



D/DBP QUARTERLY REPORT

For surface water systems using chlorine or chloramine disinfection
Form to be submitted to DWGB by 10th day following each calendar quarter

Quarter (circle) 1 2 3 (4)

Year : 2015

System Town of Canaan Water

PWS ID: 0351010

Total Trihalomethane Monitoring TTHM - Refer to DBP Sample Plan/Water Quality Schedule for Sample Locations										
Location->	321 - 54 RTE 118		Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb
	Sample Date	ppb								
1st Qtr	1/21/15	53								
2nd Qtr	4/15/15	65								
3rd Qtr	7/22/15	56								
4th Qtr	10/13/15	23								
Loc. Run Avg:		49	Loc. Run Avg:			Loc. Run Avg:			Loc. Run Avg:	

Was MCL (0.080 mg/L or 80 ppb) for TTHM exceeded? Yes No X

Haloacetic Acids Monitoring HAA5 - Refer to DBP Sample Plan/Water Quality Schedule for Sample Locations										
Location->	321-54 Rte 118		Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb
	Sample Date	ppb								
1st Qtr	1/21/15	2.6								
2nd Qtr	4/15/15	5.1								
3rd Qtr	7/22/15	5.8								
4th Qtr	10/13/15	1.4								
Loc. Run Avg:		3.8	Loc. Run Avg:			Loc. Run Avg:			Loc. Run Avg:	

Was MCL (0.060 mg/L or 60 ppb) for HAA5 exceeded? Yes No X

B. CHLORINE OR CHLORAMINE RESIDUAL

1
Number of samples taken each of the last 3 months: 1 1 1
(Must be equal to number of TCR routine samples)

Monthly average chlorine residual last 12 months: .35 mg/L

FILL ALL BOXES	Month	Monthly ave. residual (mg/L)	FILL ALL BOXES	Month	Monthly ave. residual (mg/L)
Month 1	December 2015	39	Month 7	June 2015	29
Month 2	November 2015	43	Month 8	May 2015	39
Month 3	October 2015	37	Month 9	April 2015	24
Month 4	September 2015	33	Month 10	March 2015	24
Month 5	August 2015	39	Month 11	February 2015	36
Month 6	July 2015	31	Month 12	January 2015	46
				Ave. of last 12 months	35.0

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

C. DISINFECTION BYPRODUCT 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 TOC RAA level is less than 2.0 mg/L. Source water RAA TOC: _____
- The system's treated water TOC RAA level is less than 2.0 mg/L. Treated water RAA TOC: _____
- The system's source water TOC RAA level is less than 4.0 mg/L; the source water alkalinity RAA is greater than 60 mg/L (as CaCO₃); and the TTHM and HAA5 RAAs are no greater than 40 / 30 ppb, respectively. Source water RAA TOC: _____ mg/L. RAA source water alkalinity _____ mg/L. TTHM RAA _____ ppb HAA5 RAA _____ ppb
- The TTHM and HAA5 RAAs are no greater than 40 / 30 ppb, respectively, and the system uses only chlorine for primary disinfection and maintenance of a residual in the distribution system. TTHM RAA _____ ppb HAA5 RAA _____ ppb
- The system's source water SUVA RAA prior to any treatment is less than or equal to 2.0 L/mg-m. Source water SUVA RAA: _____
- The system's finished water SUVA RAA is less than or equal to 2.0 L/mg-m. Finished water SUVA RAA: _____

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

2. Number of paired samples this quarter 1

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

Notes: 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): John J. Coffey Date: 12-23-2015

