

Disinfectants and Disinfection Byproducts Rule

System Type - SW and GUI < 10,000 or GW doing DBP samples

System Name: _____

PWSID#: _____

Reporting period: _____

Signature: _____

Date: _____

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? No

Yes

MRDL: 4.0 mg/L

Disinfection Byproduct Precursor Removals (Conventional Filtration)

*Only SW or GUI systems that use conventional filtration need to fill this section out.

TOC Removal Requirement Table (f)

Source TOC	Source Water Alkalinity		
	0-60 mg/l	60-120mg/l	>120 mg/l
>2-4.0 mg/l	35%	25%	15%
>4.0-8.0 mg/l	45%	35%	25%
>8 mg/l	50%	40%	30%

Month	Sample Date	(b) Finished TOC mg/l	(c) Source TOC mg/l	(d) % removal (1-b/c)*100	Source Water Alkalinity (mg/l)	(f) Req. TOC Removal %	TOC Ratio Monthly d/f	Quarterly Average Ratio
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Finished TOC average:								
Type of monitoring:		<input type="checkbox"/> Reduced <input type="checkbox"/> Routine						
Were Removal Requirements attained?		<input type="checkbox"/> No <input type="checkbox"/> Yes						
Running Annual Average:								(must be >1.00)

Total Trihalomethane Monitoring TTHM (all systems)

Location: _____

Sample Date	ppb
1st Qtr	
2nd Qtr	
3rd Qtr	
4th Qtr	

System Size

- < 500 SW or GUI
- 500-9,999 SW or GUI
- < 10,000 GW
- > 10,000 GW

MCL: 80 ppb

Running Annual Average:

Type Of Monitoring: Reduced Increased Routine

Was MCL Exceeded?: No Yes

Haloacetic Acid Monitoring HAA5 (all systems)

Location: _____

Sample Date	ppb
1st Qtr	
2nd Qtr	
3rd Qtr	
4th Qtr	

Running Annual Average:

Was MCL Exceeded?: No Yes

MCL: 60 ppb

Bromate (Ozone Systems)

Month	ppb	Month	ppb
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Does your system use Chlorine Dioxide?

- No
- Yes

If yes, continue onto Chlorine Dioxide reporting sheet; MOR 007.

Notes: _____

(MCL:10ppb) Annual Avg:

Was MCL Exceeded?: No Yes

Type of monitoring: Reduced Routine

If on reduced monitoring, annual average of monthly bromide in source water? _____

Form: MOR-006 Rev B

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

Form:
MOR-006A Rev B