



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 : **2016**

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
1st Qtr	1/14/16	37.1						
2nd Qtr	4/15/15	66						
3rd Qtr	7/22/15	56						
4th Qtr	10/13/15	23						
	Loc. Run Avg:	45.5	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
1st Qtr	1/14/16	12.4						
2nd Qtr	4/15/15	5.1						
3rd Qtr	7/22/15	5.8						
4th Qtr	10/13/15	1.4						
	Loc. Run Avg:	6.1	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: ___ . ___ mg/L

FILL ALL BOXES	Month	Monthly ave. residual (mg/L)	FILL ALL BOXES	Month	Monthly ave. residual (mg/L)
Month 1	March 2016	43	Month 7	September 2015	33
Month 2	February 2016	24	Month 8	August 2015	39
Month 3	January 2016	43	Month 9	July 2015	31
Month 4	December 2016	39	Month 10	June 2015	29
Month 5	November 2015	38	Month 11	May 2015	39
Month 6	October 2015	37	Month 12	April 2015	24
				Ave. of last 12 months	34.9

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:** 04-07-2016