



Massachusetts Department of Environmental Protection - Drinking Water Program Disinfection Byproducts Rule Compliance Report

DBPR

I. PWS INFORMATION: Please refer to your DBPR Monitoring Plan to help complete this form

PWS ID #: **City / Town:**
PWS Name: **PWS Class:** COM NTNC TNC
Monitoring Period (YEAR): **Monitoring Period (QUARTER):** Q1 (Jan-Mar) Q2 (Apr-Jun) Q3 (Jul-Sep) Q4 (Oct- Dec)

II. FOR SYSTEMS USING CHLORINATION

A. Trihalomethanes (TTHM)					
Total Number of TTHM Samples:		Quarterly Average: <input type="text"/> µg/L			
Was the Running Annual Average MCL (80 µg/L) exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Running Annual Average: <input type="text"/> µg/L			
B. Haloacetic Acids (HAA5)					
Total Number of HAA5 Samples:		Quarterly Average: <input type="text"/> µg/L			
Was the Running Annual Average MCL (60 µg/L) exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Running Annual Average: <input type="text"/> µg/L			
C. Chlorine/Chloramines					
Total Number of Samples:	Month 1:	Monthly Averages: (report all 3 months per quarter)	mg/L	Quarterly Average:	mg/L
	Month 2:		mg/L		
	Month 3:		mg/L		
Was the Running Annual Average MRDL (4.0 mg/L) exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Running Annual Average:		mg/L	
D. Total Organic Carbon – raw (TOC) (Required for SW or GWUDI systems >499 seeking or approved to reduce THM/HAA5 monitoring.) Plant Name: <input type="text"/>					
<i>(Attach additional sheet(s) to report more than 1 plant)</i>					
Total Number of Samples:	Month 1:	Monthly Averages: (report all 3 months per quarter)	mg/L	Quarterly Average:	mg/L
	Month 2:		mg/L		
	Month 3:		mg/L		
Was the (4.0 mg/L) threshold exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Running Annual Average:		mg/L	

III. FOR SYSTEMS USING OZONATION – attach additional sheet(s) to report more than 1 plant

E. Bromate (treated)				Plant Name: <input type="text"/>	
Total Number of Samples:	Month 1:	Monthly Averages: (report all 3 months per quarter)	mg/L	Quarterly Average:	mg/L
	Month 2:		mg/L		
	Month 3:		mg/L		
Was the Running Annual Average MCL (0.010 mg/l) exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Running Annual Average:		mg/L	
F. Bromide (raw)				Plant Name: <input type="text"/>	
<i>Required for systems seeking or approved to reduce Bromate monitoring</i>					
Total Number of Samples:	Month 1:	Monthly Averages: (report all 3 months per quarter)	mg/L	Quarterly Average:	mg/L
	Month 2:		mg/L		
	Month 3:		mg/L		
Was the (0.05 mg/l) threshold exceeded? Yes <input type="checkbox"/> No <input type="checkbox"/>		Running Annual Average:		mg/L	

IV. FOR SYSTEMS USING CHLORINE DIOXIDE – Report compliance information on your Chlorite/Chlorine Dioxide (Daily Samples) Report

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Certified Operator Signature: _____ **Date:** _____

DEFINITIONS	
MONTHLY AVERAGE:	Monthly average = average of all results within the current month.
QUARTERLY AVERAGE:	Quarterly Average = average result of all locations sampled during monitoring period
RUNNING ANNUAL AVERAGE:	Running Annual Average = Average of 4 quarters. Average of this quarter and three prior consecutive quarterly averages (for systems on quarterly monitoring)
TOTAL NUMBER OF SAMPLES:	Total number of samples collected during the monitoring period.
NOTE: Record and calculate all ND or <MDL results as the number zero (0).	

Submit one copy of this form each quarter to your DEP regional office (by Jan 10th, April 10th, July 10th, and Oct 10th of each year)

DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	