

Quarterly HAA5 Report for Disinfection Byproducts Compliance (in µg/L or ppb)

System Name: Antelope Valley-East Kern Water Agency System No.: 1510053 Year: 2009 Quarter: 4th

Year:	2005				2006				2007				2008				2009			
Quarter:	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Sample Date (month/date):	4/21	6/16	9/15	12/15	3/23	6/15	9/21	12/21	3/15	6/21	9/21	12/20	3/20	6/19	9/18	12/15	3/19	6/18	9/17	12/17
Site 1	26.3	22.6	17.6	20.4	12.6	11.7	14.3	15.2	26.3	12	14	7.5	4.6	10	5.7	9.1	3.9	14	12	6.3
Site 2	37.1	32.1	23.5	25.8	19.4	17.1	20.2	20.7	33.9	16	17	13	5.5	13	10	11	6.5	21	20	6.9
Site 3	45.8	37.8	26.6	27.9	22.3	21.3	24.3	20.6	38.2	23	20	11	5.6	16	13	14	10	26	23	7.5
Site 4	47.6	40.1	29.2	26.9	23.3	23.0	27.9	23.4	36.6	19	22	13	5.6	16	15	13	10	26	24	9.6
Quarterly Average	39.2	33.2	24.2	25.3	19.4	18.3	21.7	20.0	33.8	17.5	18.3	11.1	5.3	13.6	10.9	11.8	7.5	21.8	19.8	7.6
Running Annual Average	32.2	31.2	31.6	30.5	25.5	21.8	21.2	19.8	23.4	23.2	22.4	20.2	13.1	12.1	10.3	10.4	11.0	13.0	15.2	14.2
Meets Standard (check box)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Samples Taken	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

Identify the sample locations in the table below.

Site	Sample Location
1	RCSD Sierra
2	Mojave Res.
3	Edwards AFB
4	Borax

Signature _____

Date _____

Comments: