



**Town of Holbrook**  
Office of Joint Superintendent  
(781) 767-1800

## RANDOLPH-HOLBROOK JOINT WATER BOARD

50 North Franklin Street  
Holbrook, MA 02343



**Town of Randolph**

February 15, 2023

Commonwealth of Massachusetts  
Department of Environmental Protection  
Southeast Regional Office  
20 Riverside Drive  
Lakeville, MA 02374

Monthly Reports Filtered System Forms  
Forms F, G, I, J, TT  
Analysis for TOC, DOC, SUVA  
Chemical Addition Reports  
DBPR Compliance Report  
January, 2023 Randolph/Holbrook  
Joint Water System, PWS #424001

Gentlemen:

Enclosed please find all reports as referenced above for the month of January, 2023. Should there be any questions, please do not hesitate to call me.

Sincerely,

William Platt  
Treatment Plant Operator, Third Class

Enclosures

Cc: Board of Health Holbrook  
Board of Health Randolph  
Brian Howard, Town Manager, Randolph  
Ryan Allgrove, EPG



# Compliance Determination for Filtered Systems - Monthly Report

## I. PWS INFORMATION:

PWSID#: 4244001 PWS Name: Randolph-Holbrook Joint Water PWS Town: Randolph  
 Treatment Plant Name: Randolph Water Plant Reporting Period → Month: January Year: 2023

## II. TURBIDITY PERFORMANCE CRITERIA:

1.	<b>Monthly Turbidity (95%) NTU Limit</b> - The turbidity level of a system's filtered water must be less than or equal to the Monthly Turbidity NTU Limit in at least 95% of the measurements taken each month for the filtration technology used, otherwise SWTR TT Violation (Tier 2).	
<u>186</u>	= A	Total # of filtered water turbidity measurements for month (SWTR - Form F)
<u>186</u>	= B	Total # of filtered water turbidity measurements less than or equal to the specified limits for the filtration technology used. (SWTR - Form F)
<u>100</u>	= (B / A) x 100	The percentage of turbidity measurements meeting the Monthly Turbidity 95% NTU Limit.

2.	<b>Max Day NTU Limit</b> - The turbidity level of a system's filtered water must at no time exceed the Max Day NTU Limit for the filtration technology used, otherwise SWTR TT Violation (Tier 2).	
Record the date and turbidity value for any measurements exceeding the Max Day NTU. Check box <input checked="" type="checkbox"/> if "None"		
Date	Value	Date Reported to DEP
For each day the Max Day NTU limit is exceeded, the DEP must be notified by the end of the next business day. SWTR TT Violation (Tier 2). If DEP is not consulted within 24 hours then it is a SWTR TT (Tier 1) violation requiring public notification within 24 hours.		

## III. DISINFECTION PERFORMANCE CRITERIA:

1.	<b>Point-of-Entry Minimum Disinfectant Residual Criteria</b> - Residual Disinfectant concentration cannot be < 0.2 mg/L for more than 4 hours. SWTR TT Violation (Tier 2).												
<b>Minimum Disinfectant Residual at Point-of-Entry to Distribution System</b>													
Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l
1	<u>1.92</u>	6	<u>2.02</u>	11	<u>1.84</u>	16	<u>1.99</u>	21	<u>1.95</u>	26	<u>1.73</u>	31	<u>2.01</u>
2	<u>2.02</u>	7	<u>1.81</u>	12	<u>1.96</u>	17	<u>1.91</u>	22	<u>1.99</u>	27	<u>0</u>	Residual Free Cl <sub>2</sub> M e a s u r e m e n t	
3	<u>1.93</u>	8	<u>1.84</u>	13	<u>2.00</u>	18	<u>1.96</u>	23	<u>1.90</u>	28	<u>1.25</u>		
4	<u>1.76</u>	9	<u>1.86</u>	14	<u>1.91</u>	19	<u>2.01</u>	24	<u>1.84</u>	29	<u>2.02</u>		
5	<u>1.93</u>	10	<u>1.92</u>	15	<u>1.94</u>	20	<u>1.95</u>	25	<u>1.90</u>	30	<u>2.00</u>		
If at any time the residual falls below 0.2 mg/l in the water entering the distribution system, the supplier of water must notify the Department as soon as possible, but no later than by the end of the next business day. The supplier of water also must notify the Department by the end of the next business day whether or not the residual was restored to at least 0.2 mg/l within four hours.													
Date(s) Residual < 0.2 mg/l	Duration of Low Level (hrs.)	Date Reported to DEP	Date(s) Residual < 0.2 mg/l	Duration of Low Level (hrs.)	Date Reported to DEP								
<u>1/27/23</u>	<u>&lt; 2 hr</u>	<u>1/27/23</u>											
<u>1/27/23</u>	<u>&lt; 2 hr</u>	<u>1/30/23</u>											

2.	<b>Distribution System Disinfectant Residual Criteria</b> - Residual Disinfectant concentration (V) cannot be undetectable in greater than 5% of samples in a month, for any two consecutive months. SWTR TT Violation (Tier 2). Chlorine residuals must be measured at the same time and location as total coliform <i>distribution routine &amp; repeat</i> samples. If no residual is detected, an HPC sample must be collected and analyzed.												
Total # of HPC samples taken during month: <u>68</u> # HPC sites > 500/mL: <u>0</u> # HPC sites ≤ 500/mL: <u>68</u>													
<u>60</u>	= a	# of sites where Cl <sub>2</sub> residual measurements were made, whether a residual was detected or not (should be the same # of sites reported on your monthly DBPR Cl <sub>2</sub> residual report)											
<u>0</u>	= b	# of sites HPC samples were analyzed <i>instead of</i> Cl <sub>2</sub> residual measurements											
<u>0</u>	= c	# of sites where no Cl <sub>2</sub> residual was detected and no HPC sample was analyzed											
<u>0</u>	= d	# of sites where no Cl <sub>2</sub> residual was detected and HPC > 500 CFU/mL											
<u>0</u>	= e	# of sites where no Cl <sub>2</sub> residual measurement was made and HPC > 500 CFU/mL											
Water in the distribution system with a heterotrophic bacteria concentration (HPC) less than or equal to 500/mL, is deemed to have a detectable disinfectant residual for purposes of determining compliance with this requirement. When analyzed, report HPC results on your monthly DEP Bacteriological Report.													
V = $\frac{(c + d + e)}{(a + b)} \times 100$	This Month % V = <u>0</u>	Previous Month % V = <u>0</u>	Is V > 5% for 2 months? <input type="checkbox"/> Yes or <input type="checkbox"/> No										

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: [Signature]  
 Date: 2/15/23 Title: Plant Operator

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eRDR) deadline is the same as above.

## Details Of Low Chlorine Residuals On 1/27/23

At 7am during plant rounds, the operator found the inline chlorine analyzer in alarm and reading 0.0. He immediately shut the plant down. As the analyzer was functioning normally at 6am and reading approximately 2.3, the exact time of the residual going below 0.2 is unknown, but an educated guess would be sometime after 6:30am as a worst-case scenario **(please see below for the corrective steps that have been taken since this occurrence, to address the need for more exact information)**. The plant was started and stopped a few times as part of diagnosing the problem, but was never left running for more than a few minutes until the normal chlorine feed rate had been re-established. At 9:05am the plant was started up and left running, the chlorine residual reached 0.2 within about 30 minutes, and rose rapidly from there.

The problem repeated itself at 6:45pm **(please see below for details on the electrical issue that caused the problem)**. The timing of corrective actions taken was similar to the earlier occurrence, with a total time of finished water being pumped without a normal chlorine feed, being less than 1 hour.

Both of these occurrences were reported to MA DEP, Emergency Response Checklists were filled out and are on file, and this summary was prepared and attached to the monthly state reports, as MA DEP requested.

The source of the problem was the finished water flow meter losing its signal and reading 0 gpm, which caused the chlorine feed to go to 0, since it was flow paced. We got around the problem short term by resetting the circuit breaker for the flow meter which re-established the signal...we also put the chlorine feed in manual mode, so that if the flow meter problem repeated itself, we would not lose the chlorine feed.

More permanent corrective steps that have been taken since 1/27/23 are as follows. 1. I had our flow meter contractor come in to diagnose the problem onsite rather than over the phone as we had done temporarily on 1/27/23, he disconnected the leads coming off of the probe, cleaned them up, re-connected them, and re-sealed them. The flow meter has been functioning properly again since then. 2. I also had our electrician upgrade the chlorine residual warning alarm from a single visual only alarm, to two audio/visual alarms and one visual alarm, so that staff is able to see and hear the alarm throughout the building. 3. I also increased the low chlorine residual alarm point on the inline analyzer from 1.0 to 1.5, to give staff earlier warning that the residual is on the way down, and so that they'd have more time to diagnose it and react to it.

If any further information is needed, all is documented in the plant logbook and on other plant operating records, and/or staff is available to provide more detail.

This summary was prepared by Paul Hennessy, Interim Plant Manager. While I was not here at the time of the two occurrences, I was contacted each time, worked with the operators over the phone, and was here to further diagnose and correct the first occurrence and bring the plant back up. I also oversaw the entire situation and coordinated the corrective action steps that were taken both short and long term.

WA 2/15/23



TURBIDITY DATA SHEET FOR FILTERED SYSTEMS

I. PWS INFORMATION:

PWSID#: 4244001 PWS Name: Randolph-Holbrook Joint Water PWS Town: Randolph
Treatment Plant Name: Randolph Water Plant Reporting Period -> Month: JANUARY Year: 2023

II. DAILY REPORTING:

Filtered Water Turbidity Measured: (check only one) [X] Combined Filter Effluent [ ] Individual Filter Effluent [ ] Clearwell [ ] Plant Effluent

Filtration Technology: [X] Conventional [ ] Direct [ ] Alternative Monthly Turbidity (95%) NTU Limit = 0.3 Max Day Turbidity NTU Limit = 1
[ ] Slow Sand [ ] Diatomaceous Earth Monthly Turbidity (95%) NTU Limit = 1 Max Day Turbidity NTU Limit = 5

Table with 5 columns: Day, Max Filtered Water Turbidity Result (NTU), Number of Turbidity Measurements, Number of Turbidity Measurements <= Monthly (95%) NTU Limit, Number of Turbidity Measurements > Max Day NTU Limit. Includes a Totals row at the bottom.

- 1. May be used by systems serving less than 10,000 persons, subject to DEP approval.
2. Enter the Maximum Filtered Water Turbidity Result recorded each day, at the 4th hour or other approved interval.
3. Enter the Total # of Turbidity measurements taken for each day. Measurements must be taken at a minimum of 4-hour intervals (i.e. 6 readings per day).
4. Out of the # of turbidity measurements taken and recorded in the previous column, enter the number of turbidity measurements that were less than or equal to the Monthly (95%) NTU Limit for the filtration technology used.
5. If at any at time the filtered turbidity Max Day NTU Limit is exceeded, the DEP must be notified no later than the end of the next business day.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: [Signature] Date: 2/15/23 Title: Plant Operator

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP)



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CT Determination for Filtered Systems**

**SWTR**  
**I**

**I. PWS INFORMATION:**

PWSID#:  PWS Name:  PWS Town:   
 Treatment Plant Name:  Reporting Period → Month:  Year:   
 Disinfectant:  Sequence of Application:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5  6<sup>th</sup>

**II. DAILY REPORTING: All measurements taken during peak hourly flow.**

Day	Peak Hourly Flow <sup>2</sup> (gpm)	Disinfectant Concentration <sup>3</sup> C (mg/L)	Disinfectant Contact Time <sup>4</sup> T (min.)	CT calc (= C x T)	pH <sup>5</sup>	Water Temp <sup>6</sup> (°C)	CT <sup>7</sup> 99.9	Inactivation Ratio <sup>8</sup> (CT calc /CT 99.9)	Inactivation Ratio <sup>9</sup> < 1.0
1	2400	1.92	50	96	6.25	4.1	21	4.6	<input type="checkbox"/> Yes
2	2400	2.02	50	101	6.30	4.4	21	4.8	<input type="checkbox"/> Yes
3	2400	1.93	50	96.5	6.25	4.2	21	4.6	<input type="checkbox"/> Yes
4	2400	1.76	50	88	6.30	3.5	22	4.4	<input type="checkbox"/> Yes
5	2400	1.93	50	96.5	6.35	2.9	22	4.4	<input type="checkbox"/> Yes
6	2400	2.02	50	101	6.30	4.3	21	4.8	<input type="checkbox"/> Yes
7	2400	1.81	50	90.5	6.35	4.5	22	4.1	<input type="checkbox"/> Yes
8	2400	1.84	50	92	6.30	5.1	21	4.4	<input type="checkbox"/> Yes
9	2400	1.86	50	93	6.40	4.6	22	4.2	<input type="checkbox"/> Yes
10	2400	1.92	50	96	6.35	4.5	22	4.4	<input type="checkbox"/> Yes
11	2400	1.84	50	92	6.25	4.0	21	4.4	<input type="checkbox"/> Yes
12	2400	1.96	50	98	6.30	4.7	21	4.7	<input type="checkbox"/> Yes
13	2400	2.00	50	100	6.30	4.8	21	4.8	<input type="checkbox"/> Yes
14	2400	1.91	50	95.5	6.40	4.9	22	4.3	<input type="checkbox"/> Yes
15	2400	1.94	50	97	6.40	3.8	22	4.4	<input type="checkbox"/> Yes
16	2400	1.99	50	99.5	6.30	4.2	21	4.7	<input type="checkbox"/> Yes
17	2400	1.91	50	95.5	6.35	4.3	22	4.3	<input type="checkbox"/> Yes
18	2400	1.96	50	96	6.25	5.7	21	4.6	<input type="checkbox"/> Yes
19	2400	2.01	50	100.5	6.30	5.4	21	4.8	<input type="checkbox"/> Yes
20	2400	1.95	50	97.5	6.30	4.6	21	4.6	<input type="checkbox"/> Yes
21	2400	1.95	50	97.5	6.25	4.1	21	4.6	<input type="checkbox"/> Yes
22	2400	1.99	50	99.5	6.30	4.7	21	4.7	<input type="checkbox"/> Yes
23	2400	1.90	50	95	6.35	4.5	22	4.3	<input type="checkbox"/> Yes
24	2400	1.84	50	92	6.40	4.1	22	4.1	<input type="checkbox"/> Yes
25	2400	1.90	50	95	6.35	3.7	22	4.3	<input type="checkbox"/> Yes
26	2400	1.73	50	86.5	6.35	3.9	22	3.9	<input type="checkbox"/> Yes
27	2400	0	50	0	6.40	4.5	22	0	<input checked="" type="checkbox"/> Yes
28	2400	1.25	50	62.5	6.40	5.6	22	2.8	<input type="checkbox"/> Yes
29	2400	2.02	50	101	6.35	6.1	22	4.6	<input type="checkbox"/> Yes
30	2400	2.00	50	100	6.35	5.8	22	4.5	<input type="checkbox"/> Yes
31	2400	2.01	50	100.5	6.30	5.7	21	4.8	<input type="checkbox"/> Yes

