

# TOTAL TRIHALOMETHANE AND HALOACETIC ACID QUARTERLY MONITORING REPORT

PUBLIC WATER SYSTEM NAME: \_\_\_\_\_  
 PUBLIC WATER SYSTEM ID: \_\_\_\_\_

Quarter	Sample Location	Total Trihalomethanes		Haloacetic Acids	
		Sample Date	Result (mg/L)	Sample Date	Result (mg/L)
1					
		Quarterly Average:		Quarterly Average:	
2					
		Quarterly Average:		Quarterly Average:	
3					
		Quarterly Average:		Quarterly Average:	
4					
		Quarterly Average:		Quarterly Average:	

Running Annual Average Summary <sup>1</sup>	
Total Trihalomethanes (mg/L)	Haloacetic Acids (mg/L)

1- Running annual average is the average of the last four quarterly averages and will be computed after four quarters of data are available.

Is the Running Annual Average of Total Trihalomethanes > 0.080 mg/L? \_\_\_\_\_

Is the Running Annual Average of Haloacetic Acids > 0.060 mg/L? \_\_\_\_\_

Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Mail To: Division of Environmental Protection  
 Bureau of Safe Drinking Water  
 901 South Stewart Street, Suite 4001  
 Carson City, NV 89701

**Form Due by the 10th of April, July, October, and January**

# Emergency Well & Purchased Surface Water Certification

## Systems with an Emergency Well<sup>1</sup>

1. Did the water system use an emergency well this past quarter? \_\_\_\_\_
2. If yes, on what date was the state informed of its use? \_\_\_\_\_

informed by the end of the next business day after an emergency well has been used.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Groudwater Systems that Purchase Surface Water<sup>1</sup>

1. Did the water system use any Surface Water during this past year? \_\_\_\_\_
2. If yes, during which months did you use Surface Water? \_\_\_\_\_

used. If the water system does quarterly monitoring, the quarterly monitoring report must also be completed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_