



## D/DBP QUARTERLY REPORT – GROUNDWATER

For groundwater systems using chlorine or chloramine disinfection

Please email completed report to [dwmonitoring@des.nh.gov](mailto:dwmonitoring@des.nh.gov) by the 10<sup>th</sup> day following each quarter.

Quarter (circle) 1 2 3 4

Year 20\_\_\_\_

System Name \_\_\_\_\_

PWS ID# \_\_\_\_\_

### Chlorine or Chloramine Residual

Number of samples taken each of the last 3 months:

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(Must be equal to number of TCR routine samples)

Monthly average chlorine residual last 12 months:

mg/L
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	Month	Monthly avg. residual (mg/L)		Month	Monthly avg. residual (mg/L)
Month 1			Month 7		
Month 2			Month 8		
Month 3			Month 9		
Month 4			Month 10		
Month 5			Month 11		
Month 6			Month 12		
				Avg. of last 12 mos	

Was the MRDL (4.0 mg/L) violated? (circle one) Yes No

### Total Trihalomethanes (TTHM) – refer to Master Sampling Schedule for Sampling Locations

Location:								
	Sample Date	Results	Sample Date	Results	Sample Date	Results	Sample Date	Results
1 <sup>st</sup> Qtr								
2 <sup>nd</sup> Qtr								
3 <sup>rd</sup> Qtr								
4 <sup>th</sup> Qtr								
	LRAA:		LRAA:		LRAA:		LRAA:	

Was MCL (0.080 mg/L) for TTHM violated? (circle one) Yes No

### Haloacetic Acids (HAA5) – refer to Master Sampling Schedule for Sampling Locations

Location:								
	Sample Date	Results	Sample Date	Results	Sample Date	Results	Sample Date	Results
1 <sup>st</sup> Qtr								
2 <sup>nd</sup> Qtr								
3 <sup>rd</sup> Qtr								
4 <sup>th</sup> Qtr								
	LRAA:		LRAA:		LRAA:		LRAA:	

Was MCL (0.060 mg/L) for HAA5 violated? (circle one) Yes No

Prepared by (primary operator signature): \_\_\_\_\_ Date: \_\_\_\_\_