

Request for Reduced Monitoring Total Trihalomethanes and Haloacetic Acids

Monitoring for Total Trihalomethanes (TTHM) and Haloacetic Acids (HAA5) may be reduced if the following criteria are met and the water system does not have new sources of water or significant changes to the distribution system:

Reduced Monitoring Frequency for TTHM and HAA5

If you are...	You may reduce monitoring if you have monitored and your...	To this level
Surface water system serving at least 10,000 persons which has a source water annual average TOC level, before any treatment, ≤ 4.0 mg/L.	TTHM annual average ≤ 0.040 mg/L and HAA5 annual average ≤ 0.030 mg/L	One sample per treatment plant per quarter at distribution system location reflecting maximum residence time.
Surface water system serving from 500 to 9,999 persons which has a source water annual average TOC level, before any treatment, ≤ 4.0 mg/L.	TTHM annual average ≤ 0.040 mg/L and HAA5 annual average ≤ 0.030 mg/L	One sample per treatment plant per year at distribution system location reflecting maximum residence time during month of warmest water temperature. Any surface water system serving fewer than 500 persons may not reduce its monitoring to less than one sample per treatment plant per year.
System using only groundwater and serving at least 10,000 persons.	TTHM annual average ≤ 0.040 mg/L and HAA5 annual average ≤ 0.030 mg/L	One sample per treatment plant per year at distribution system location reflecting maximum residence time during month of warmest water temperature.
System using only groundwater and serving fewer than 10,000 persons.	TTHM annual average ≤ 0.040 mg/L and HAA5 annual average ≤ 0.030 mg/L	One sample per treatment plant per three year monitoring cycle at distribution system location reflecting maximum residence time during month of warmest water temperature.

Reduced monitoring, if approved by the state, is valid unless the TTHM > 0.060 mg/L or HAA5 > 0.045 mg/L. If these levels are exceeded, then routine monitoring must resume.

Please contact Andrea Seifert at (775) 687-9526 if you have any questions about the status of your water system.

Request for Reduced Monitoring:

I certify that the _____ public water system with the identification number _____ has met the reduced monitoring criteria. By this submittal, I request that the aforementioned water system be given reduced monitoring status.

Print Name

() _____
Telephone Number

Signature

Date

Return Form to:
Andrea Seifert
NDEP BSDW
901 South Stewart Street, #4001
Carson City, NV 89701