



Georgia

Department of Natural Resources

Monthly Operating Reports

User Id

Password



Georgia

Department of Natural Resources

Monthly Operating Reports

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Enter daily/ monthly reports

[View Report](#)

View every report entered for this month

[User Profile Maintenance](#)

Update profile

[Plant Profile Maintenance](#)

Update Plant Profile information

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Submit all reports for the month

[Logout](#)

Logout of MORs application

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.
WSID No. GA0970000

Treatment Facility BEAR CREEK PLANT

Plant No. 201

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User Profile

User Id GA0970000201x

Water System ID No. GA0970000

Plant Number 201

Password

Confirm Password

Title

First Name

Middle Initial

Last Name

Phone Number [(xxx)xxx-xxxx]
 Extn. xxxxx]

extn.

Fax Number [(xxx)xxx-xxxx]

Cell Number

Email Address

Certificate Class

Certificate Number



Georgia

Department of Natural Resources

Monthly Operating Reports

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Plant Profile

Water System ID No. GA0970000
Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.
Plant Number 201
Plant Name BEAR CREEK PLANT
Turbidity Sample Points
(Raw)
(max. 255 characters)

characters left

Turbidity Sample Points
(Filtered)
(max. 255 characters)

characters left

Disinfectant Application
Point(s)
(max. 255 characters)

characters left

Oxidant(s) Used
(max. 255 characters)

characters left

Disinfectants(s) Used

(max. 255 characters)

characters left

Total Filter Surface Area

(sqft)

Total Number of Filters

Available

NPDES Permit Number



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Monthly Operating Reports

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH. **WSID No.** GA0970000
Treatment Facility BEAR CREEK PLANT **Plant No.** 201
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Select Report

- Daily Surface Water Treatment Plant Operation Report Summary
- Monthly Surface Water Treatment Operation Report for Turbidity
- Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Reporting for Systems using Chlorine - Part 1)
- Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Additional Chlorine Dioxide Monitoring and Reporting for Systems using Chlorine Dioxide - Part 2)
- Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Additional Chlorite Monitoring and Reporting for Systems using Chlorine Dioxide - Part 3)
- Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point (Additional Bromate Monitoring and Reporting for Systems using Ozone - Part 4)
- Monthly TOC Removal / SUVA Report Summary (TOC/SUVA-MOR) for Surface Water or Ground Water Under the Influence of Surface Water Systems
- NPDES / Monthly Maintenance

Water System Name DOUGLASVILLE-DOUGLAS
CO. AUTH.

WSID No. GA0970000 **Treatment Facility** BEAR
CREEK
PLANT

Plant No. 201 **Sept**
2003

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Daily Surface Water Treatment Plant Operation Report Summary

09/01/2003

Not In Operation

Previous Date [Next Date](#) Choose Date:

Quantity Withdrawn From Permitted Source

BEAR CREEK 048-1216-03 (MG)

DOG RIVER 048-1217-03 (MG)

Water Usage

Processed or Treated thru Plant (MG)

Treated Water Pumped to Dist. System (MG)

Raw Water Quality

pH

Alkalinity (mg/L)

Temp (degree C)

Fe (mg/L)

Mn (mg/L)

Maximum Turbidity (NTU)

Minimum Turbidity (NTU)

Plant Operation

Total Hours Plant Operated (hrs)

Number of Filters Actually in Use

Maximum Settled Water Turbidity (NTU)

Combined Filtered Water Quality

pH

Maximum Turbidity (NTU)

Minimum Turbidity (NTU)

Average Turbidity (NTU)

Total Number of Turbidity Measurements Performed

Maximum Filtered Particles (in 3 - 15 micron range)

Parameters At Entry Point To Distribution System

Fe (mg/L)

Mn (mg/L)

Fluoride (mg/L)

pH (Max.)

pH (Min.)

Chlorine Minimum Free Available (mg/L)

Chlorite (mg/L) [if ClO₂ used]

Chlorine Dioxide (mg/L) [if ClO₂ used]

Measurements At Peak Hourly Flow

Peak Hourly Flow (PHF) (MGD)

Chlorine Free Available at PHF (mg/L)

Giardia log Inactivation

Virus log Inactivation [if ozone or chloramine used]

Comments

(max. 255 characters)

characters left

Water DOUGLASVILLE-
System DOUGLAS CO. AUTH.
Name

WSID GA0970000
No.

Treatment BEAR
Facility CREEK
PLANT

Plant 201 Sept
No. 2003

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Monthly Surface Water Treatment Operation Report for Turbidity

I - COMBINED FILTERED WATER MONITORING & REPORTING

- (a) Total number of filtered water turbidity measurements performed:
- (b) Total number of filtered water turbidity measurements ≤ 0.3 NTU:
- (c) Percentage of the turbidity measurements ≤ 0.3 NTU (b/a x 100):
- (d) Is the percentage in (c) $< 95\%$ Yes No
 [If Yes, report the date (mm/dd/yyyy) when public notice was issued]
 [If Yes, report the date (mm/dd/yyyy) when EPD was notified]
- (e) Did filtered water turbidity exceed 1 NTU **at any time during** the month Yes No
 [If Yes, report the date (mm/dd/yyyy) when public notice was issued]
 [If Yes, report the date (mm/dd/yyyy) when EPD was notified]

II - INDIVIDUAL FILTER MONITORING & REPORTING

- (a) Was each filter **continuously** monitored for turbidity? Yes No
- (b) Were the individual filter turbidity monitoring results **recorded every 15 minutes**? Yes No
- (c) Was there a failure of the continuous turbidity monitoring equipment? Yes No

[If Yes, was the equipment repaired within 5 working days?] Yes No

(d) Was any individual filter turbidity level > 1.0 NTU in two consecutive measurements? Yes No

[If Yes, perform "Follow-up Actions" 1, 2 and 3]

(e) Was any individual filter turbidity level > 0.5 NTU in two consecutive measurements at the end of 4 hrs of operation after the filter has been backwashed or otherwise taken offline? Yes No

[If Yes, perform "Follow-up Actions" 1, 2 and 3]

(f) Was any individual filter turbidity level > 1.0 NTU in two consecutive measurements in each 3 consecutive months? Yes No

[If Yes, perform "Follow-up Actions" 1, 2, 3 and 4]

(g) Was any individual filter turbidity level > 2.0 NTU in two consecutive measurements in 2 consecutive months? Yes No

[If Yes, perform "Follow-up Actions" 5]

Comments:
(max. 255 characters)

characters left

"FOLLOW-UP ACTIONS" to PERFORM

- 1. Report, filter number(s); turbidity measurements; and, date(s) the exceedance(s) have occurred.**
- 2. Produce a "Filter Profile" within 7 days of the exceedance (if there is no obvious reason for exceedance).**
- 3. Report that "Filter Profile" has been produced and is available for EPD inspection or identify and report, in writing, obvious reason for exceedance.**
- 4. Conduct a "Self-Assessment" of the filter within 14 days of the exceedance and report that "self-assessment" has been completed and the findings are available for EPD inspection.**

Water System Name DOUGLASVILLE-
DOUGLAS CO. AUTH.

WSID No. GA0970000

Treatment Facility BEAR
CREEK
PLANT

Plant No. 201
Sept 2003

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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System

(Reporting for Systems using Chlorine - Part 1)

I - ENTRY POINT Monitoring and Reporting for Public Water Systems using CHLORINE

- (a) At any time during the month, did the residual disinfectant concentration of water leaving the plant (entry point to distribution system) ever fall below 0.2 mg/L? Yes No
- [If Yes, did it last more than 4.0 consecutive hours?] Yes No
- [If Yes, report the date when Public Notice was given to customers]
- [If Yes, report the date when Public Notice was given to EPD]
- (b) Were there any periods when the plant failed to meet the CT requirements for more than four (4.0) consecutive hours? Yes No

II - DISTRIBUTION SYSTEM Monitoring and Reporting for Public Water Systems using CHLORINE

- (c) Total number of residual disinfectant measurements performed in the distribution system (This must be equal to or greater than the number of coliform samples required per month):
- (d) Maximum residual disinfectant level measured **in the distribution system**: mg/L
- (e) Lowest or minimum residual disinfectant level measured **in the distribution system**: mg/L
- (f) Monthly arithmetic average of all the measurements performed **in the distribution system**: mg/L

- (g) Total number of samples measured without a detectable disinfectant residual:
- (h) Percentage of samples without a detectable disinfectant residual (g/c x 100): %
- (i) Were more than 5% of the residuals in the distribution system undetectable for two (2) months in a row? Yes No
- (j) Was chlorination equipment out of service for more than five (5) working days? Yes No

Comments:

(max. 255 characters)

characters left

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.

