



**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**

December 10, 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  
November, 2023 Randolph/Holbrook  
Joint Water System, PWS #424001

Gentlemen:

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

Sincerely,

William Platt  
Treatment Plant Operator, Class Three

Enclosures

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





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

SWTR  
J

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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	0.052	0.038	0.078	0.039	0.055	0.035	0.109	0.061
2	0.044	-	0.046	-	0.038	-	0.048	-
3	0.088	0.040	0.106	0.041	0.078	0.037	0.082	0.048
4	0.075	0.042	0.053	0.044	0.073	0.040	0.110	0.057
5	0.050	0.043	0.054	0.043	0.039	-	0.050	-
6	0.042	-	0.045	-	0.062	0.043	0.075	0.051
7	0.092	0.038	0.098	0.040	0.054	0.037	0.082	0.069
8	0.049	0.039	0.058	0.042	0.069	0.038	0.065	0.058
9	0.060	0.041	0.064	0.042	0.037	-	0.050	-
10	0.040	-	0.043	-	0.100	0.080	0.081	0.048
11	0.130	0.031	0.076	0.037	0.050	0.047	0.078	0.067
12	0.088	0.032	0.062	0.037	0.055	0.036	0.103	0.056
13	0.088	0.031	0.082	0.036	0.068	-	0.041	-
14	0.029	-	0.033	-	0.118	0.076	0.131	0.055
15	0.052	0.030	0.209	0.037	0.170	0.170	0.090	0.065
16	0.040	0.030	0.059	0.035	0.187	0.068	0.243	0.061
17	0.048	0.031	0.070	0.037	0.066	-	0.075	-
18	0.030	-	0.036	-	0.085	0.035	0.110	0.098
19	0.072	0.036	0.057	0.040	0.079	0.051	0.168	0.168
20	0.051	0.031	0.051	0.043	0.087	0.062	0.211	0.211
21	0.046	0.032	0.068	0.042	0.047	-	0.046	-
22	0.030	-	0.035	-	0.081	0.081	0.110	0.096
23	0.055	0.030	0.071	0.046	0.209	0.199	0.451	0.365
24	0.142	0.142	0.199	0.059	0.170	0.170	0.632	0.197
25	0.149	0.066	0.242	0.081	0.132	-	0.045	-
26	0.032	-	0.043	-	0.493	0.138	0.125	0.125
27	0.069	0.035	0.108	0.062	0.359	0.125	0.230	0.142
28	0.064	0.045	0.067	0.054	0.167	0.135	0.138	0.138
29	0.051	0.032	0.103	0.048	0.064	-	0.199	-
30	0.032	-	0.037	-	0.175	0.069	0.650	0.273
31								

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: 12/15/27

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<sup>1</sup>:

Day	Filter Number: 5		Filter Number: 6		Filter Number: 7		Filter Number: 8	
	<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	0.031	-	0.061	-	0.216	0.059	0.057	0.045
2	0.099	0.033	0.080	0.079	0.097	0.059	0.065	0.056
3	0.051	0.034	0.064	0.042	0.057	-	0.047	-
4	0.034	-	0.046	-	0.091	0.060	0.051	0.039
5	0.045	0.035	0.083	0.048	0.077	0.060	0.089	0.041
6	0.087	0.034	0.073	0.047	0.076	0.060	0.063	0.040
7	0.073	0.032	0.065	0.043	0.056	-	0.036	-
8	0.032	-	0.045	-	0.068	0.057	0.122	0.037
9	0.062	0.035	0.257	0.046	0.067	0.059	0.053	0.039
10	0.131	0.032	0.047	0.044	0.062	0.062	0.077	0.038
11	0.049	0.030	0.045	0.030	0.038	-	0.039	-
12	0.031	-	0.031	-	0.043	0.039	0.232	0.039
13	0.066	0.032	0.127	0.033	0.084	0.038	0.069	0.040
14	0.057	0.032	0.097	0.064	0.055	0.036	0.053	0.036
15	0.066	0.030	0.049	0.035	0.036	-	0.036	-
16	0.030	-	0.038	-	0.067	0.037	0.063	0.038
17	0.075	0.030	0.048	0.043	0.050	0.038	0.053	0.038
18	0.057	0.031	0.045	0.031	0.062	0.039	0.140	0.042
19	0.074	0.033	0.058	0.032	0.041	-	0.042	-
20	0.031	-	0.032	-	0.060	0.038	0.060	0.039
21	0.481	0.032	0.343	0.046	0.065	0.041	0.057	0.040
22	0.067	0.029	0.105	0.093	0.232	0.037	0.055	0.037
23	0.065	0.030	0.081	0.081	0.036	-	0.042	-
24	0.034	-	0.033	-	0.067	0.037	0.095	0.056
25	0.486	0.036	0.088	0.044	0.077	0.040	0.065	0.040
26	0.104	0.032	0.100	0.100	0.218	0.039	0.074	0.040
27	0.090	0.035	0.187	0.187	0.039	-	0.041	-
28	0.046	-	0.048	-	0.086	0.059	0.059	0.048
29	0.083	0.032	0.053	0.050	0.070	0.039	0.055	0.041
30	0.102	0.030	0.061	0.049	0.058	0.038	0.112	0.041
31								

- 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: 12/15/23

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.

**PWS INFORMATION**

PWS ID# 424101 PWS Name: RANDOLPH WATER PLANT PWS Town: RANDOLPH  
 Treatment Facility Name: RANDOLPH WATER PLANT Reporting Period: Month NOVEMBER Year 2002  
 Disinfectant: CHLORINE GAS/FILTER EFFLUENT Sequence of Disinfectant Application:  1st  2nd  3rd  4th  5th  6th

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

Day	Peak Hourly Flow (gpm) / Peak Hourly Flow (lpm)	Disinfectant Concentration C (mg/L) / Disinfectant Concentration (C x T)	Disinfectant Contact Time T (min) / Disinfectant Contact Time (T x C)	CT Calc (=C x T) / CT Calc (=C x T)	pH <sup>99.9</sup>	Water Temp <sup>9</sup> (°C) / Water Temp <sup>9</sup> (°C)	CT <sup>99.9CT</sup> 99.9	Inactivation Ratio <sup>9</sup> (CT calc / CT 99.9)	Inactivation Ratio <sup>9</sup> <1.0
1	2400	2.02	50	101	7	14	15	6.7	<input type="checkbox"/> Yes
2	2400	2.06	50	102	7	13	17	6.0	<input type="checkbox"/> Yes
3	2400	2.04	50	102	7	13	17	5.4	<input type="checkbox"/> Yes
4	2400	2.05	50	102.5	7	13	17	6.0	<input type="checkbox"/> Yes
5	2400	1.89	50	98	7.1	13	17	5.1	<input type="checkbox"/> Yes
6	2400	1.72	50	96	7.1	13	18	5.3	<input type="checkbox"/> Yes
7	2400	1.89	50	94.5	7.1	12	18	5.8	<input type="checkbox"/> Yes
8	2400	2.08	50	104	7	11	20	5.3	<input type="checkbox"/> Yes
9	2400	2.11	50	105.5	7	11	20	5.1	<input type="checkbox"/> Yes
10	2400	2.04	50	102	7	11	20	5.1	<input type="checkbox"/> Yes
11	2400	1.8	50	90	7	11	19	4.7	<input type="checkbox"/> Yes
12	2400	2.29	50	114.5	7	10	21	5.5	<input type="checkbox"/> Yes
13	2400	1.98	50	99	7	10	21	4.7	<input type="checkbox"/> Yes
14	2400	1.76	50	88	7	10	20	4.4	<input type="checkbox"/> Yes
15	2400	2.12	50	106	7	10	21	5.0	<input type="checkbox"/> Yes
16	2400	1.97	50	98.5	7	10	21	4.7	<input type="checkbox"/> Yes
17	2400	2.11	50	105.5	6.9	9	22	4.8	<input type="checkbox"/> Yes
18	2400	2.07	50	103.5	7.1	10	22	4.7	<input type="checkbox"/> Yes
19	2400	2.13	50	106.5	7	9	22	4.8	<input type="checkbox"/> Yes
20	2400	2.22	50	111	7	9	22	5.0	<input type="checkbox"/> Yes
21	2400	2.25	50	112.5	7	9	22	5.1	<input type="checkbox"/> Yes
22	2400	1.9	50	95	6.9	8	23	4.1	<input type="checkbox"/> Yes
23	2400	2	50	100	7	8	24	4.2	<input type="checkbox"/> Yes
24	2400	2.1	50	105	7	8	24	4.4	<input type="checkbox"/> Yes
25	2400	2.2	50	110	7	7	25	4.4	<input type="checkbox"/> Yes
26	2400	2.21	50	110.5	7	7	25	4.4	<input type="checkbox"/> Yes
27	2400	2.02	50	101	7	7	25	4.0	<input type="checkbox"/> Yes
28	2400	2.01	50	100.5	6.9	7	24	4.2	<input type="checkbox"/> Yes
29	2400	2.05	50	102.5	7	8	22	3.8	<input type="checkbox"/> Yes
30	2400	2.04	50	102	7	6	22	3.8	<input type="checkbox"/> Yes
31				9				#DIV/0!	<input type="checkbox"/> Yes

- Notes:**
- 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 (CT calc/CT 99.9) to determine compliance.
  - Peak hourly flow means the highest pumpage/hour during the day, not the absolute peak flow at any instant.
  - The residual disinfectant concentration(s) ("C") of the water before or at the first customer must be measured each day during peak hourly flow.
  - The disinfectant contact time(s) ("T") must be determined for each day during peak hourly flow. The time T used in calculating CT<sup>99.9</sup> 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.
  - 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.
  - 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.
  - Use Inactivation Tables at 3100CMR 22.20A Tables 1-1 - 1-6, 2-1 and/or 3-1
  - The inactivation ratio 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.
  - 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: \_\_\_\_\_  
 Title: Plant Operator  
 Phone #: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: 12/8/23  
 Email: \_\_\_\_\_

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.



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: NOVEMBER Year: 2023

II. DAILY REPORTING:

Filtered Water Turbidity Measured: (check only one) [X] Combined Filter Effluent [ ] Individual Filter Effluent<sup>1</sup> [ ] Clearwell [ ] Plant Effluent  
Filtration Technology: [X] Conventional [ ] Direct [ ] Alternative [ ] Slow Sand [ ] Diatomaceous Earth  
Monthly Turbidity (95%) NTU Limit = 0.3 Max Day Turbidity NTU Limit = 1  
Monthly Turbidity (95%) NTU Limit = 1 Max Day Turbidity NTU Limit = 5

Table with 5 columns: Day, Max Filtered Water Turbidity Result<sup>2</sup> (NTU), Number of Turbidity Measurements<sup>3</sup>, Number of Turbidity Measurements ≤ Monthly (95%) NTU Limit<sup>4</sup>, Number of Turbidity Measurements > Max Day NTU Limit<sup>5</sup>. 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 4<sup>th</sup> 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). For continuous monitors count each 4-hour period as 1 measurement. Record the actual turbidity result at the specified interval of time. Do not average turbidity measurements. If DEP approved, 15-minute readings (i.e. 96 readings per day) may be submitted. Filtered turbidity data must be kept on file for DEP review.
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. For each exceedance, record the turbidity value(s) and date(s) on SWTR - Form G

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: 12/8/23 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.



## DBPR TT Compliance Report

## I. PWS INFORMATION:

PWS ID #: **4244001** City / Town: **RANDOLPH**  
 PWS Name: **Randolph-Hoibrook Joint Water** PWS Class:  COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
015/10300	Raw Water/Combined Filter Effluent	11/6/2023	P Hennessy
SAMPLE NOTES			

## II. COMPLIANCE CALCULATIONS:

Month (mm/yy)	# 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>
12/22	1	38.0	32.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
01/23	1	35.0	35.0	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.0
02/23	1	35.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
03/23	1	54.0	45.0	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.2
04/23	1	38.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
05/23	1	35.0	35.0	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.0
06/23	1	35.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
07/23	1	39.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
08/23	1	33.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
09/23	1	28.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
10/23	1	28.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
11/23	1	31.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Tesuva	1.0
Sum of Past 12 Months:						12.2
Compliance Value (Sum of Past 12 Months/ 12):						1.0

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: 11/8/23

In accordance with 310 CMR 22.15(2), if mailing paper reports, ONE copy 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.

<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 _____	



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

I. 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. Rows A and B.

Table for Resubmitted Report with columns: Routine or Special Sample, Original, Resubmitted or Confirmation Report, (1) Reason for Resubmission, (2) Collection Date of Original Sample.

SAMPLE NOTES table with rows A and B.

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

TOC Analyzed by (check one): [ ] PWS or [x] Lab Samples Acidified? [x] Yes or [ ] No
Table with columns: TOC Result (mg/L), Result Qualifier, MDL (mg/L), MRL (mg/L), 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.

Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water.

Alkalinity Analyzed by (check one): [ ] PWS or [x] Lab
Table with columns: ALKALINITY Result (mg/L as CaCO3), Result Qualifier, MDL (mg/L), MRL (mg/L), 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.

Table with columns: LAB SAMPLE COMMENTS, Result Qualifier, Result Qualifier Description. Rows A and B.

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: 11/27/2023

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.

DEP REVIEW STATUS (Initial & Date)
[ ] Accepted [ ] Disapproved
Review Comments
[ ] WQTS Data Entered



**CERTIFICATE OF ANALYSIS**

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

Project Name: DOC SUVA  
Work Order Number: A3K0190  
Date Received: 11/06/2023

Sampled By: Paul Hennessy  
Location: Raw

Date Sampled: 11/6/23 10:00  
Matrix: Surface Water

**RESULTS OF ANALYSIS**

Parameter	Analytical Method	Date Analyzed	Units	Detection Limit	DW MCL/ Recommended Limit #	Result
<b>Test Parameters</b>				LAB-ID#: <b>A3K0190-01</b>		
Dissolved Organic Carbon (Average)	5310B	11/9/2023	mg/L	0.500	---	4.58
SUVA	4153	11/9/2023	/100 ml	N/A	---	0.0125
UV 254	5910B	11/7/2023	abs/cm	0.002	---	0.057

Sampled By: Paul Hennessy  
Location: Combined Filter Effluent

Date Sampled: 11/6/23 10:00  
Matrix: Drinking Water

**RESULTS OF ANALYSIS**

Parameter	Analytical Method	Date Analyzed	Units	Detection Limit	DW MCL/ Recommended Limit #	Result
<b>Test Parameters</b>				LAB-ID#: <b>A3K0190-02</b>		
Dissolved Organic Carbon (Average)	5310B	11/9/2023	mg/L	0.500	---	3.08
SUVA	4153	11/9/2023	/100 ml	N/A	---	0.0323
UV 254	5910B	11/7/2023	abs/cm	0.002	---	0.100

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

Approved By: *Samuel H. ...*

**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 3:55 pm, Nov 14, 2023



# Compliance Determination for Filtered Systems - Monthly Report

## I. PWS INFORMATION:

PWSID#:  PWS Name:  PWS Town:

Treatment Plant Name:  Reporting Period → Month:  Year:

## II. TURBIDITY PERFORMANCE CRITERIA:

1. **Monthly Turbidity (95%) NTU Limit** - 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).

