

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 : 2020

System Town of Canaan Water

PWS ID: 0351010

Location->	321 – 54 RTE 118							
	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb
1st Qtr	1/22/20	70						-
2nd Qtr	4/13/20	44						
3rd Qtr	7/22/20	52						1
4th Qtr	.10/14/20	41		1				
	Loc. Run Avg:	52	Loc. Run Avg:		Loc. Run Avg:		Loc. Run Avg:	

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

Location->	321-54 Rte 118							
	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb	Sample Date	ppb
1st Qtr	1/22/20	5						
2nd Qtr	4/13/20	22						
3rd Qtr	7/22/20	5						
4th Qtr	.10/14/20	6						
	Loc. Run Avg:	10	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 Nu

Number of samples taken each of the last 3 months: (Must be equal to number of TCR routine samples) ___1___1___1___

Monthly average chlorine residual last 12 months: __.31___ mg/L

FILL ALL BOXES	Month		Monthly ave. residual (mg/L)	FILL ALL BOXES	Month		Monthly ave residual (mg/L)	
Month 1	December	2020	.26	Month 7	June	2020	.36	
Month 2	November	2020	39	Month 8	May	2020	. 26	
Month 3	October	2020	.39	Month 9	April	2020	.36	
Month 4	September	2020	.23	Month 10	March	2020	. 21	
Month 5	August	2020	. 31	Month 11	February	2020	. 43	
Month 6	July	2020	.21	Month 12	January	2020	. 29	
					Ave. of last	12 months	.31	

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 CaCO ₃); 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

	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							

2. Number of paired samples this quarter ____1___

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Notes: a. Monthly TOC removal = [1 – (filtered TOC/ raw TOC)] X 100

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 <u>not</u> 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:	_1-82021
	full		

b. From Step 1 TOC Removal Table or from step 2 determination