WSID No. GA0970000

Treatment Facility BEAR CREEK PLANT

Plant No. 201 **Sept 2003**

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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Additional Chlorine Dioxide Monitoring and Reporting for Systems using Chlorine Dioxide - Part 2)

(a) Was any **daily entry point** sample for "chlorine dioxide" > 0.8 mg/L? Yes No

[NOTE: If any daily sample exceed 0.8 mg/L, system must take three (3) additional distribution system samples on the **following day** at locations as specified below]

If Yes, report the sampling dates, locations and test results in the table below:

(i) Systems **without booster chlorination**

[Enter New Data](#)

(ii) Systems **with booster chlorination**

[Enter New Data](#)

(b) Did two (2) consecutive daily entry point samples exceed 0.8 mg/L? Yes No

If Yes, send copies of the Public Notification (PN) and PN Certification Form and explain the corrective measures taken to prevent reoccurrence of the violation(s).

(c) Did one (1) or more distribution samples exceed 0.8 mg/L? Yes No

If Yes, send copies of the Public Notification (PN) and PN Certification Form and explain the corrective measures taken to prevent reoccurrence of the violation(s).

(d) Did any exceedance result in an ACUTE or NON-ACUTE violation?

Comments:

(max. 255
characters)

characters left

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.

WSID No. GA0970000

Treatment Facility BEAR CREEK PLANT

Plant No. 201 **Sept 2003**

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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Additional Chlorine Dioxide Monitoring and Reporting for Systems using Chlorine Dioxide - Part 2)

Systems **without booster chlorination**, sampling must be conducted near the first customer at intervals of at least every 6 hours:

Date (mm/dd/yyyy):

Location:

Results: mg/L mg/L mg/L mg/L

Water System Name	DOUGLASVILLE- DOUGLAS CO. AUTH.	WSID No.	GA0970000	Treatment Facility	BEAR CREEK PLANT	Plant No.	201	Sept	2003
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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System

(Additional Chlorine Dioxide Monitoring and Reporting for Systems using Chlorine Dioxide - Part 2)

Systems **with booster chlorination**, sampling must be conducted at the following locations:

Date (mm/dd/yyyy):

Addresses		Results
1st Customer		mg/L
Aver. Res. Time		mg/L
Max. Res. Time		mg/L

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.

WSID No. GA0970000

Treatment Facility BEAR CREEK PLANT

Plant No. 201
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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Additional Chlorite Monitoring and Reporting for Systems using Chlorine Dioxide - Part 3)

(a) Was **any daily entry point** sample for "chlorite" > 1.0 mg/L? Yes No

[NOTE: If any daily sample exceed 1.0 mg/L, system must take three (3) additional distribution system samples (3-Sample Set) on the **following day** at locations as specified below]

[Give the monthly "3-Sample Set" sampling date locations and test results](#)

Laboratory Certification Number

(b) Is the arithmetic average of any "3-Sample Set" > 1.0 mg/L? Yes No

If Yes, send copies of the Public Notification (PN) and PN Certification Form and explain the corrective measures taken to prevent reoccurrence of the violation(s).

Comments:

(max. 255 characters)

characters left

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.	WSID No. GA0970000	Treatment Facility BEAR CREEK PLANT	Plant No. 201	Sept 2003
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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point and in the Distribution System (Additional Chlorite Monitoring and Reporting for Systems using Chlorine Dioxide - Part 3)

The monthly "3-Sample Set" sampling date, locations and test results:

Date (mm/dd/yyyy):

Addresses		Results
1st Customer		mg/L
Aver. Res. Time		mg/L
Max. Res. Time		mg/L
Average		mg/L

Water System Name DOUGLASVILLE-
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Treatment Facility BEAR
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Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point (Additional Bromate Monitoring and Reporting for Systems using Ozone - Part 4)

(a) Did you collect a "bromate" sample at the **entry point** this month? Yes No

(b) List sampling date, laboratory certification number and result of "bromate" sample taken:

Date 9/ /2003

Laboratory Certification Number

Result mg/L

[NOTE: If average of samples collected in any consecutive 4-Quarter period exceeds the MCL of 0.010 mg/L, Public Notification is required.]

(c) Is the average of consecutive 4 quarter period > 0.010 mg/L? Yes No

If Yes, send copies of the Public Notification (PN) and PN Certification Form and explain the corrective measures taken to prevent reoccurrence of the violation(s).

Comments:

characters left

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.

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Treatment Facility BEAR CREEK PLANT

Plant No. 201
Sept 2003

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Monthly TOC Removal / SUVA Report Summary

I. TOC Removal Summary

- (a) Date (mm/dd/yyyy)
- (b) Source Water Alkalinity (mg/L)
- (c) Source Water TOC (mg/L)
- (d) Treated Water TOC (mg/L)
- (e) Actual TOC Removed (%)
- (f) Required TOC Removal (%)
- (g) Actual TOC Removal Ratio
- (h) Reported TOC Removal Ratio

II. Alternative Monitoring for SUVA

- (a) Date (mm/dd/yyyy)
- (b) Source Water SUVA (L/mg-m)
- (c) Treated Water SUVA (L/mg-m)

Additional Comments:

(max. 255 characters)

characters left

NPDES / Monthly Maintenance

- (a) Max. Suspended Solids (mg/L)
- (b) Avg. Suspended Solids (mg/L)
- (c) Effluent pH
- (d) Discharge Flow (MGD)

Comments:

(max. 255 characters)

characters left

Water System Name DOUGLASVILLE-DOUGLAS CO. AUTH.
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Treatment Facility BEAR CREEK PLANT

Plant No. 201

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Reports Submission

Sept, 2003 is available for reports submission. Would you like to continue?

Please [CLICK HERE](#) to continue or click on [CANCEL](#) to return to the Main Menu.

Water System Name DOUGLASVILLE-DOUGLAS
CO. AUTH.
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Treatment Facility BEAR
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PLANT

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Reports Submission

Following Reports have NOT been entered for Sept, 2003:

Monthly Disinfectant and/or Oxidant Monitoring at the Entry Point (Additional Bromate Monitoring and Reporting for Systems using Ozone - Part 4)

Are you sure you want to submit reports for Sept, 2003?

[CLICK HERE](#) to complete reports submission or click on [CANCEL](#) to return to the Main Menu.



GEORGIA EPD DRINKING WATER PROGRAM CHEMICAL MONITORING LABORATORY REPORT FORM

Please complete all requested information on pages 1 and 2. On the subsequent pages, complete the form for the contaminants for which this sample was analyzed. Please type or print legibly.

Note: CHEMICAL SAMPLE RESULT REPORT FORMS SUBMITTED TO THE DRINKING WATER PROGRAM WITH INCOMPLETE INFORMATION WILL BE RETURNED.

A. PWS Information	
PWS ID#: <u>GA</u> _ _ _ _ _	County: _____
PWS Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone: (____) _____	Fax: (____) _____

B. Sampling Point Information	
Sampling Point ID#: _ _ _	Description: _____
Sampling Point Type (check one):	<input checked="" type="checkbox"/> Entry point to distribution system <input checked="" type="checkbox"/> In the distribution system <input checked="" type="checkbox"/> Source (raw, untreated)
Source Type (check one):	<input checked="" type="checkbox"/> Surface water <input checked="" type="checkbox"/> Purchased surface water <input checked="" type="checkbox"/> Ground water under the influence of surface water <input checked="" type="checkbox"/> Purchased ground water under the influence of surface water <input checked="" type="checkbox"/> Ground water <input checked="" type="checkbox"/> Purchased ground water

C. Sample Information	
Sample ID#: _ _ _ _ _	Collected by: _____
Sample Collection Date: _____	Time Collected: _____
	Month/Day/Year
Sample purpose (check one):	<input checked="" type="checkbox"/> Routine regulatory compliance <input checked="" type="checkbox"/> Confirmation requested by State
	<input checked="" type="checkbox"/> Replacement <input checked="" type="checkbox"/> Source Approval
If Confirmation, Original Sample ID#: _ _ _ _ _	