178	= A	Total # of filtered water turbidity measurements for month (SWTR - Form F)
178	= B	Total # of filtered water turbidity measurements less than or equal to the specified limits for the filtration technology used. (SWTR - Form F)
<b>100</b>	<b>= (B / A) x 100</b>	The percentage of turbidity measurements meeting the Monthly Turbidity 95% NTU Limit.

2. **Max Day NTU Limit** - 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  if "None"

Date	Value	Date Reported to DEP	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. **Point-of-Entry Minimum Disinfectant Residual Criteria** - Residual Disinfectant concentration cannot be < 0.2 mg/L for more than 4 hours. SWTR TT Violation (Tier 2).

**Minimum Disinfectant Residual at Point-of-Entry to Distribution System**

Day	Cl <sub>2</sub> mg/l	Day	Cl <sub>2</sub> mg/l										
1	2.02	6	1.72	11	1.80	16	1.97	21	2.25	26	2.21	31	
2	2.06	7	1.89	12	2.29	17	2.11	22	1.90	27	2.02	Residual Measurements	
3	2.04	8	2.08	13	1.98	18	2.07	23	2.00	28	2.01		
4	1.83	9	2.11	14	1.76	19	2.13	24	2.10	29	2.05		
5	2.05	10	2.04	15	2.12	20	2.22	25	2.20	30	2.04		

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

2. **Distribution System Disinfectant Residual Criteria** - 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 *distribution routine & repeat* samples. If no residual is detected, an HPC sample must be collected and analyzed.

Total # of HPC samples taken during month:  # HPC sites > 500/mL:  # HPC sites ≤ 500/mL:

74	= 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)
0	= b	# of sites HPC samples were analyzed <i>instead</i> of Cl <sub>2</sub> residual measurements
0	= c	# of sites where no Cl <sub>2</sub> residual was detected and no HPC sample was analyzed
0	= d	# of sites where no Cl <sub>2</sub> residual was detected and HPC > 500 CFU/mL
0	= 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 =  Previous Month % V =  Is V > 5% for 2 months?  Yes or  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: 12/8/23 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** 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 Chlorine Analytical Method: SM 4500-Cl:  D  E  F  G  H  ASTM D1253-86

Notes:

DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>		CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS:		COLLECTED AND ANALYZED BY:
DEP Location Code <sup>3</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS 001	TOWN HALL	1.09	11/13/2023	07:30	J. Maclane
RS 005	243 PLYMOUTH ST.	0.83	11/13/2023	08:15	J. Maclane
RS 006	1 HOLBROOK CRT.	0.60	11/13/2023	08:30	J. Maclane
RS 007	620 SOUTH ST.	1.37	11/13/2023	08:45	J. Maclane
RS 025	1 MILLION GAL. TANK	0.23	11/13/2023	07:45	J. Maclane
RS 026	1/2 MILLION GAL	0.15	11/13/2023	07:55	J. Maclane
RS 001	TOWN HALL	1.31	11/20/2023	07:30	J. Maclane
RS 005	243 PLYMOUTH ST.	1.07	11/20/2023	08:15	J. Maclane
RS 006	1 HOLBROOK COURT	0.95	11/20/2023	09:00	J. Maclane
RS 007	620 SOUTH ST.	1.35	11/20/2023	09:30	J. Maclane
RS 025	1 MILLION GAL. TANK	0.39	11/20/2023	08:00	J. Maclane
RS 026	1/2 MILLION GAL	0.11	11/20/2023	07:45	J. Maclane
RS 001	TOWN HALL	1.44	11/27/2023	07:30	J. Maclane
RS 005	243 PLYMOUTH ST.	1.04	11/27/2023	08:15	J. Maclane
RS 006	1 HOLBROOK COURT	0.91	11/27/2023	08:30	J. Maclane
RS 025	1 MILLION GAL. TANK	0.52	11/27/2023	07:45	J. Maclane
RS 026	1/2 MILLION GAL. TANK	0.37	11/27/2023	07:55	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, 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: **24** Average Chlorine Result of All Samples For Month (mg/L): **0.79**

*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:  12/8/23

DEP Review Status:  Accepted  Disapproved Review Comments:



