



D/DBP QUARTERLY REPORT – SURFACE WATER

For surface water systems using chlorine or chloramine disinfection

Please email completed report to dwmonitoring@des.nh.gov by the 10th day following each quarter.

Quarter (circle) 1 2 3 4

Year 20____

System Name_____

PWS ID#_____

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 st Qtr								
2 nd Qtr								
3 rd Qtr								
4 th 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 st Qtr								
2 nd Qtr								
3 rd Qtr								
4 th Qtr								
	LRAA:		LRAA:		LRAA:		LRAA:	

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

Chlorine or Chloramine Residual

Number of samples taken each of the last 3 months:
(Must be equal to number of TCR routine samples)

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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

Disinfection By-Product Precursors (systems with conventional treatment only)

1. Which of the alternate compliance criteria does the system comply with this quarter, if any (check one)? Supply information in the blanks for the selected criterion and complete columns (1) through (5) in 2. below. If no alternate compliance criterion is selected, go to 2. and complete all columns.

- The system's source water total organic carbon (TOC) level is less than 2.0 mg/L, calculated quarterly as a running annual average (RAA). Source water RAA TOC: _____mg/L
- The system's treated water TOC level is less than 2.0 mg/L, calculated quarterly as RAA. Treated water RAA TOC: _____
- The system's source water TOC level is less than 4.0 mg/L, calculated quarterly as RAA; the source water alkalinity is greater than 60 mg/L (as CaCO₃), calculated quarterly as RAA; and the TTHM and HAA5 LRAAs are no greater than 0.040 mg/L and 0.030 mg/L, respectively. Source water RAA TOC: _____. RAA source water alkalinity _____. LRAA TTHM _____. LRAA HAA5_____.
- The TTHM and HAA5 LRAAs are no greater than 0.040 mg/L and 0.030 mg/L, respectively, and the system uses only chlorine for primary disinfection and maintenance of a residual in the distribution system. LRAA TTHM _____. LRAA HAA5_____.
- The system's source water SUVA prior to any treatment is less than or equal to 2.0 L/mg-m, calculated quarterly as RAA. Source water RAA SUVA:_____
- The system's finished water SUVA is less than or equal to 2.0 L/mg-m, calculated quarterly as a running annual average. Finished water RAA SUVA:_____

Is the system in compliance with the selected alternate compliance criterion? (circle one) Yes No

2. Number of paired samples this quarter _____

	Date (1)	Raw Alk. (mg/L) (2)	Raw TOC (mg/L) (3)	Filtered TOC (mg/L) (4)	TOC Removal ^a (%) (5)	Requ. TOC Removal ^b (%) (6)	Ratio ^c (5 / 6) (7)
Month 1							
Month 2							
Month 3							

Notes to above table:

- a. Monthly TOC removal = [1 – (filtered TOC/ raw TOC)] X 100
- b. From Step 1 TOC Removal Table or from step 2 determination
- c. If this number is less than 1.00, the system is not in compliance with the TOC removal requirement

3. (Complete only if alternate criterion in 1 is not selected as means of compliance.) **Has the system been in compliance with the % removal requirement over the last 4 quarters? (circle one) Yes No**

Prepared by (primary operator signature): _____

Date: _____