Date Sample Received at Lab: _____ Date Sample Analyzed: _____
Month/Day/Year Month/Day/Year

Remarks: _____

Date Reported to EPD: _____ Month/Day/Year
--

D. Laboratory Information

Lab Name: _____

Certification Number: _____ Certifying Body: _____

Expiration Date of Certification for all Analytes Analyzed: _____

Address: _____

Contact: _____

Phone: (____) _____

Analysis Date: _____
Month/Day/Year

Composite (check one): Yes No

IF YES, number of samples in the composite (check one): 2 3 4 5

9 REGULATED and MISCELLANEOUS IOC's						
ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD	
		SIGN	VALUE	UNITS	CHECK one for each contaminants	
9 Aluminum	1002				9 202.1	9 202.2 9 3120B 93500 AL-D
9 Alkalinity, total	1927				9 2320 B	9 D2067-92B
9 Antimony	1074				9 200.8	9 200.9
9 Arsenic	1005				9 200.7	9 200.8 9 200.9
9 Asbestos	1094				9 TEM	9 100.1 9 100.2
9 Barium	1010				9 200.7	9 200.8
9 Beryllium	1075				9 200.7	9 200.8 9 200.9
9 Cadmium	1015				9 200.7	9 200.8 9 200.9
9 Calcium	1015				9 200.7	9 3111B 93120 B 9 D511-93A
9 Chromium	1020				9 200.7	9 200.8 9 200.9
9 Color	1905				9 2120B	9 2120 C
9 Conductivity	1064				9 SMD1125-95A	
9 Copper	1022				9 200.7	9 200.8 9 200.9
9 Cyanide	1024				9 335.4	
9 Fluoride	1025				9 300.0	9 4110 B 9 4500-F B,D
9 Iron	1028				9 236.1	9 236.2 9 3120 B
9 Lead	1030				9 200.8	9 200.9
9 Magnesium	1031				9 200.7	
9 Mercury	1035				9 245.1	9 245.2 9 200.8
9 Nickel	1036				9 200.7	9 200.8 9 200.9
9 Nitrate (as N)	1040				9 300.0	9 353.2
9 Nitrite (as N)	1041				9 300.0	9 353.2
9 Nitrate/Nitrite (Total as N)	1038				9 354.1	9 353.2 9 300.0
9 Odor					9 2150 B	
9 pH	1925				9 150.1	9 150.2 9 4500-H B
9 Residual Chlorine	1012				9 300.0	9 4500-CL B
9 Residue, Filterable (TDS)					9 160.1	9 2540 C
9 Selenium	1045				9 200.8	9 200.9
9 Silica	1049				9 200.7	
9 Silver	1050				9 272.2	9 3120 B

9 Sodium	1052				9 200.7
9 Specific Conductance	1064				9 2510 B 9 D1125-91A
9 Sulfate	1055				9 300.0 9 375.2 9 375.4 9 4110 B
9 Temperature	1996				9 2550
9 Thallium	1085				9 200.8 9 200.9
9 Total Organic Carbon					9 5310 D
9 Turbidity	0100				9 180.1 9 2130B
9 Zinc	1095				9 289.1 9 289.2 9 3120 B
9					

9 IOC's - RADIOLOGICALS					
ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD CHECK one for each contaminant
		SIGN	VALUE	UNITS	
9 Radioactive-cesium					9 901.0 9 901.1 9 p 92 9 SM7120 9 SM7500-Cs B 9 ASTM D-2459-72
9 Gamma emitters					9 901.0 9 901.1 9 902.0
9 Gross alpha	4002				9 00-02 9 SM 7110C
9 Gross alpha and beta					9 900.0 9 p 1 9 00-01 9 SM302 9 SM7110B 9 USGS R-1120-76
9 Radioactive iodine					9 901.1 9 902.0 9 p 6 9 p 9 9 p 92 9 SM7500-I B,C,D 9 ASTM D 3649-91
9 Radium 226	4020				9 903.0 9 903.1 9 p 16 9 p 13 9 p 19 9 Ra-03 9 Ra-04 9 SM7500RAD
9 Radium 228	4030				9 904.4 9 7500-RAD 9 USGS R-1142-76
9 Radon 222	4004				9 913
9 Strontium-89	4172				9 905 9 SM7500 SRB 9 USGS R-1160-76
9 Strontium-90	4174				9 905 9 SM7500 SRB 9 USGS R-1160-76
9 Tritium	4102				9 906.0 9 SM7500-3HB 9 USGS R-1171-76
9 Uranium	4006				9 907 9 908 9908.1 9 SM7500 UB 9 SM 7500 UC 9 ASTM D574-91
9					
9					

