Colorado Department of Public Health and Environment -Water Quality Control Division
Drinking Water Program - Compliance Assurance and Data Management Unit
4300 Cherry Creek Drive South, Denver, CO 80246-1530

# DBP Form 6

## Quarterly Reporting Form for the Running Annual Average (RAA) for Bromate – Public Water Systems Using Ozone

**PWSID #:** _____ **SYSTEM NAME:** _____

**TREATMENT PLANT NAME:** _____ **PLANT ID #:** _____

**DATE:** _____ **PREPARED BY:** _____

**AUTHORIZED SIGNATURE:** _____ **TITLE:** _____

**Violation?:** ☐

**Total # of samples taken: Month 1:** _____ **Month 2:** _____ **Month 3:** _____

**Check One:** ☐ **1st Quarter** (Due by April 10th) ☐ **2nd Quarter** (Due by July 10th) ☐ **3rd Quarter** (Due by Oct. 10th) ☐ **4th Quarter** (Due by Jan.10th)

| | Column A | Column B | Column C | Column D |
|---|---|---|---|---|
| **Month** | **Year** | **Monthly Data (mg/L) Bromate Concentration** | **Quarterly Average* (mg/L)** | **Running Annual Average* (RAA) (mg/L)** |
| January | 20__ __ | | | |
| February | 20__ __ | | | |
| March | 20__ __ | | Q1 = | |
| April | 20__ __ | | | |
| May | 20__ __ | | | |
| June | 20__ __ | | Q2 = | |
| July | 20__ __ | | | |
| August | 20__ __ | | | |
| September | 20__ __ | | Q3 = | |
| October | 20__ __ | | | |
| November | 20__ __ | | | |
| December | 20__ __ | | Q4 = | |
| | | | **Running Annual Average =** | |

Instructions on Reverse

## INSTRUCTIONS FOR COMPLETING
### *Quarterly Report for the Running Annual Average (RAA) for Bromate – PWS Using Ozone*

1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by CDPHE.
2. System Name: Enter system legal name provided to CDPHE when PWSID assigned.
3. Treatment Plant Name: Enter the name of the treatment plant.
4. Plant ID #: Enter the plant identification number.
5. Date: Enter the date that the final report is prepared and signed.
6. Prepared by: Print the name of the person completing the form
7. 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.
8. Title: Title/position of individual signing the report.
9. Violation?: Check only if the system has had a violation during this reporting quarter.
10. Total # of samples taken: Enter the total number of samples taken for each month of the reporting quarter.
11. 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

12. Column A: Enter the last two (2) digits of the year associated with the reporting month.
13. Column B: Enter the result of the monthly Bromate analysis conducted by a certified laboratory. If more than one sample was analyzed, enter the average of all analyses conducted.
14. Column C: Calculate the Quarterly Average
    - For block Q1, enter the quarterly average for the 1st Quarter.
    - For block Q2, enter the quarterly average for the 2nd Quarter
    - For block Q3, enter the quarterly average for the 3rd Quarter.
    - For block Q4, enter the quarterly average for the 4th Quarter.
15. Column D: Enter the average of the last four (4) quarters Column D. This is the running annual average.
16. The public water system is required to keep laboratory results and results required to be submitted to the CDPHE/WQCD on file for a period of 10 years.
17. The PWS must maintain a RAA of less than 0.010 mg/L for Bromate.
18. Sample must be taken at the entrance to the distribution system during normal operating conditions for each ozone plant.
19. Reduced monitoring is available if the RAA for source water bromide is less than 0.05 mg/L. (Use DBP Form 8 for reporting of bromide RAA)