Arizona Department of Environmental Quality
Quarterly Report for Conventional Treatment
TOC and Alkalinity Reporting for Alternative Compliance Criteria

System ID [__/__/-/__/__/__] System Name [_____] Report Date [_____]

This report is for (check one) Qtr 1[__] Qtr 2[__] Qtr 3[__] Qtr 4[__] of Year [_____] Plant # [_____]

A. Check the Alternative Compliance Criteria the system is using for this plant and report the corresponding running **Annual Average**

____1. Running annual average of source water TOC level is less than 2.0 mg/L _____ Source Water TOC

____2. Running annual average of treated water TOC level is less than 2.0 mg/L _____ Treated Water TOC

____3. Running annual average for TTHM is less than or equal to 0.040mg/L and HAA5 is less than or equal to 0.030mg/L and chlorine is the only disinfectant used by the system _____ TTHM _____ HAA5

____4. Running annual average of source water SUVA is less than or equal to 2.0 L/mg-m _____ Source Water SUVA

____5. Running annual average of treated water SUVA is less than or equal to 2.0 L/mg-m _____ Treated Water SUVA

____6. Running annual average of treated water alkalinity is less than 60 mg/L due to softening _____ Treated Water Alkalinity

____7. Running annual average of $CaCO_3$ removal of at least 10 mg/L due to softening _____ $CaCO_3$ Removal

____8. Running annual average of: source water TOC is less than 4.0 mg/L; source water alkalinity is greater than 60 mg/L; TTHM is less than or equal to 0.040 mg/L; HAA5 is less than or equal to 0.030 mg/L

_____ Source Water TOC _____ Source Water Alkalinity _____ TTHM _____ HAA5

B. Number of Sample Sets (source and treated water TOC, and source water alkalinity) collected during the past three months _____

C. For each month report:

1. Sample Date _____ Source TOC _____ Treated TOC _____ Source Alkalinity_____
If plant was not in operation during this month, check here____

2. Sample Date _____ Source TOC _____ Treated TOC _____ Source Alkalinity_____
If plant was not in operation during this month, check here____

3. Sample Date _____ Source TOC _____ Treated TOC _____ Source Alkalinity_____
If plant was not in operation during this month, check here____

I hereby certify that the information provided in this report is accurate and correct to the best of my knowledge.

Authorizer Name: [_____] Signature: [_____]

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