9 REGULATED VOCs						
ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD	
		SIGN	VALUE	UNITS	CHECK one for each contaminant	
9 Benzene	2990				9 502.2	9 524.2
9 Bromoform	2942				9 502.2	9 524.2 9 551
9 Carbon Tetrachloride	2982				9 502.2	9 524.2 9 551
9 Chloral hydrate	2952				9 551.1	
9 Chlorobenzene (Mono)	2989				9 502.2	9 524.2
9 Chloroform	2941				9 502.2	9 524.2 9 551
9 Dibromochloromethane	2943				9 502.2	9 524.2 9 551
9 Dichlorobromomethane	2430				9 502.2	9 524.2 9 551
9 o-Dichlorobenzene	2968				9 502.2	9 5242.2
9 p-Dichlorobenzene	2969				9 502.2	9 524.2
9 1,2-Dichloroethane	2980				9 502.2	9 524.2
9 1,1-Dichloroethylene	2977				9 502.2	9 524.2
9 cis-1,2-Dichloroethylene	2380				9 502.2	9 524.2
9 trans-1,2-Dichloroethylene	2979				9 502.2	9 524.2
9 Dichloromethane	2964				9 502.2	9 524.2
9 1,2-Dichloropropane	2983				9 502.2	9 524.2
9 Ethylbenzene	2992				9 502.2	9 524.2
9 Styrene	2996				9 502.2	9 524.2
9 Tetrachloroethylene	2987				9 502.2	9 524.2 9 551.1
9 Toluene	2991				9 502.2	9 524.2
9 Trichloroacetic acid	2337				9 552.1	9 552.2 9 6251 B
9 Total Trihalomethanes	2950				9 502.2	9 524.2 9 551.1
9 1,2,4 - Trichlorobenzene	2378				9 502.2	9 524.2
9 1,1,1-Trichloroethane	2981				9 502.2	9 524.2 9 551.1
9 1,1,2-Trichloroethane	2985				9 502.2	9 524.2 9 551.1
9 Trichloroethylene	2984				9 502.2	9 524.2 9 551.1
9 Vinyl Chloride	2976				9 502.2	9 524.2
9 Xylenes	2955				9 502.2	9 524.2