1. Use a separate form for each disinfectant/sampling point. Enter disinfectant and sequence position, e.g. "ozone/1<sup>st</sup>" or "ClO<sub>2</sub>/3<sup>rd</sup>". If more than one disinfectant sampling point, you must also complete SWTR Form H and calculate the cumulative inactivation ratio SUM (CTcalc/CT99.9) to determine compliance.
2. Peak hourly flow means the highest pumpage *hour* during the day, not the absolute peak flow at any instant.
3. The residual disinfectant concentration(s) ("C") of the water before or at the first customer must be measured each day during peak hourly flow.
4. The disinfectant contact time(s) ("T") must be determined for each day during peak hourly flow. The time T used in calculating CT, is the time it takes the water, during peak hourly flow, to move between the point of disinfection application and the point at which the residual is measured.
5. If the system uses free chlorine, the pH of the disinfected water must be measured at least once per day at each chlorine residual disinfectant concentration sampling point during peak hourly flow.
6. The temperature of the disinfected water must be measured at least once per day at each residual disinfectant concentration sampling point during peak hourly flow.
7. Use Inactivation Tables at 310 CMR 22.20A Tables 1.1 – 1.6, 2.1 and/or 3.1
8. The inactivation ratio (CTcalc/CT99.9) is determined before or at the first customer during peak hourly flow and if the ratio is < 1.0, the 99.9% *Giardia lamblia* inactivation requirement has not been achieved. Note: Add log credits for watershed & filtration to the numerator of inactivation ratio.
9. A "Yes" response above indicates a SWTR Treatment Technique violation (Tier 2).

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: \_\_\_\_\_

Date: 2/15/23 Title: Plant Operator

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CHEMICAL ADDITION REPORT** - 310 CMR 22.15(4) Chemical Addition Reporting

C-ADD

Requirements

**I. PWS Information** - Refer to "MassDEP Chemical Addition Report Guidance and Instructions" for details.

PWS Name <sup>1</sup> : <u>Randolph-Holbrook JW</u>	Town <sup>2</sup> : <u>Randolph-Holbrook</u>	PWSID <sup>3</sup> : <u>0154001424001</u>
Treatment Plant Name <sup>4</sup> : <u>Randolph Water Plant</u>	Treatment Plant ID# <sup>5</sup> : <u>4244001-01T</u>	Reporting Period (Month & Year) <sup>6</sup> : <u>January 2023</u>

**II. Chemical & Operational Information**

Chemical Name <sup>7</sup> : <u>Metallia Phosphates</u>	Purchased Strength (%) <sup>8</sup> : <u>0.1-0.15</u>	Target Range/min <sup>9</sup> : <u>NA</u>
Manufacturer <sup>10</sup> : <u>CANUS CORPORATION</u>	Purchased Density (lbs/gal) <sup>11</sup> : <u>12.03</u>	Target Dose <sup>12</sup> : <u>NA</u>
Product Name <sup>13</sup> : <u>CANUS 3350</u>	Dilution Factor or Mix Ratio <sup>14</sup> : <u>0.33</u>	Alarm Setting (low) <sup>15</sup> : <u>NA</u>
Reason for Adding Chemical <sup>16</sup> : <u>Corrosion Inhibitor</u>	NSF Approved (Y/N) <sup>17</sup> : <u>Y</u>	Alarm Setting (high) <sup>18</sup> : <u>NA</u>
Date of last anti-siphon valve inspection/replacement <sup>19</sup> : <u>NA</u>		

**III. Daily Reporting** Note: Water quality data reported on C-ADD form may also be considered for compliance purposes.

Day	Treated Water <sup>20</sup>		Measured Chemical Used		Calculated Chemical Used (lbs) <sup>18</sup>	Chemical Dosage (mg/L) <sup>19</sup>	Parameters Measured <sup>21</sup> , Results, Units and Method - (G) Grab Continuous (A) Analyzer <sup>21</sup>						O&M Notes/Comments <sup>22</sup>
	<input type="checkbox"/> Gallons <input type="checkbox"/> MG	Volume (gal/day) <sup>17</sup>	Weight (lbs/day) <sup>17</sup>	Parameters Measured <sup>21</sup> , Results, Units and Method - (G) Grab Continuous (A) Analyzer <sup>21</sup>									
				a. pH			b.		c.				
		<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	PWS note any equipment breakdown, off-line status, changes in purchased product or batch mixing day, measured parameters or dosages that are out of target range, etc.						
1	2.6		50		2.3	7.1							
2	2.5		50		2.4	7.0							
3	2.2		50		2.4	6.9							
4	2.4		50		2.5	6.9							
5	2.5		50		2.4	7.0							
6	2.5		50		2.4	7.0							
7	2.4		50		2.5	7.0							
8	2.5		50		2.4	6.9							
9	2.5		50		2.4	7.0							
10	2.5		50		2.4	7.0							
11	2.4		50		2.5	7.1							
12	2.4		50		2.5	7.0							
13	2.5		50		2.4	6.8							
14	2.5		50		2.4	7.0							
15	2.4		50		2.5	7.0							
16	2.4		50		2.5	7.0							
17	2.4		50		2.5	6.9							
18	2.4		50		2.5	7.0							
19	2.5		50		2.4	7.0							
20	2.5		50		2.4	7.1							
21	2.4		50		2.5	7.0							
22	2.4		50		2.5	7.0							
23	2.4		50		2.5	7.0							
24	2.4		50		2.5	7.0							
25	2.3		50		2.6	7.1							
26	2.4		50		2.5	7.0							
27	1.2		50		5.0	7.0							
28	1.9		50		3.2	6.9							
29	2.4		50		2.5	6.8							
30	2.4		50		2.5	6.9							
31	2.4		50		2.5	6.9							
<b>Total</b>	0	0	0		Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary <sup>23</sup> :								

\*Describe result (daily average, min/max, instantaneous reading, grab, etc.) sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>24</sup>

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Person Signature & Date <sup>25</sup> : <u>[Signature] 1/15/23</u>
Print Name: <u>William Platt</u> <u>plant operator</u>
a. <u>Finished off, Daily Average, test kit</u>
b.



