



STAGE 2 TOTAL TRIHALOMETHANES (TTHM) AND HALOACETIC ACIDS FIVE (HAA5) REPORTING FORMAT

Subpart H systems serving 500 or more persons and ground water systems serving 10,000 or more persons shall complete applicable pages of this format and submit them to the Department within 10 days after the end of any quarter in which TTHM/HAA5 monitoring is required. Systems on routine or reduced quarterly TTHM/HAA5 monitoring shall complete pages 1, 2, and 3 of this format. (Add additional rows to the tables on pages 2 and 3 as necessary.) Systems on reduced annual TTHM/HAA5 monitoring shall complete pages 1 and 4 of this format. Additionally, Subpart H systems seeking to qualify for, or remain on, reduced quarterly or annual TTHM/HAA5 monitoring shall complete page 5 of this format. (Add additional rows to the table on page 5 as necessary.)

D/DBPR = Disinfectant and Disinfection Byproducts Rule; LRAA = locational running annual average; MCL = maximum contaminant level; OE = operational evaluation; RAA = running annual average; TOC = total organic carbon.

QUARTERLY MONITORING PERIOD*: July – September 2016
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*Indicate the quarterly monitoring period by months and year (e.g., April-June 2012).

SYSTEM INFORMATION

PWS ID Number: 3590069		
PWS Name: Bear Lake		
Source Water Type and Population Size Category:		
<input checked="" type="checkbox"/> Ground Water: <input type="checkbox"/> 10,000 – 99,999 <input type="checkbox"/> 100,000 – 499,999 <input type="checkbox"/> ≥ 500,000	<input type="checkbox"/> Subpart H: <input type="checkbox"/> 500 – 3,300 <input type="checkbox"/> 3,301 – 9,999 <input type="checkbox"/> 10,000 – 49,999 <input type="checkbox"/> 50,000 – 249,999	<input type="checkbox"/> 250,000 – 999,999 <input type="checkbox"/> 1,000,000 – 4,999,999 <input type="checkbox"/> ≥ 5,000,000
Monitoring Mode*: <input checked="" type="checkbox"/> Routine Monitoring <input type="checkbox"/> Reduced Monitoring		
Monitoring Frequency*: <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
Total Number Of Distribution System Monitoring Locations*: 2		
Contact Person: Scott R. Gosnell		
Phone Number: 407-682-5651		
E-Mail Address (optional):sgosnell@uiwater.com		
Fax Number (optional): 407-682-5713		

* See 40 CFR 141.621 and 141.623 for more details.

QUARTERLY MONITORING PERIOD:

PWS ID Number:

TTHM/HAA5 COMPLIANCE SUMMARY FOR SYSTEMS MONITORING ANNUALLY

Monitoring Location*	TTHM		HAA5	
	Date TTHM Sample Taken (mo/da/yr)	TTHM Result** (µg/L)	Date HAA5 Sample Taken (mo/da/yr)	HAA5 Result** (µg/L)

Does any sample result at any location exceed 60 µg/L for TTHM? (YES/NO)***		Does any sample result at any location exceed 45 µg/L for HAA5? (YES/NO)***	
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* Location names or numbers should correspond to those in your Stage 2 D/DBPR compliance monitoring plan required under 40 CFR 141.622.
 ** If no TTHM sample exceeds the TTHM MCL of 80 µg/L and no HAA5 sample exceeds the HAA5 MCL of 60 µg/L, the sample result for each monitoring location is considered the LRAA for that monitoring location.
 *** If any sample result at any location exceeds either 60 µg/L for TTHM or 45 µg/L for HAA5, you must resume routine quarterly monitoring under 40 CFR 141.621.

**SOURCE WATER TOC COMPLIANCE SUMMARY FOR SUBPART H SYSTEMS
SEEKING TO QUALIFY FOR, OR REMAIN ON, REDUCED TTHM/HAA5 MONITORING***

Treatment Plant**	This Quarter					Previous Quarter	2 Quarters Ago	3 Quarters Ago	Source Water TOC RAA (mg/L)
	Month	No. of Source Water TOC Samples Taken Each Month	Date Each Source Water TOC Sample Taken (mo/da/yr)	Source Water TOC Sample Result (mg/L)	Source Water TOC Monthly Average (mg/L)	Source Water TOC Quarterly Average of Monthly Averages (mg/L)	Source Water TOC Quarterly Average (mg/L)	Source Water TOC Quarterly Average (mg/L)	
					A	B	C	D	(A+B+C+D)/4
Does any source water TOC RAA at any listed treatment plant exceed 4.0 mg/L? (YES/NO)***									

* Subpart H wholesale systems that treat surface water, including ground water determined by the Department to be under the direct influence of surface water, and that qualify for reduced TTHM/HAA5 monitoring based on the source water TOC RAAs at their treatment plants should provide their source water TOC compliance information to their consecutive systems. Subpart H consecutive systems should obtain source water TOC compliance information from their wholesale systems that treat surface water.

** List each treatment plant treating surface water, including ground water determined by the Department to be under the direct influence of surface water, and delivering some or all of that treated surface water to the system completing and submitting this format.

*** If any source water TOC RAA at any listed treatment plant exceeds 4.0 mg/L, the system completing and submitting this format does not qualify for reduced TTHM/HAA5 monitoring (nor does any other system receiving some or all of its water from that plant).