

Disinfectants and Disinfection Byproducts Rule
System Type - SW and GUI < 10,000 or GW doing DBP sampling

System Name: _____

PWSID#: _____

Reporting period: _____

Signature: _____ Date: _____

Please send completed form quarterly to:

Maine Drinking Water Program
 11 State House Station
 Augusta, ME 04333-0011

Chlorine or Chloramines Residual (all systems)
 *Note: Same location and frequency as TCR.

Month	Year	# samples	Avg. Total Cl ₂	Quarterly Avg.
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Running Annual Average:				
Was MRDL exceeded?				<input type="checkbox"/> No <input type="checkbox"/> Yes MRDL: 4.0 mg/L

Notes:

Total Trihalomethane Monitoring TTHM (all systems)

Location:	Sample Date	ppb	System Size	
1st Qtr			< 500 SW or GUI	<input type="checkbox"/>
2nd Qtr			500-9,999 SW or GUI	<input type="checkbox"/>
3rd Qtr			< 10,000 GW	<input type="checkbox"/>
4th Qtr			> 10,000 GW	<input type="checkbox"/>
Running Annual Average:		MCL: 80 ppb		
Type Of Monitoring:		<input type="checkbox"/> Reduced <input type="checkbox"/> Increased <input type="checkbox"/> Routine		
Was MCL Exceeded?:		<input type="checkbox"/> No <input type="checkbox"/> Yes		

Haloacetic Acid Monitoring HAA5 (all systems)

Location:	Sample Date	ppb
1st Qtr		
2nd Qtr		
3rd Qtr		
4th Qtr		
Running Annual Average:		MCL: 60 ppb
Was MCL Exceeded?:		<input type="checkbox"/> No <input type="checkbox"/> Yes