D/DBP QUARTERLY REPORT

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

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**

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	1/22/20	70						
2nd Qtr	4/17/19	44						
3rd Qtr	7/24/19	71						
4th Qtr	.10/14/19	58						
	Loc. Run Avg:	61	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	1/22/20	5						
2nd Qtr	4/18/19	28						
3rd Qtr	7/24/19	4						
4th Qtr	.10/14/19	20						
	Loc. Run Avg:	12	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: __.31____ mg/L

FILL ALL BOXES	Month		Monthly ave. residual (mg/L)	FILL ALL BOXES	Month		Monthly ave. residual (mg/L)
Month 1	March	2020	.37	Month 7	September	2019	.32
Month 2	February	2020	.43	Month 8	August	2019	. 43
Month 3	January	2020	.29	Month 9	July	2019	.23
Month 4	December	2019	.33	Month 10	June	2019	. 32
Month 5	November	2019	. 21	Month 11	May	2019	. 43
Month 6	October	2019	.49	Month 12	April	2019	. 29
					Ave. of last 12 months		.35

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

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:___4-6-2020_____