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

**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 <sup>1,4</sup>	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 Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.53	11/1/23	10:00am	A. Pierce-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.91		8:00am	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.40		9:00am	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.86		11:00am	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.73		10:30am	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.60		9:30	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET	.52		8:30am	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST	1.73		7:30am	
RS	016	OAK GROVE STANDPIPE	1.13		9:45am	
RS	017	SOUTH MAIN STREET STANDPIPE	.99		8:45am	

<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-Route 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>: **50** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.41**

In accordance with 310 CMR 22.1B(2), if mailing paper reports, TMO 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]* 12/8/23

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 <sup>1,4</sup>	DEP Location Code # <sup>1</sup>	DEP Approved Sample Location <sup>1</sup>	CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup> : DATE	TIME	COLLECTED AND ANALYZED BY:
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.58	11/6/23	10:00 AM	A. PIERRE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.39		8:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.14		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	2.13		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.71		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.43		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET	.26		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST	1.56		7:30 AM	
RS	016	OAK GROVE STANDPIPE	1.19		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.03		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-Route 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>: **50** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.41**

In accordance with 310 CMR 22.15(2), if mailing paper reports, TMO 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] 12/8/23

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 <sup>1,4</sup>	DEP Location Code # <sup>1</sup>	DEP Approved Sample Location <sup>1</sup>	CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup> DATE	TIME	COLLECTED AND ANALYZED BY:
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.54	11/3/03	9:30	PS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.14		8:15	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.03		7:45	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.73		10:30	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.94		9:50	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.54		9:00	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET	1.15		9:30	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST	1.79		11:00	
RS	016	OAK GROVE STANDPIPE	1.11		1:30	
RS	017	SOUTH MAIN STREET STANDPIPE	1.38		12:30	

<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>: **50** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.41**

In accordance with 310 CMR 22.15(2), if mailing paper reports, TMO 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:  11/3/03

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 <sup>1,3</sup>	DEP Location Code # <sup>1</sup>	DEP Approved Sample Location <sup>1</sup>	CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION DATE	ANALYSIS TIME <sup>3</sup>	COLLECTED AND ANALYZED BY:
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.82	11/20/23	10:00 AM	A. Pierr-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.64		8:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.54		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.94		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.90		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.56		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET	.38		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST	1.88		7:30 AM	
RS	016	OAK GROVE STANDPIPE	1.28		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.08		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>: **50** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.41**

In accordance with 310 CMR 22.1B(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]* 12/8/23

DEP Review Status:  Accepted  Disapproved Review Comments:



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

**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 <sup>1</sup>	DEP Location Code #	DEP Approved Sample Location <sup>1</sup>	CHLORINE RESULT <sup>2</sup> (mg/L)	COLLECTION AND ANALYSIS <sup>3</sup> DATE	TIME	COLLECTED AND ANALYZED BY:
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.89	11/29/23	10:00am	A. PIERRE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.59		8:00am	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.38		9:00am	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.91		11:00am	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.98		10:30am	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.55		9:30am	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET	.44		8:30am	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST	1.89		9:30am	
RS	016	OAK GROVE STANDPIPE	1.32		9:45am	
RS	017	SOUTH MAIN STREET STANDPIPE	1.05		8:45am	

<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>: **50** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.41**

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:  12/8/23

DEP Review Status:  Accepted  Disapproved Review Comments:



Massachusetts Department of Environmental Protection - Drinking Water Program  
 Chemical Addition Report - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD-XLSM

Reporting Period<sup>3</sup>

Month **NOV** Year **2023**

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

PWS ID<sup>1</sup> **4244001** PWS Name<sup>1</sup> **Randolph-Holbrook Joint Water #NAME?** Town<sup>1</sup> **Randolph #NAME?**  
 Treatment Plant ID #<sup>2</sup> **4244001-01T** Treatment Plant Name<sup>2</sup> **Randolph Water Plant #NAME?** Plant Availability **#NAME?** Plant Status **#NAME?**

II. Chemical & Operational Information

Chemical Name<sup>4</sup> **CALCIUM HYDROXIDE** Purchased Strength<sup>8</sup> **0.8500**  Decimal (0.00...  Percent (%) Target Range / min<sup>12</sup> **NA**  
 Purchased Density (lbs/gal)<sup>9</sup> **18.70** Target Dose<sup>13</sup> **NA**  
 Manufacturer<sup>5</sup> **CARMEUSE LIME & STONE** Dilution Factor or Mix Ratio<sup>10</sup> **1.00**  Dilution  Mix Ratio  No Dilution / No Batch Mi... Alarm Setting (low)<sup>14</sup> **NA**  
 Product Name<sup>6</sup> **HYDRATED LIME** NSF Approved<sup>11</sup> **Yes** Alarm Setting (high)<sup>14</sup> **NA**  
 Reason for Adding Chemical<sup>7</sup> **ADJUSTMENT OF pH** Date of last anti-siphon valve inspection/replacement<sup>15</sup> **NA**

III. Daily Reporting

Day	Treated Water <sup>16</sup> <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used <sup>18</sup> (lbs)	Chemical Dosage <sup>19</sup> (mg/L)	Parameters Measured <sup>4</sup> , Results, Units and Method <sup>20</sup> - (G)rab or Continuous (A)nalyzer <sup>21</sup>			O&M Notes/Comments <sup>22</sup>  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.
		Volume <sup>17</sup> (gal/day)	Weight <sup>17</sup> (lbs/day)			a. FINISHED pH	b.	c.	
1	2.50000					<input checked="" type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	Off for repair all month
2	2.00000					6.8			
3	2.70000					6.8			
4	2.60000					6.8			
5	2.70000					6.8			
6	2.50000					6.8			
7	2.70000					6.8			
8	2.30000					6.8			
9	2.60000					6.8			
10	2.70000					6.9			
11	2.50000					6.9			
12	2.60000					6.8			
13	2.50000					6.8			
14	2.60000					6.8			
15	2.50000					6.8			
16	2.60000					6.9			
17	2.70000					6.8			
18	2.50000					7.1			
19	2.60000					6.9			
20	2.50000					6.9			
21	2.60000					6.9			
22	2.50000					6.7			
23	2.60000					6.8			
24	2.70000					6.8			
25	2.50000					6.8			
26	2.60000					6.8			
27	2.60000					6.8			
28	2.50000					6.9			
29	2.50000					6.9			
30	2.60000					6.9			
31	0.00000								
<b>Total</b>	<b>76.60</b>	<b>0.00</b>	<b>0.00</b>			Indicate total # of days the residual was off-target for the month (from Section II) <b>Monthly Target Summary<sup>23</sup>:</b>			

\*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>:

a. **GRAB SAMPLE FINISHED WATER, TEST METER**  
 b.  
 c.

IV. PWS Authorized Person<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.

Signature<sup>24</sup> Date<sup>24</sup> **12/5/23** Print Name **William Platt** Title **Plant Operator**

Submit to your MassDEP Regional Office within 10 days after the reporting month.



Massachusetts Department of Environmental Protection - Drinking Water Program  
Chemical Addition Report - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD-XLSM

Reporting Period<sup>3</sup>

Month **NOV** Year **2023**

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

PWS ID<sup>1</sup> **4244001** PWS Name **Randolph-Hadbrook Joint Water** #NAME?  
 Treatment Plant ID #<sup>2</sup> **4244001-01T** Treatment Plant Name<sup>2</sup> **Randolph Water Plant** #NAME?  
 Town<sup>1</sup> **Randolph** #NAME?  
 Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name<sup>4</sup> **CHLORINE** Purchased Strength<sup>8</sup> **1.0000**  Decimal (0.00...  Percent (%) Target Range / min<sup>12</sup> **0.20**  
 Purchased Density(lbs/gal)<sup>9</sup> **12.30** Target Dose<sup>13</sup> **NA**  
 Manufacturer<sup>5</sup> **AXIALL, LLC** Dilution Factor or Mix Ratio<sup>10</sup> **1.00**  Dilution  Mix Ratio  No Dilution / No Batch Mi... Alarm Setting (low)<sup>14</sup> **1.5**  
 Product Name<sup>6</sup> **CHLORINE** NSF Approved<sup>11</sup> **Yes** Alarm Setting (high)<sup>14</sup> **3**  
 Reason for Adding Chemical<sup>7</sup> **DISINFECTANT** Date of last anti-siphon valve inspection/replacement<sup>15</sup> **NA**

III. Daily Reporting

Day	Treated Water <sup>16</sup> <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used <sup>18</sup> (lbs)	Chemical Dosage <sup>19</sup> (mg/L)	Parameters Measured*, Results, Units and Method <sup>20</sup> - (G)rab or Continuous (A)nalyzer <sup>21</sup>			O&M Notes/Comments <sup>22</sup>  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			
		Volume <sup>17</sup> (gal/day)	Weight <sup>17</sup> (lbs/day)			a. FREE Cl DAILY MINIMUM		b. FREE Cl DAILY AVERAGE		c.		
						<input checked="" 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	2.70000		91.00	91.00	4.04	2.02	2.23					
2	2.30000		73.00	73.00	3.81	2.06	2.32					
3	2.90000		104.00	104.00	4.30	2.04	2.32					
4	2.80000		97.00	97.00	4.15	1.83	2.16					
5	2.90000		103.00	103.00	4.26	2.05	2.19					
6	2.70000		103.00	103.00	4.57	1.72	2.23					
7	2.90000		100.00	100.00	4.13	1.89	2.36					
8	2.50000		88.00	88.00	4.22	2.08	2.24					
9	2.80000		96.00	96.00	4.11	2.11	2.3					
10	2.90000		99.00	99.00	4.09	2.04	2.26					
11	2.70000		94.00	94.00	4.17	1.8	2.1					
12	2.80000		99.00	99.00	4.24	2.29	2.39					
13	2.70000		99.00	99.00	4.40	1.98	2.29					
14	2.80000		96.00	96.00	4.11	1.76	2.37					
15	2.70000		98.00	98.00	4.35	2.12	2.37					
16	2.80000		92.00	92.00	3.94	1.97	2.2					
17	2.90000		97.00	97.00	4.01	2.11	2.29					
18	2.70000		90.00	90.00	4.00	2.07	2.29					
19	2.80000		95.00	95.00	4.07	2.13	2.3					
20	2.70000		98.00	98.00	4.35	2.22	2.42					
21	2.80000		97.00	97.00	4.15	2.25	2.37					
22	2.70000		91.00	91.00	4.04	1.9	2.28					
23	2.80000		101.00	101.00	4.33	2	2.31					
24	2.90000		106.00	106.00	4.38	2.1	2.34					
25	2.70000		107.00	107.00	4.75	2.2	2.4					
26	2.80000		88.00	88.00	3.77	2.21	2.46					
27	2.80000		109.00	109.00	4.67	2.02	2.39					
28	2.70000		92.00	92.00	4.09	2.01	2.33					
29	2.70000		93.00	93.00	4.13	2.05	2.23					
30	2.80000		91.00	91.00	3.90	2.04	2.15					
31	0.00000											
<b>Total</b>	<b>82.70</b>	<b>0.00</b>	<b>2887.00</b>									

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>:

a.	DAILY MINIMUM FREE CHLORINE, FINISHED WATER, GRAB SAMPLE, BENCH METER
b.	DAILY AVERAGE FREE CHLORINE, FINISHED WATER, GRAB SAMPLE, BENCH METER
c.	

IV. PWS Authorized Person<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.

Signature<sup>24</sup> Date<sup>24</sup> **12/8/23** Print Name **William Platt** Title **Plant Operator**

Submit to your MassDEP Regional Office within 10 days after the reporting month.



Massachusetts Department of Environmental Protection - Drinking Water Program  
 Chemical Addition Report - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD-XLSM

Reporting Period<sup>9</sup>

Month **NOV** Year **2023**

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

PWS ID<sup>1</sup> **4244001** PWS Name<sup>1</sup> **Randolph-Halbrook Joint Water** #NAME? Town<sup>1</sup> **Randolph** #NAME?  
 Treatment Plant ID #<sup>2</sup> **4244001-01T** Treatment Plant Name<sup>2</sup> **Randolph Water Plant** #NAME? Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name<sup>4</sup> **POLYALUMINUM CHLORIDE** Purchased Strength<sup>8</sup> **1.0000**  Decimal (0.00...  Percent (%) Target Range / min<sup>12</sup> **14.00**  
 Purchased Density (lbs/gal)<sup>9</sup> **10.30** Target Dose<sup>13</sup> **18.00**  
 Manufacturer<sup>5</sup> **HOLLAND COMPANY** Dilution Factor or Mix Ratio<sup>10</sup> **0.33**  Dilution  Mix Ratio  No Dilution / No Batch Mi... Alarm Setting (low)<sup>14</sup> **NA**  
 Product Name<sup>6</sup> **PCH-180** NSF Approved<sup>11</sup> **Yes** Alarm Setting (high)<sup>14</sup> **NA**  
 Reason for Adding Chemical<sup>7</sup> **COAGULATION** Date of last anti-siphon valve inspection/replacement<sup>15</sup> **NA**

III. Daily Reporting

Day	Treated Water <sup>16</sup> <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used <sup>18</sup> (lbs)	Chemical Dosage <sup>19</sup> (mg/L)	Parameters Measured*, Results, Units and Method <sup>20</sup> - (G)rab or Continuous (A)nalyzer <sup>1</sup>			O&M Notes/Comments <sup>22</sup>  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.	
		Volume <sup>17</sup> (gal/day)	Weight <sup>17</sup> (lbs/day)			a. <input type="checkbox"/> G <input type="checkbox"/> A	b. <input type="checkbox"/> G <input type="checkbox"/> A	c. <input type="checkbox"/> G <input type="checkbox"/> A		
1	2.70000	109.00		370.49	16.45					
2	2.30000	97.00		329.70	17.19					
3	2.90000	119.00		404.48	16.72					
4	2.80000	106.00		360.29	15.43					
5	2.90000	105.00		356.90	14.76					
6	2.70000	119.00		404.48	17.96					
7	2.90000	123.00		418.08	17.29					
8	2.50000	103.00		350.10	16.79					
9	2.80000	116.00		394.28	16.88					
10	2.90000	99.00		336.50	13.91					
11	2.70000	113.00		384.09	17.06					
12	2.80000	100.00		339.90	14.56					
13	2.70000	133.00		452.07	20.08					
14	2.80000	130.00		441.87	18.92					
15	2.70000	113.00		384.09	17.06					
16	2.80000	118.00		401.08	17.18					
17	2.90000	115.00		390.89	16.16					
18	2.70000	104.00		353.50	15.70					
19	2.80000	158.00		537.04	23.00					
20	2.70000	108.00		367.09	16.30					
21	2.80000	115.00		390.89	16.74					
22	2.70000	117.00		397.68	17.66					
23	2.80000	126.00		428.27	18.34					
24	2.90000	132.00		448.67	18.55					
25	2.70000	109.00		370.49	16.45					
26	2.80000	150.00		509.85	21.83					
27	2.80000	138.00		469.06	20.09					
28	2.70000	90.00		305.91	13.59					
29	2.70000	110.00		373.89	16.60					
30	2.80000	135.00		458.87	19.65					
31	0.00000									
<b>Total</b>	<b>82.70</b>	<b>3510.00</b>	<b>0.00</b>	Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary <sup>23</sup> : <input type="text"/>						

\*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>:

a.   
 b.   
 c.

IV. PWS Authorized Person<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.

Signature<sup>24</sup>  Date<sup>24</sup> 12/8/23 Print Name William Platt Title Plant Operator

Submit to your MassDEP Regional Office within 10 days after the reporting month.



Massachusetts Department of Environmental Protection - Drinking Water Program  
 Chemical Addition Report - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD-XLSM

Reporting Period<sup>3</sup>

Month **NOV** Year **2023**

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

PWS ID<sup>1</sup> **4244001** PWS Name<sup>1</sup> **Randolph-Holbrook Joint Water** #NAME?  
 Treatment Plant ID #<sup>2</sup> **4244001-01T** Treatment Plant Name<sup>2</sup> **Randolph Water Plant** #NAME?  
 Town<sup>1</sup> **Randolph** #NAME?  
 Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name<sup>4</sup> **METALLIC PHOSPHATES** Purchased Strength<sup>8</sup> **0.1250**  Decimal (0.00...  Percent (%) Target Range / min<sup>12</sup> **NA**  
 Purchased Density (lbs/gal)<sup>9</sup> **12.03** Target Dose<sup>13</sup> **NA**  
 Manufacturer<sup>5</sup> **CARUS CORPORATION** Dilution Factor or Mix Ratio<sup>10</sup> **1.00**  Dilution  Mix Ratio  No Dilution / No Batch Mi... Alarm Setting (low)<sup>14</sup> **NA**  
 Product Name<sup>6</sup> **CARUS 3350** NSF Approved<sup>11</sup> **Yes** Alarm Setting (high)<sup>14</sup> **NA**  
 Reason for Adding Chemical<sup>7</sup> **CORROSION INHIBITOR** Date of last anti-siphon valve inspection/replacement<sup>15</sup> **NA**

III. Daily Reporting

Day	Treated Water <sup>16</sup> <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used <sup>18</sup> (lbs)	Chemical Dosage <sup>19</sup> (mg/L)	Parameters Measured*, Results, Units and Method <sup>20</sup> - (G)rab or Continuous (A)nalyzer <sup>21</sup>			O&M Notes/Comments <sup>22</sup> <small>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.</small>
		Volume <sup>17</sup> (gal/day)	Weight <sup>17</sup> (lbs/day)			a.	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	
1	2.50000		50.00	6.25	0.30				
2	2.00000		50.00	6.25	0.37				
3	2.70000		50.00	6.25	0.28				
4	2.60000		50.00	6.25	0.29				
5	2.70000		50.00	6.25	0.28				
6	2.50000		50.00	6.25	0.30				
7	2.70000		50.00	6.25	0.28				
8	2.30000		50.00	6.25	0.33				
9	2.60000		50.00	6.25	0.29				
10	2.70000		50.00	6.25	0.28				
11	2.50000		50.00	6.25	0.30				
12	2.60000		50.00	6.25	0.29				
13	2.50000		50.00	6.25	0.30				
14	2.60000		50.00	6.25	0.29				
15	2.50000		50.00	6.25	0.30				
16	2.60000		50.00	6.25	0.29				
17	2.70000		50.00	6.25	0.28				
18	2.50000		50.00	6.25	0.30				
19	2.60000		50.00	6.25	0.29				
20	2.50000		50.00	6.25	0.30				
21	2.60000		50.00	6.25	0.29				
22	2.50000		50.00	6.25	0.30				
23	2.60000		50.00	6.25	0.29				
24	2.70000		50.00	6.25	0.28				
25	2.50000		50.00	6.25	0.30				
26	2.60000		50.00	6.25	0.29				
27	2.60000		50.00	6.25	0.29				
28	2.50000		50.00	6.25	0.30				
29	2.50000		50.00	6.25	0.30				
30	2.60000		50.00	6.25	0.29				
31	0.00000								
<b>Total</b>	<b>76.60</b>	<b>0.00</b>	<b>1500.00</b>						

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>:

a.   
 b.   
 c.

IV. PWS Authorized Person<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.

Signature<sup>24</sup>  Date<sup>24</sup> 12/8/23 Print Name William Platt Title Plant Operator

Submit to your MassDEP Regional Office within 10 days after the reporting month.