

US Environmental Protection Agency
 Region 8-Drinkin Water Units
 1595 Wynkoop Street
 Denver CO 80202-1129
 http://www.epa.gov/region08
 Stage 2-DBP Rule

**Stage 2 DBPR Reporting Form for Locational Running Annual Average (LRAA) 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 ___
 Sampling Location _____
 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)

Month	Column A Year	Column B Monthly Data*		Column C Locational Quarterly Average		Column D Locational Running Annual Average	
		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__						
Locational 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

INSTRUCTIONS FOR COMPLETING STAGE 2 DBPR REPORTING FORM FOR LRAA FOR TTHMs and HAA5s

1. PWSID #: Enter the Public Water System (PWS) Identification Number assigned by USEPA.
2. System Name: Enter system legal name provided to USEPA when PWSID assigned.
3. Date: Enter the date that the final report is prepared and signed.
4. Prepared by: Print the name of the person completing the form.
5. Authorized Signature: The person that signs the form must be the legal owner or authorized representative of the legal owner.
This signature certifies that the information submitted is correct and consistent with the written monitoring plan
6. Title: Title/position of individual signing the document
7. Population Served: Complete population size served by PWS.
8. Water Source Type: Check the box that describes your water source(s).
9. Sampling Locations: Enter the sampling location/address.
10. Total # of samples taken this quarter: for systems sampling TTHM and HAA5 quarterly enter the number of samples collected each month of the reporting period.
11. Total # of samples taken during the year: for systems sampling TTHM and HAA5 annually enter the number of samples collected for the reporting year.
12. Violation?: Check only if the system has had a violation during this reporting quarter.
13. Check One: Check the appropriate reporting quarter: Quarter 1 -January, February, and March; Quarter 2 - April, May, and June; Quarter 3 - July, August, and September; Quarter 4 - October, November, and December.

Specific Form Instructions

Fill out the appropriate months.

14. Column A: enter the year for which the reporting month is associated.
15. Column B: enter TTHM and HAA5 results for month associated.
16. Column C: The quarterly average of TTHM and HAA5 results, will be calculated automatically.
17. Column D: The locational running annual average (LRAA) for TTHM and HAA5 concentrations will be calculated by the form automatically.