**I. PWS Information** - Refer to "MassDEP Chemical Addition Report Guidance and Instructions" for details.

PWS Name <sup>1</sup> : <u>Randolph-Holbrook J.W.</u>	Town <sup>1</sup> : <u>Randolph-Holbrook</u>	PWSID <sup>1</sup> : <u>4244001-01T</u>
Treatment Plant Name <sup>2</sup> : <u>Randolph Water Plant</u>	Treatment Plant ID# <sup>2</sup> : <u>4244001-01T</u>	Reporting Period (Month & Year) <sup>2</sup> : <u>January 2023</u>

**II. Chemical & Operational Information**

Chemical Name <sup>3</sup> : <u>Polyaluminum Chloride</u>	Purchased Strength (%): <u>1.0</u>	Target Range/min <sup>3</sup> : <u>14</u>
Manufacturer <sup>3</sup> : <u>Holland Company</u>	Purchased Density (lbs/gal) <sup>3</sup> : <u>10.3</u>	Target Dose <sup>3</sup> : <u>18</u>
Product Name <sup>3</sup> : <u>PCA-780</u>	Dilution Factor or Mix Ratio <sup>3</sup> : <u>NA</u>	Alarm Setting (low) <sup>3</sup> : <u>NA</u>
Reason for Adding Chemical <sup>3</sup> : <u>Coagulation</u>	NSF Approved (Y/N) <sup>3</sup> : <u>Y</u>	Alarm Setting (high) <sup>3</sup> : <u>NA</u>
Date of last anti-siphon valve inspection/replacement <sup>3</sup> : <u>NA</u>		

**III. Daily Reporting** Note: Water quality data reported on C-ADD form may also be considered for compliance purposes.

Day	Treated Water <sup>4</sup>		Measured Chemical Used		Calculated Chemical Used (lbs) <sup>18</sup>	Chemical Dosage (mg/L) <sup>19</sup>	Parameters Measured <sup>4</sup> , Results, Units and Method - (Grab or Continuous (A) Analyzer) <sup>21</sup>						O&M Notes/Comments <sup>22</sup>		
	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> MG	Volume (gal/day) <sup>17</sup>	Weight (lbs/day) <sup>17</sup>	a. Raw pH			b.			c.					
				<input checked="" type="checkbox"/> G			<input checked="" type="checkbox"/> A	<input checked="" type="checkbox"/> G	<input type="checkbox"/> A	<input type="checkbox"/> G	<input type="checkbox"/> A				
1		2.9	123	1267	17.3										
2		2.8	114	1174	16.6										
3		2.8	116	1195	16.9										
4		2.8	112	1154	16.3										
5		2.8	125	1288	18.2										
6		2.8	120	1236	17.5										
7		2.8	105	1082	15.8										
8		2.8	136	1401	19.8										
9		2.8	136	1401	19.8										
10		2.8	132	1360	19.2										
11		2.7	125	1288	18.9										
12		2.7	87	896	13.1										
13		2.8	136	1401	19.8										
14		2.8	134	1380	19.5										
15		2.7	118	1215	17.8										
16		2.7	130	1339	19.6										
17		2.7	131	1349	19.8										
18		2.7	120	1236	18.1										
19		2.8	120	1236	17.5										
20		2.8	125	1288	18.2										
21		2.7	117	1205	17.7										
22		2.7	106	1092	16.0										
23		2.6	110	1133	17.2										
24		2.7	115	1185	17.4										
25		2.7	103	1061	15.5										
26		2.7	111	1143	16.8										
27		1.5	94	968	25.5										
28		2.2	94	968	17.4										
29		2.7	121	1246	18.3										
30		2.7	139	1432	21.0										
31		2.7	116	1195	17.5										
<b>Total</b>		0	0	0	Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary <sup>23</sup> :										

\*Describe result (daily average, min/max, instantaneous reading, grab, etc.) sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>20</sup>

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Person - Signature & Date<sup>24</sup>: William Platt 2/15/23

Print Name: William Platt  
Plant Operator

a. Raw pH, Daily Average, test kit

b.



Requirements

I. PWS Information - Refer to "MassDEP Chemical Addition Report Guidance and Instructions" for details.

PWS Name <sup>1</sup> : <b>Randolph-Hobrook J.W</b>	Town <sup>1</sup> : <b>Randolph-Hobrook</b>	PWSID <sup>2</sup> : <b>4244001</b>
Treatment Plant Name <sup>3</sup> : <b>Randolph Water Plant</b>	Treatment Plant ID# <sup>4</sup> : <b>4244001-01T</b>	Reporting Period (Month & Year) <sup>5</sup> : <b>January 2023</b>

II. Chemical & Operational Information

Chemical Name <sup>6</sup> : <b>Chlorine</b>	Purchased Strength (%): <sup>7</sup> <b>1.0</b>	Target Range/min <sup>8</sup> : <b>0.20</b>
Manufacturer <sup>9</sup> : <b>AXIATII, LLC</b>	Purchased Density (lbs/gal): <sup>10</sup> <b>12.3</b>	Target Dose <sup>11</sup> : <b>NA</b>
Product Name <sup>12</sup> : <b>Chlorine</b>	Dilution Factor or Mix Ratio <sup>13</sup> : <b>NA</b>	Alarm Setting (low) <sup>14</sup> : <b>1.0</b>
Reason for Adding Chemical <sup>15</sup> : <b>Disinfectant</b>	NSF Approved (Y/N) <sup>16</sup> : <b>Y</b>	Alarm Setting (high) <sup>17</sup> : <b>3.0</b>
		Date of last anti-siphon valve inspection/replacement <sup>18</sup> : <b>NA</b>

III. Daily Reporting Note: Water quality data reported on C-ADD form may also be considered for compliance purposes.

Day	Treated Water <sup>19</sup>		Measured Chemical Used		Calculated Chemical Used (lbs) <sup>20</sup>	Chemical Dosage (mg/L) <sup>21</sup>	Parameters Measured <sup>22</sup> , Results, Units and Method - (Grab or Continuous (A) Analyzer) <sup>23</sup>						O&M Notes/Comments <sup>24</sup>				
	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> MG	Volume (gal/day) <sup>25</sup>	Weight (lbs/day) <sup>26</sup>	a. Avg			b. Min			c.							
				<input type="checkbox"/> G <input type="checkbox"/> A			<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A					
1		2.9	81		3.3			2.2									
2		2.8	81		3.5			2.3									
3		2.8	79		3.4			2.1									
4		2.8	81		3.5			2.1									
5		2.8	105		4.3			2.1									
6		2.8	78		3.3			2.7									
7		2.7	77		3.4			2.1									
8		2.8	82		3.5			2.0									
9		2.8	77		3.3			2.1									
10		2.8	78		3.3			2.1									
11		2.7	77		3.4			2.2									
12		2.7	75		3.3			2.1									
13		2.8	79		3.4			2.2									
14		2.8	75		3.2			2.1									
15		2.7	77		3.4			2.1									
16		2.7	74		3.3			2.2									
17		2.7	76		3.4			2.1									
18		2.7	75		3.3			2.1									
19		2.8	82		3.5			2.2									
20		2.8	95		4.1			2.1									
21		2.87	81		3.6			2.2									
22		2.7	64		2.8			2.1									
23		2.6	66		3.0			2.1									
24		2.7	75		3.3			2.1									
25		2.7	82		3.6			2.2									
26		2.7	78		3.5			2.0									
27		1.5	41		3.3			1.5									Feed problem (See sheet SWTRG)
28		2.2	63		3.4			1.5									
29		2.7	85		3.8			2.2									
30		2.7	83		3.7			2.3									
31		2.7	80		3.6			2.3									
<b>Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	Indicate total # of days the residual was off-target for the month (from Section I) Monthly Target Summary <sup>27</sup> :												

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

*Describe result (daily average, min/max, instantaneous reading, grab, etc.) sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.) <sup>28</sup>		PWS Authorized Person - Signature & Date <sup>29</sup> : <b>Willson Platt 2/15/23</b>
a.	Daily Average, Free Chlorine, Grab sample, Test kit	Print Name: <b>Willson Platt</b>
b.	Daily Minimum, Free Chlorine, Grab sample, Test kit	<b>Plant Operator</b>



Requirements

I. PWS Information - Refer to "MassDEP Chemical Addition Report Guidance and Instructions" for details.

PWS Name: <sup>1</sup> <b>Randolph-Holbrook J.W.</b>	Town: <sup>2</sup> <b>Randolph-Holbrook</b>	PWSID: <sup>3</sup> <b>07-424-001-424001</b>
Treatment Plant Name: <sup>4</sup> <b>Randolph Water Plant</b>	Treatment Plant ID#: <sup>5</sup> <b>4244001-01T</b>	Reporting Period (Month & Year): <sup>6</sup> <b>January 2023</b>

II. Chemical & Operational Information

Chemical Name: <sup>1</sup> <b>Calcium Hydroxide</b>	Purchased Strength (%): <sup>2</sup> <b>0.85</b>	Target Range/min: <sup>3</sup> <b>NA</b>
Manufacturer: <sup>4</sup> <b>Carmeuse Lime + Stone</b>	Purchased Density (lbs/gal): <sup>5</sup> <b>18.7</b>	Target Dose: <sup>6</sup> <b>NA</b>
Product Name: <sup>7</sup> <b>Hydrated Lime</b>	Dilution Factor or Mix Ratio: <sup>8</sup> <b>NA</b>	Alarm Setting (low): <sup>9</sup> <b>NA</b>
Reason for Adding Chemical: <sup>10</sup> <b>pH Adjustment</b>	NSF Approved (Y/N): <sup>11</sup> <b>Y</b>	Alarm Setting (high): <sup>12</sup> <b>NA</b>
Date of last anti-siphon valve inspection/replacement: <sup>13</sup> <b>NA</b>		

III. Daily Reporting

Note: Water quality data reported on C-ADD form may also be considered for compliance purposes.

Day	Treated Water <sup>14</sup>		Measured Chemical Used		Calculated Chemical Used (lbs) <sup>15</sup>	Chemical Dosage (mg/L) <sup>16</sup>	Parameters Measured <sup>17</sup> , Results, Units and Method - (Grab or Continuous (A) Analyzer) <sup>18</sup>						O&M Notes/Comments <sup>19</sup>
	<input type="checkbox"/> Gallons	<input checked="" type="checkbox"/> MG	Volume (gal/day) <sup>20</sup>	Weight (lbs/day) <sup>21</sup>			a. <b>Finished pH</b>		b.		c.		
1			2.6	50		2.3	7.1						
2			2.5	50		2.4	7.0						
3			2.5	50		2.4	6.9						
4			2.4	50		2.5	6.9						
5			2.5	50		2.4	7.0						
6			2.5	50		2.4	7.0						
7			2.4	50		2.5	7.0						
8			2.5	50		2.4	6.9						
9			2.5	50		2.4	7.0						
10			2.5	50		2.4	7.0						
11			2.4	50		2.5	7.1						
12			2.4	50		2.5	7.0						
13			2.5	50		2.4	6.8						
14			2.5	50		2.4	7.0						
15			2.4	50		2.5	7.0						
16			2.4	50		2.5	7.0						
17			2.4	50		2.5	6.9						
18			2.4	50		2.5	7.0						
19			2.5	50		2.4	7.0						
20			2.5	50		2.4	7.1						
21			2.4	50		2.5	7.0						
22			2.4	50		2.5	7.0						
23			2.4	50		2.5	7.0						
24			2.4	50		2.5	7.0						
25			2.3	50		2.6	7.1						
26			2.4	50		2.5	7.0						
27			1.2	50		5.0	7.0						
28			1.9	50		3.2	6.9						
29			2.4	50		2.5	6.8						
30			2.4	50		2.5	6.9						
31			2.4	50		2.5	6.9						
<b>Total</b>			0	0	0	Indicate total # of days the residual was off-target for the month (from Section II) <b>Monthly Target Summary</b> <sup>22</sup> :							

\*Describe result (daily average, min/max, instantaneous reading, grab, etc.) sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>23</sup>

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

FWS Authorized Person - Signature & Date:<sup>24</sup>

*[Signature]* 2/15/23

Print Name:<sup>25</sup>

William Platt  
Plant Operator

a. **Finished Water pH, Daily Average, test kit**

b.



Total Organic Carbon (TOC) Report doc rev 12/2020

PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4244001 City / Town: RANDOLPH

PWS Name: RANDOLPH HOLBROOK WATER BOARD PWS Class: COM [x] NTNC [ ] TNC [ ]

Table with columns: DEP LOCATION (LOC) ID#, DEP Location Name, Sample Information, Date Collected, Collected By. Includes rows for Great Pond WTP - Raw Water and Combined Filter Effluent.

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert #: M-MA022 Primary Lab Name: Analytical Balance Subcontracted?(Y/N) Y
Analysis Lab MA Cert #: M-RI002 Analysis Lab Name: ESS Laboratory

Table for TOC Analyzed by (check one): PWS or Lab, Samples Acidified? Yes or No. Includes columns for TOC Result, MDL, MRL, Dilution Factor, Lab Method, Date Analyzed, Primary Lab Sample ID#, Analytical Lab or PWS Sample ID#.

Surface or GWUDI systems >= 500 persons. Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring. Each source must maintain a running annual average source (raw) water TOC level of <= 4.0 mg/L (calculated quarterly). TOC analysis does not require the use of a Massachusetts or EPA certified laboratory.

Table for Alkalinity Analyzed by (check one): PWS or Lab. Includes columns for ALKALINITY Result, MDL, MRL, Dilution Factor, Lab Method, Date Analyzed, Primary Lab Sample ID#, Analytical Lab or PWS Sample ID#.

If using conventional filtration - Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected. Alkalinity analysis does not require the use of a Massachusetts or EPA certified laboratory

Table for LAB SAMPLE COMMENTS with columns: LAB SAMPLE COMMENTS, Result Qualifier, Result Qualifier Description.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge. Primary Certified Operator or Primary Lab Director Signature: Laurel Stoddard Date: 1/13/2023

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the

Table for DEP REVIEW STATUS (Initial & Date) with columns: Accepted, Disapproved, Review Comments, WQTS Data Entered.



