaire.**  
 If no, please continue.
5. Provide the following information about your wells/springs on the attached sheet entitled **Multiple Wells Questionnaire.**
- a. What is the distance between the wells? Please provide a sketch.
  - b. Are there any watercourses that separate the wells? Yes  No   
 If yes, please indicate on sketch.
  - c. In what hydrographic basin is each well? You may contact the Division of Water Resources for this information at (775) 687-4380, extension 5.
  - d. What is the depth of each well?
  - e. What is the water temperature of the source water from each well/spring?
  - f. Is the water blended prior to disinfection? Yes  No   
 If yes, please indicate blending and disinfection location(s) on sketch.
  - g. How frequently is the water blended?
6. Provide a Sample Plan on the attached sheet entitled **Disinfection Byproducts Sample Plan.**
7. Check all that apply. Water system uses: Ozone  Chlorine Dioxide   
 If utilized, the water system will be required to monitor for Bromate and/or Chlorite.

8. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Print Name Telephone Number

\_\_\_\_\_  
 Signature Date

For Questions Please Contact:  
 State of Nevada: Andrea Seifert (775) 687-9526  
 Washoe County: Bryan Tyre (775) 328-2430  
 Clark County: Mark Bergtholdt (702) 759-0677