9 REGULATED SOCS, PESTICIDES & PCBs

ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD <small>CHECK one for each contaminant</small>
		SIGN	VALUE	UNITS	
9 Alachlor	2051				9 505 9 507 9 525.2
9 Atrazine	2050				9 505 9 507 9 508.1 9 525.2
9 Benzo(a)pyrene	2306				9 550 9 550.1 9 525
9 Carbofuran	2046				9 531.1 9 6610
9 Chlordane	2959				9 505 9 508 9 508.1 9 525.2
9 2,4-D	2105				9 515 9 515.1 9 515.3 9 555
9 Dalapon	2031				9 515.1 9 552.1 9 552.2
9 Dibromoacetic acid	2079				9 552.1 9 552.2 9 6251B
9 Dichloroacetic acid	2331				9 552.1 9 552.21 9 6251B
9 Di (2-ethylhexyl) adipate	2035				9 506 9 525.2 9 508 9 508.1
9 Di (2-ethylhexyl) phthalate	2039				9 506 9 525.2
9 DBCP	2931				9 504.1 9 551.1
9 Dinoseb	2041				9 515.1 9 555 9 515.2 9 515.3
9 2,3,7,8-TCDD (Dioxin)	2063				9 1613
9 Diquat	2032				9 549.1 9 549.2
9 Endothall	2033				9 548.1 9 548.2
9 Endrin	2005				9 505 9 508 9 508.1 9 525.2 9 551.1
9 EDB	2946				9 504.1 9 551 9 551.1
9 Glyphosate	2034				9 547 9 6651
9 Heptachlor	2065				9 505 9 508 9 525.1 9 525.2 9 551.1
9 Heptachlor expoxide	2067				9 505 9 508 9 508.1 9 525 9 551.1
9 Hexachlorobenzene	2274				9 505 9 508 9 508.1 9 525.2 9 555.1
9 Hexachlorocyclopentadiene	2042				9 505 9 508 9 508.1 9 525.2 9 551.1
9 Lindane	2010				9 505 9 508 9 508.1 9 525.2 9 555.1
9 Methoxychlor	2015				9 505 9 507 9 508 9 508.1 9 525.2 9 555.1
9 Monobromoacetic acid	2338				9 552.1 9 552.2 9 6251B
9 Monochloroacetic acid	2335				9 552.1 9 552.2 9 6251B
9 Oxamyl (Vydate)	2036				9 531.1 9 6610
9 Pentachlorophenol	2326				9 515.1 9 515.2 9 515.3 9 525.2 9 555 9 D5317-93
9 Picloram	2040				9 515.1 9 515.2 9 515.3 9 555 9 D5317-93

9 PCBs	2383				9 505 9 508 (screen) 9 508 A (quantitative)
9 Simazine	2037				9 505 9 507 9 508.1 9 525.2 9 551.1
9 Trichloroacetic acid	2337				9 552
9 Toxaphene	2020				9 505 9 508 9 508.1 9 525.2
9 2,3,7,8-TCDD (Dioxin)	2063				9 161.3
9 2,4,5-TP (Silvex)	2110				9 515.1 9 515.2 9 555

9 UNREGULATED CONTAMINANTS, GROUP 1

ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD CHECK one for each contaminant
		SIGN	VALUE	UNITS	
9 2,4 - Dinitrotoluene					9 525.2
9 2,6 - Dinitrotoluene					9 525.2
9 4,4 - DDE					9 508 9 508.1 9 525.2 9 D5812-96 9 AOAC 990.06
9 Acetochlor					9525.2
9 DCPA mono- acid degradate					9 515.1 9 515.2 9 D5317-93 9 AOAC 992.32
9 DCPA di-acid degradate					9 515.1 9 515.2 9 D5317-93 9 AOAC 992.32
9 4,4'-DDE					9 508 9 508.1 9 525.2 9 D5812-96 9 AOAC 990.06
9 EPTC					9 507 9 525.2 9 D5475-93 9 AOAC 991.07
9 Molinate					9 507 9 525.2 9 D5475-93 9 AOAC 991.07
9 MTBE					9 SM6210D 9 SM6200B 9 524.2 9 D5790-95
9 Nitrobenzene					9 SM6210D 9 SM6200B 9 524.2 9 D5790-95
9 Perchlorate					9 314.0
9 Terbacil					9 507 9 525.2 9 D5475-93 9 AOAC 991.07
9					9

9 UNREGULATED CONTAMINANTS, GROUP 2

ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD ENTER the analytic method
		SIGN	VALUE	UNITS	
9 1,2-diphenylhydrazine					
9 2,4,6-trichlorophenol					
9 2,4-dichlorophenol					
9 2,4-dinitrophenol					
9 2, methylphenol					
9 Alachlor ESA and degradation by products of Acefanilrole pesticides					
9 Diasinon					
9 Disulfoton					
9 Diuron					
9 Fonofos					
9 Linuron					
9 Polonium - 210					
9 Prometon					
9 RDX					
9 Terbufos					

9 ADDITIONAL ANALYTES

ANALYTE	CHEMICAL CODES	RESULTS			EPA ANALYTIC METHOD ENTER the analytic method
		SIGN	VALUE	UNITS	
9					
9					
9					
9					

The undersigned certifies that the analytic results reported on this form were achieved using the required procedures of the indicated EPA Analytical Methods.

Signature of Laboratory Analyst or Official

Signed Date (MM/DD/YYYY)

Title

Date results reported to Public Water System