# DBPR TT Compliance Report

## PWS INFORMATION

PWS ID #: 4244001 City/Town: RANDOLPH  
 PWS Name: RANDOLPH-HOLBROOK JOINT WATER PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
<u>015/10300</u>	<u>RAW WATER/COMBINED FILTER EFFLUENT</u>		
SAMPLE NOTES			

## COMPLIANCE CALCULATIONS

Month	# of Paired Samples	A: % Removal of TOC <sup>1</sup>	B: Required % Removal of TOC <sup>2</sup>	Met Alternative Compliance Criteria	Alternative Criteria Result(s) <sup>3</sup> (See Below)	A ÷ B <sup>4</sup>
<u>2/22</u>	<u>1</u>	<u>36</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.03</u>
<u>3/22</u>	<u>1</u>	<u>63</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.80</u>
<u>4/22</u>	<u>1</u>	<u>43</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.23</u>
<u>5/22</u>	<u>1</u>	<u>49</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.40</u>
<u>6/22</u>	<u>1</u>	<u>31</u>	<u>35</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>TWSUVA</u>	<u>1.00</u>
<u>7/22</u>	<u>1</u>	<u>37</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.06</u>
<u>8/22</u>	<u>1</u>	<u>29</u>	<u>35</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>TWSUVA</u>	<u>1.00</u>
<u>9/22</u>	<u>1</u>	<u>36</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.03</u>
<u>10/22</u>	<u>1</u>	<u>41</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.17</u>
<u>11/22</u>	<u>1</u>	<u>38</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.09</u>
<u>12/22</u>	<u>1</u>	<u>32</u>	<u>35</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<u>TWSUVA</u>	<u>1.00</u>
<u>1/23</u>	<u>1</u>	<u>35</u>	<u>35</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<u>1.00</u>
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Sum of Past 12 Months:						
Compliance Value (Sum of Past 12 Months/ 12):						

I certify, under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: [Signature]  
 Date: 2/15/23

Mail **ONE** copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

<sup>1</sup> Percent Removal:  $(1 - (\text{Treated Water TOC} \div \text{Raw Water TOC})) \times 100$ . If > 1 paired sample sets in any month report the average of all individual percent TOC removals (Example: % TOC Removal =  $(\text{Average of Set 1} + \text{Average of Set 2}) \div 2$ ).

<sup>2</sup> From table at 310-CMR 22.07E(10)(b)2.

<sup>3</sup> As listed at 310 CMR 22.07E(10)(a)2 and 310 CMR 22.07E(10)(a)3, summarized as follows:

Alternative Compliance Criteria	Code Value	Result(s) to Report (RAA - Running Annual Average)
Source Water TOC <2.0 mg/L	SWTOC	RAA of source water TOC
Treated Water <2.0 mg/L	TWTOC	RAA of treated water TOC
Source Water TOC < 4.0 mg/L AND Alkalinity >60 mg/L (as CaCO <sub>3</sub> ) AND TTHM/HAA5 ≤ 0.040/0.030 mg/L	COMBO	RAA of source water TOC, RAA of source water alkalinity, RAA of TTHM and HAA5
TTHM/HAA5 ≤ 0.040/0.030 mg/L AND only using chlorine	TTHM/HAA5	RAA of TTHM and HAA5
Source Water SUVA ≤ 2.0 L/mg-m	SWSUVA	RAA of treated water SUVA
Treated Water SUVA ≤ 2.0 L/mg-m	TWSUVA	RAA of treated water SUVA
Softening that lowers alkalinity to < 60 mg/L (as CaCO <sub>3</sub> )	SOFT60	RAA of treated water alkalinity
Softening that removes ≥ 10 mg/L (as CaCO <sub>3</sub> ) of hardness	SOFT10	RAA of hardness (as CaCO <sub>3</sub> ) removal

Note: All supplemental measurements and calculations used to meet the alternative criteria must be attached to this report.

<sup>4</sup> For any month where the system met an alternative compliance criteria a value of 1.0 may be inserted.

DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	



**CERTIFICATE OF ANALYSIS**

Chris Pelleteri  
Randolph - Holbrook Joint Water Board  
50 North Franklin Street  
Holbrook, MA 02343

Project Name: DOC SUVA  
Work Order Number: A3A0090  
Date Received: 01/04/2023

Sampled By: Paul Henessey  
Location: Raw Water

Date Sampled: 1/4/23 10:00  
Matrix: Surface Water

**RESULTS OF ANALYSIS**

Parameter	Analytical Method	Date Analyzed	Units	Detection Limit	DW MCL/ Recommended Limit #	Result
<i>Test Parameters</i>				LAB-ID#: <b>A3A0090-01</b>		
Dissolved Organic Carbon (Average)	5310B	1/9/2023	mg/L	0.500	---	4.69
SUVA	4153	1/9/2023	/100 ml	N/A	---	0.0192
UV 254	5910B	1/5/2023	abs/cm	0.002	---	0.089

Sampled By: Paul Henessey  
Location: Combined Filter Effluent Grab

Date Sampled: 1/4/23 10:00  
Matrix: Drinking Water

**RESULTS OF ANALYSIS**

Parameter	Analytical Method	Date Analyzed	Units	Detection Limit	DW MCL/ Recommended Limit #	Result
<i>Test Parameters</i>				LAB-ID#: <b>A3A0090-02</b>		
Dissolved Organic Carbon (Average)	5310B	1/9/2023	mg/L	0.500	---	3.27
SUVA	4153	1/9/2023	/100 ml	N/A	---	0.0137
UV 254	5910B	1/5/2023	abs/cm	0.002	---	0.045

NA = Not Applicable  
ND = Not Detected  
< = Less Than  
> = Greater Than

Approved By: *Louise Hobbs*

**Work Order Narrative:**

No unusual observations noted.

**Subcontracted Analyses:**

ESS Laboratory - Cranston, RI (M-RI002)

Dissolved Organic Carbon 5310B; UVA 254

**REVIEWED**  
By mgargasz at 12:59 pm, Jan 16, 2023





Massachusetts Department of Environmental Protection - Drinking Water Program  
**TURBIDITY - INDIVIDUAL FILTER MONITORING**  
 For Conventional or Direct Filtered Systems

SWTR  
 J

(Page 2 of 2)

III. DAILY REPORTING<sup>1</sup>:

Day	Filter Number: 1		Filter Number: 2		Filter Number: 3		Filter Number: 4	
	<sup>3</sup> Max Day NTU	<sup>4</sup> Max after 4 Hours NTU	<sup>3</sup> Max Day NTU	<sup>4</sup> Max after 4 Hours NTU	<sup>3</sup> Max Day NTU	<sup>4</sup> Max after 4 Hours NTU	<sup>3</sup> Max Day NTU	<sup>4</sup> Max after 4 Hours NTU
1	0.063	0.037	0.109	0.043	0.620	0.057	0.391	0.155
2	0.064	0.032	0.096	0.036	0.042	-	0.034	-
3	0.032	-	0.037	-	0.080	0.051	0.079	0.038
4	0.080	0.032	0.104	0.038	0.210	0.210	0.226	0.174
5	0.046	0.032	0.084	0.037	0.234	0.052	0.541	0.163
6	0.062	0.031	0.071	0.036	0.056	-	0.050	-
7	0.031	-	0.036	-	0.054	0.047	0.109	0.090
8	0.065	0.029	0.109	0.035	0.123	0.097	0.179	0.141
9	0.076	0.029	0.115	0.055	0.093	0.093	0.138	0.085
10	0.056	0.036	0.107	0.048	0.185	-	0.032	-
11	0.028	-	0.034	-	0.208	0.168	0.390	0.084
12	0.098	0.029	0.072	0.034	0.230	0.164	0.202	0.112
13	0.046	0.027	0.079	0.032	0.132	0.037	0.242	0.106
14	0.090	0.028	0.122	0.031	0.024	-	0.063	-
15	0.028	-	0.033	-	0.036	0.027	0.190	0.162
16	0.066	0.029	0.092	0.033	0.167	0.092	0.143	0.121
17	0.050	0.029	0.074	0.035	0.132	0.119	0.078	0.037
18	0.043	0.028	0.081	0.033	0.040	-	0.072	-
19	0.027	-	0.033	-	0.109	0.041	0.150	0.112
20	0.059	0.027	0.102	0.032	0.067	0.033	0.176	0.129
21	0.037	0.027	0.104	0.032	0.086	0.036	0.148	0.030
22	0.075	0.028	0.094	0.031	0.024	-	0.031	-
23	0.027	-	0.033	-	0.058	0.026	0.083	0.051
24	0.129	0.028	0.041	0.033	0.073	0.073	0.108	0.043
25	0.057	0.028	0.208	0.073	0.121	0.083	0.091	0.042
26	0.036	0.028	0.058	0.033	0.122	-	0.040	-
27	0.063	-	0.034	-	0.149	0.138	0.206	0.119
28	0.174	0.029	0.189	0.045	0.123	0.050	0.168	0.123
29	0.186	0.027	0.156	0.032	0.132	0.090	0.185	0.130
30	0.162	0.027	0.165	0.031	0.078	-	0.043	-
31	0.026	-	0.032	-	0.150	0.085	0.198	0.088

