



**STAGE 2 DISINFECTANTS AND DISINFECTION  
BYPRODUCTS RULE REPORTING**

State Form 54923 (2-12)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER QUALITY  
DRINKING WATER BRANCH / COMPLIANCE SECTION

100 N. Senate Ave.  
Indianapolis, IN 46202-2251  
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PWSID: IN \_\_\_\_\_ Water System Name: \_\_\_\_\_

Main/Contracted Laboratory Name: \_\_\_\_\_

Laboratory Certification Identification: \_\_-\_\_-\_\_

**Total Trihalomethanes (THM)**

Laboratory Sample Identification	Collection Date (mm/dd/yy)	Sample Location Type – Location # <i>Examples: Highest THM – 2 Existing Stage 1 – 1</i>	Laboratory Certification Identification	Method	Result (µg/L)	BDL ?	Detection Level (µg/L)
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 502.2 <input type="checkbox"/> 551.1 <input type="checkbox"/> 524.2	__ . __	<input type="checkbox"/>	__ . __
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 502.2 <input type="checkbox"/> 551.1 <input type="checkbox"/> 524.2	__ . __	<input type="checkbox"/>	__ . __
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 502.2 <input type="checkbox"/> 551.1 <input type="checkbox"/> 524.2	__ . __	<input type="checkbox"/>	__ . __
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 502.2 <input type="checkbox"/> 551.1 <input type="checkbox"/> 524.2	__ . __	<input type="checkbox"/>	__ . __

**Haloacetic Acids (HAA)**

Laboratory Sample Identification	Collection Date (mm/dd/yy)	Sampling Location Type – Location # <i>Examples: Highest THM – 2 Existing Stage 1 – 1</i>	Laboratory Certification Identification	Method	Result (µg/L)	BDL ?	Detection Level (µg/L)
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 552.1 <input type="checkbox"/> 552.3 <input type="checkbox"/> 552.2 <input type="checkbox"/> 6251B	__ . __	<input type="checkbox"/>	__ . __
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 552.1 <input type="checkbox"/> 552.3 <input type="checkbox"/> 552.2 <input type="checkbox"/> 6251B	__ . __	<input type="checkbox"/>	__ . __
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 552.1 <input type="checkbox"/> 552.3 <input type="checkbox"/> 552.2 <input type="checkbox"/> 6251B	__ . __	<input type="checkbox"/>	__ . __
		<input type="checkbox"/> Highest THM <input type="checkbox"/> Highest HAA <input type="checkbox"/> Existing Stage 1	__-__-__	<input type="checkbox"/> 552.1 <input type="checkbox"/> 552.3 <input type="checkbox"/> 552.2 <input type="checkbox"/> 6251B	__ . __	<input type="checkbox"/>	__ . __

Completed By: \_\_\_\_\_

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

## Instructions for Completing the *Stage 2 Disinfectants and Disinfection Byproducts* Form

- **PWSID:** Enter the 7-digit Public Water System Identification number (e.g. 5299001).
- **System Name:** Enter the name of the public water system.
- **Main/Contracted Laboratory Name:** Enter the name of the laboratory hired to perform the sample analysis.
- **Laboratory Certification Identification:** Enter the laboratory certification ID number (e.g. C-IN-00) of the laboratory hired to perform the sample analysis.
- **Laboratory Sample Identification:** Enter the lab sample ID for the sample.
- **Collection Date:** Enter the date the sample was collected.
- **Sampling Location Type – Location #:** Enter sample location type and number as assigned by the Initial Distribution System Evaluation (IDSE) Report or Compliance Monitoring Plan.
  - Examples:
    - *Highest THM – 2* (the 2<sup>nd</sup> Highest THM location chosen in the IDSE Report or Compliance Monitoring Plan)
    - *Existing State 1 – 1* (the 1<sup>st</sup> Existing Stage 1 location chosen)
    - *Highest HAA – 1* (the 1<sup>st</sup> Highest HAA location chosen)
  - Note: If you need assistance in determining how to complete this portion, please contact the Drinking Water Branch.
- **Laboratory Certification Identification:** Enter the laboratory certification ID number of the laboratory that actually performed the analysis of the sample.
- **Method:** Mark the circle next to the approved laboratory method that was used to analyze the sample.
- **Result:** Enter the level of the contaminant of your sample in micrograms per liter ( $\mu\text{g/L}$ ) also known as parts per billion (ppb).
  - Note: To convert from milligrams per liter (mg/L) to micrograms per liter ( $\mu\text{g/L}$ ), multiply by 1000.
- **BDL?** (if necessary): Check this box if the result is below the detection level.
- **Detection Level** (if necessary): Enter the detection level in micrograms per liter ( $\mu\text{g/L}$ ) if the result is below the detection level.
- **Completed By:** Enter the name of the person who filled out this form.
- **Date:** Enter the date that this form was completed.

Note: If you have more than four (4) THM and/or HAA samples to report, you will need to submit additional copies of this form.

Submit the completed form(s) to:

**IDEM – Drinking Water Branch**  
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Indianapolis, IN 46202-2251  
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Fax: 317-234-7436  
Email: [dwbmgr@idem.in.gov](mailto:dwbmgr@idem.in.gov)