DBP Form 4

Reporting Form for Running Annual Average (RAA) for

Total Trihalomethanes (TTHMs) and Haloacetic Acids (HAA5s)

PWSID #: _____ SYSTEM NAME: _____

DATE: _____ PREPARED BY: _____

AUTHORIZED SIGNATURE: _____ TITLE: _____

WHAT IS POPULATION SERVED?: _____

Water Source Type: Ground Water ____ Surface Water _____ Both ____

Enter Number of Treatment Plants: _____

Total # of samples taken this quarter: _____

If sampling is done yearly, the total # of samples taken during the year: _____

Violation?: ____

Check One: ___1st Quarter ___ 2nd Quarter ___3rd Quarter ___4th Quarter

(Due by April 10th) (Due by July 10th) (Due by Oct. 10th) (Due by Jan. 10th)

	Column A	Column B Monthly Data*		Column C Quarterly Average		Column D Running Annual Average	
Month	Year	Total TTHMs µg/L	Total HAA5s µg/L	Total TTHMs µg/L	Total HAA5s µg/L	Total TTHMs µg/L	Total HAA5s µg/L
January	20__ __						
February	20__ __						
March	20__ __						
April	20__ __						
May	20__ __						
June	20__ __						
July	20__ __						
August	20__ __						
September	20__ __						
October	20__ __						
November	20__ __						
December	20__ __						
					Running Annual Average =		

Attach Laboratory Reporting Forms for this Quarter, or for systems monitoring annually, submit ALL Laboratory Reporting Forms for the current year.

For lab reporting of "Non-Detect", enter "0" in Cloumn B

US Environmental Protection Agency
Region 8-Municipal Systems Unit, Water Program
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Denver CO 80202-1129
http://www.epa.gov/region08

Stage1-Disinfectants/Disinfection Byproducts Rule