1. Systems shall conduct continuous turbidity monitoring of the filter effluent for each individual filter at the filtration facility and record turbidity measurements every 15-minutes. Record the actual turbidity result at the specified interval of time. Do not average turbidity measurements. Individual filter turbidity records must be retained for 3 years and kept on file for MassDEP review.
2. Systems serving less than 10,000: If the treatment system has only one or two filters, the supplier may conduct continuous monitoring of the CFE turbidity in lieu of individual filter effluent (IFE) turbidity monitoring. If there are two filters, a continuous turbidity monitor can be installed on the combined filter effluent. If a CFE problem appears, follow-up action must then be completed on both filters.
3. Enter the highest daily 15-minute interval turbidity measurement recorded for the filter specified.
4. Enter the highest daily 15-minute interval turbidity measurement recorded at the end of the first four hours of continuous filter operation after the filter has been backwashed or otherwise taken offline.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: \_\_\_\_\_

Date: 2/15/23

Title: Plant Operator

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.



Massachusetts Department of Environmental Protection - Drinking Water Program  
**TURBIDITY - INDIVIDUAL FILTER MONITORING**  
 For Conventional or Direct Filtered Systems

SWTR  
 J

(Page 2 of 2)

III. DAILY REPORTING:

Day	Filter Number: 5		Filter Number: 6		Filter Number: 7		Filter Number: 8	
	Max Day NTU	Max after 4 Hours NTU	Max Day NTU	Max after 4 Hours NTU	Max Day NTU	Max after 4 Hours NTU	Max Day NTU	Max after 4 Hours NTU
1	0.031	-	0.034	-	0.088	0.041	0.171	0.042
2	0.177	0.028	0.144	0.065	0.123	0.038	0.208	0.046
3	0.121	0.031	0.226	0.061	0.076	0.039	0.124	0.048
4	0.130	0.030	0.282	0.060	0.038	-	0.040	-
5	0.029	-	0.030	-	0.073	0.034	0.101	0.039
6	0.120	0.028	0.124	0.035	0.125	0.037	0.136	0.037
7	0.068	0.029	0.206	0.078	0.095	0.038	0.124	0.036
8	0.094	0.027	0.237	0.056	0.037	-	0.038	-
9	0.026	-	0.030	-	0.065	0.037	0.111	0.036
10	0.038	0.026	0.131	0.087	0.097	0.035	0.136	0.034
11	0.070	0.025	0.141	0.044	0.068	0.036	0.094	0.033
12	0.095	0.025	0.271	0.072	0.035	-	0.035	-
13	0.024	-	0.025	-	0.087	0.034	0.072	0.033
14	0.148	0.025	0.160	0.051	0.065	0.034	0.094	0.032
15	0.071	0.025	0.127	0.064	0.079	0.035	0.136	0.034
16	0.099	0.025	0.170	0.036	0.035	-	0.034	-
17	0.024	0.025	0.024	-	0.067	0.036	0.141	0.032
18	0.207	0.025	0.146	0.029	0.131	0.034	0.128	0.032
19	0.097	0.025	0.252	0.032	0.118	0.035	0.135	0.031
20	0.094	0.025	0.173	0.036	0.035	-	0.033	-
21	0.024	-	0.024	-	0.072	0.035	0.120	0.032
22	0.101	0.025	0.157	0.033	0.059	0.035	0.101	0.032
23	0.084	0.024	0.275	0.047	0.063	0.034	0.175	0.031
24	0.094	0.025	0.237	0.036	0.033	-	0.031	-
25	0.025	-	0.024	-	0.070	0.035	0.063	0.032
26	0.158	0.026	0.094	0.039	0.137	0.035	0.087	0.034
27	0.038	0.041	0.157	0.157	0.107	0.037	0.165	0.165
28	0.171	0.027	0.253	0.061	0.035	-	0.034	-
29	0.026	-	0.028	-	0.181	0.034	0.204	0.031
30	0.175	0.025	0.206	0.059	0.128	0.034	0.145	0.031
31	0.229	0.024	0.241	0.040	0.147	0.034	0.232	0.030

- Systems shall conduct continuous turbidity monitoring of the filter effluent for each individual filter at the filtration facility and record turbidity measurements every 15-minutes. Record the actual turbidity result at the specified interval of time. Do not average turbidity measurements. Individual filter turbidity records must be retained for 3 years and kept on file for MassDEP review.
- Systems serving less than 10,000: If the treatment system has only one or two filters, the supplier may conduct continuous monitoring of the CFE turbidity in lieu of individual filter effluent (IFE) turbidity monitoring. If there are two filters, a continuous turbidity monitor can be installed on the combined filter effluent. If a CFE problem appears, follow-up action must then be completed on both filters.
- Enter the highest daily 15-minute interval turbidity measurement recorded for the filter specified.
- Enter the highest daily 15-minute interval turbidity measurement recorded at the end of the first four hours of continuous filter operation after the filter has been backwashed or otherwise taken offline.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature: \_\_\_\_\_

Date: 2/15/23

Title: Plant Operator

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CHLORINE/CHLORAMINES - MONTHLY REPORT**

CI

**I. PWS INFORMATION:**

PWS ID #: **4133000** PWS Name: **TOWN OF HOLBROOK** City/Town: **HOLBROOK** Class:  COM  NTNC  TNC   
 II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Analytical Method:  SM 4500-Cl:  D  E  F  G  H  I  ASTM D1253-86

