Disinfectants and Disinfection Byproducts Rule						Chlorine or Chloramines Residual (all systems)				
System Type - SW and GUI < 10,000 or GW doing DBP samples						*Note: Same location and frequency as TCR.				
System Name:						Month	Year	# samples	Avg. Total Cl ₂	Quarterly Avg.
System Name.					January					
PWSID#:					February					
1 4401511.					March					
Reporting period:						April				
			_			May				
Signature			Date:			June				
	ion Byprodu			•	•	July				
*Only \$	SW or GUI system				s section out.	August				
TOC Removal Requ				• •	1	September				
			rce Water Alkal			October				
	Source TOC	0-60 mg/l	60-120mg/l	>120 mg/l		November				
	>2-4.0 mg/l	35%	25%	15%		December				
	>4.0-8.0 mg/l	45%	35%	25%				Running A	nnual Average:	
	>8 mg/l	50%	40%	30%	J	,	Maa MDD	N avacadad?	□ No	MRDL: 4.0 mg/L
		(6)	(-)	(4)	1		was MRL	L exceeded?		Yes
	0 1	(b)	(c)	(d)		(f)		TOC Ratio	Quarterly	
Month	Sample	Finished TOC	Source TOC	% removal	Source Water	Req. TOC		Monthly	Average	
	Date	mg/l	mg/l	(1-b/c)*100	Alkalinity (mg/l)	Removal %		d/f	Ratio	
January										
February										
March										
April										
May										
June										
July										
August September										
October										
November										
December										
	ned TOC average			<u> </u>			l			
Were Removal Requirements attained						Running Annual Average:				(must be >1.00)
					<u> </u>				ng HAA5 (all	
Total Trihalomethane Monitoring Location:			l lam (an systems)			Location:		WOIIIOIII	IG HAAS (all	Systems)
Location.	Sample Date ppb		System Size			Location	Sample	Dato	ppb	
1st Qtr	Sample Date	рры	~ 500	SW or GUI		1st Qtr	Sample	Date	ppb	
2nd Qtr				SW or GUI		2nd Qtr				
3rd Qtr			<i>'</i>	10,000 GW		3rd Qtr				
4th Qtr				10,000 GW		4th Qtr				
	Annual Average:		MCL: 80 pr	•			ina Anni	ual Average:		MCL: 60 ppb
_	pe Of Monitoring:		Increased		1		_	Exceeded?:	☐ No	Yes
-	MCL Exceeded?:		Yes	rtodano	I					100
	(Ozone Syst									
Month	ppb	Month	ppb	Does vour	system use	Notes:				
January	ppu	July	ppa	Chlorine D	-	1101001				
February		August			□ No					
March		September			Yes					
April		October		16						
Мау		November			e onto Chlorine ing sheet; MOR					
June		December		007.	ing sheet, wor					
	(MCL:10ppb) Annual Avg:								
Was MCL Exceeded?: No			Yes	Form:						
Т	ype of monitoring	Reduced	Routine		06 Rev B					
	d monitoring, ann									
monthly bromide in source water?						41.1	=		2 000 5 =	