**Notes:**

DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>		CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup>		COLLECTED AND ANALYZED BY	
DEP Sample Type <sup>4</sup>	DEP Location Code # <sup>1</sup>		DEP Approved SAMPLE LOCATION <sup>1</sup>	DATE		TIME
RS	001	1.35	TOWN HALL	1/4/2023	07:30	J. Maclane
RS	004	1.45	COTTAGE VARIETY	1/4/2023	08:05	J. Maclane
RS	008E	.01	STEWARTS POWER EQUIPMENT	1/4/2023	09:15	J. Maclane
RS	006	.38	COMMUNITY CENTER	1/4/2023	07:45	J. Maclane
RS	001	1.38	TOWN HALL	1/9/2023	07:25	T. Duggan
RS	004	1.52	COTTAGE VARIETY	1/9/2023	08:05	T. Duggan
RS	008E	.02	STEWARTS POWER EQUIPMENT	1/9/2023	08:50	T. Duggan
RS	006	.37	COMMUNITY CENTER	1/9/2023	07:45	T. Dugan
RS	001	1.44	TOWN HALL	1/18/2023	07:30	J. Maclane
RS	004	1.49	COTTAGE VARIETY	1/18/2023	08:15	J. Maclane
RS	008E	.06	STEWARTS POWER EQUIPMENT	1/18/2023	08:45	J. Maclane
RS	006	.26	COMMUNITY CENTER	1/18/2023	07:50	J. Maclane
RS	001	1.43	TOWN HALL	1/23/2023	07:30	J. Maclane
RS	004	1.66	COTTAGE VARIETY	1/23/2023	08:15	J. Maclane
RS	008E	.01	STEWARTS POWER EQUIPMENT	1/23/2023	08:40	J. Maclane
RS	006	.43	COMMUNITY CENTER	1/23/2023	07:50	J. Maclane
RS	001	1.10	TOWN HALL	1/30/2023	07:30	J. Maclane
RS	004	1.53	COTTAGE VARIETY	1/30/2023	08:15	J. Maclane
RS	008E	.02	STEWARTS POWER EQUIPMENT	1/30/2023	07:50	J. Maclane
RS	006	.63	COMMUNITY CENTER	1/30/2023	08:55	J. Maclane

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.

<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.

<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).

<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, DR-Downstream Repeat, UR-Upstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).

<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

III. COMPLIANCE REPORTING: Total # of Samples Collected for Month<sup>5</sup>: **70** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.27**

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

Primary Certified Operator Signature and Date: *[Signature]* **2/15/23**

DEP Review Status:  Accepted  Disapproved  Review Comments:



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CHLORINE/CHLORAMINES - MONTHLY REPORT**

CI

**I. PWS INFORMATION:**

PWS ID #: **4244000** PWS Name: **RANDOLPH WATER DEPARTMENT** City/Town: **RANDOLPH** Class: COM  NTNC  TNC   
 II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Chlorine Analytical Method: SM 4500-Cl:  D  E  F  G  H  I ASTM D1253-86

Notes:

DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>		CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup>		COLLECTED AND ANALYZED BY:	
DEP Sample Type <sup>4</sup>	DEP Location Code #		DEP Approved SAMPLE LOCATION <sup>1</sup>	DATE		TIME
RS	003	1.54	TOWER HILL SCHOOL - ADAMS STREET	1/4/23	10:15 AM	A. PIERRE-LOUIS
RS	004	1.43	JFK SCHOOL - 20 HURLEY DRIVE		8:00 AM	
RS	005	1.35	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		9:00 AM	
RS	006	1.65	COMFORT INN - 1374 NORTH MAIN STREET		11:15 AM	
RS	008	1.64	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		10:45 AM	
RS	011	1.49	MOBIL STATION - 93 MAZZEO DRIVE		9:30 AM	
RS	012	1.13	7 - 11 FOOD SHOP - 675 NORTH STREET		8:30 AM	
RS	014 AE	1.64	AXP AUTO - 317 NORTH MAIN ST		7:30 AM	
RS	016	1.19	OAK GROVE STANDPIPE		10:00 AM	
RS	017	1.11	SOUTH MAIN STREET STANDPIPE		8:45 AM	

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled.  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upsream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:** Total # of Samples Collected for Month<sup>5</sup>: **70** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.27**  
 In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Certified Operator Signature and Date: *[Signature]* 2/15/23

DEP Review Status:  Accepted  Disapproved  Review Comments:



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CHLORINE/CHLORAMINES - MONTHLY REPORT**

CI

**I. PWS INFORMATION:**

PWS ID #: **4244000** PWS Name: **RANDOLPH WATER DEPARTMENT** City/Town: **RANDOLPH** Class: COM  NTNC  TNC   
 II: ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Chlorine Analytical Method: SM 4500-Cl  D  E  F  G  H  I ASTM D1263-86   
 Notes:

DEP Sample Type	DEP Location Code #	DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>		CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup> :		COLLECTED AND ANALYZED BY:
		DEP Approved SAMPLE LOCATION <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.62	1/9/23	10:00 AM	A. PIERRE - LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.63		7:30 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.39		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.97		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		1.67		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.56		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		.65		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.67		8:00 AM	
RS	016	OAK GROVE STANDPIPE		1.24		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.09		8:45 AM	

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:** Total # of Samples Collected for Month<sup>6</sup>: **70** Average Chlorine Result of All Samples For Month<sup>6</sup> (mg/L): **1.27**  
 In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.  
 I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.  
 Primary Certified Operator Signature and Date: *[Signature]* **2/15/23**

DEP Review Status:  Accepted  Disapproved  Review Comments:



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CHLORINE/CHLORAMINES - MONTHLY REPORT**

CI

**I. PWS INFORMATION:**

PWS ID #: **4244000** PWS Name: **RANDOLPH WATER DEPARTMENT** City/Town: **RANDOLPH** Class: COM  NTNC  TNC   
 II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Chlorine Analytical Method: SM 4500-Cl:  D  E  F  G  H  I ASTM D1253-86

Notes:

DEP Sample Type	DEP Location Code #	DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>		CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS:		COLLECTED AND ANALYZED BY:
		DEP Approved SAMPLE LOCATION <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.68	1/18/23	10:00 AM	A. PIERRE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.38		9:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.43		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.94		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		1.67		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.48		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		.95		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.67		7:30 AM	
RS	016	OAK GROVE STANDPIPE		1.23		9:45	
RS	017	SOUTH MAIN STREET STANDPIPE		1.04		8:45	

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RC-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:** Total # of Samples Collected for Month<sup>6</sup>: **70** Average Chlorine Result of All Samples For Month<sup>6</sup> (mg/L): **1.27**  
 in accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.  
 I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Certified Operator Signature and Date: *[Signature]* 2/15/23

DEP Review Status:  Accepted  Disapproved Review Comments:





Massachusetts Department of Environmental Protection - Drinking Water Program  
**CHLORINE/CHLORAMINES - MONTHLY REPORT**

CI

I. PWS INFORMATION:

PWS ID #: **4244000** PWS Name: **RANDOLPH WATER DEPARTMENT** City/Town: **RANDOLPH** Class:  COM  NTNC  TNC   
 II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Chlorine Analytical Method:  SM 4500-Cl:  D  E  F  G  H  I ASTM D1253-86

Notes:

DEP Sample Type	DEP Location Code #	DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>		CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup> :		COLLECTED AND ANALYZED BY
		DEP Approved SAMPLE LOCATION <sup>4</sup>	DEP Approved SAMPLE LOCATION <sup>4</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.77	1/30/23	10:00 AM	A. PIERRE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.58		8:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.23		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		2.07		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		1.78		10:30 AM	
RS	011	MOBIL STATION - 93 MAZEO DRIVE		1.67		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		1.2		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.81		11:30 AM	
RS	016	OAK GROVE STANDPIPE		1.04		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.09		8:45 AM	

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

III. COMPLIANCE REPORTING: Total # of Samples Collected for Month<sup>5</sup>: **70** Average Chlorine Result of All Samples For Month<sup>6</sup> (mg/L): **1.27**  
 In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.  
 I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.  
 Primary Certified Operator Signature and Date: *[Signature]* **2/15/23**

DEP Review Status:  Accepted  Disapproved Review Comments: