

Town of Randolph



# RANDOLPH-HOLBROOK JOINT WATER BOARD

50 North Franklin Street  
Holbrook, MA 02343

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



April 7, 2024

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  
March, 2024 Randolph/Holbrook  
Joint Water System, PWS #424001

Gentlemen:

Enclosed please find all reports as referenced above for the month of March, 2024. 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  
**SWTR F**  
**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: MARCH	Year: 2024

**II. DAILY REPORTING:**

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

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

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	Totals:	
					A	B
1	0.04	6	6	0	186	
2	0.04	6	6	0	186	
3	0.04	6	6	0	186	
4	0.05	6	6	0	186	
5	0.04	6	6	0	186	
6	0.05	6	6	0	186	
7	0.05	6	6	0	186	
8	0.04	6	6	0	186	
9	0.05	6	6	0	186	
10	0.06	6	6	0	186	
11	0.05	6	6	0	186	
12	0.05	6	6	0	186	
13	0.05	6	6	0	186	
14	0.05	6	6	0	186	
15	0.05	6	6	0	186	
16	0.05	6	6	0	186	
17	0.05	6	6	0	186	
18	0.04	6	6	0	186	
19	0.03	6	6	0	186	
20	0.03	6	6	0	186	
21	0.03	6	6	0	186	
22	0.04	6	6	0	186	
23	0.02	6	6	0	186	
24	0.03	6	6	0	186	
25	0.03	6	6	0	186	
26	0.04	6	6	0	186	
27	0.03	6	6	0	186	
28	0.03	6	6	0	186	
29	0.03	6	6	0	186	
30	0.03	6	6	0	186	
31	0.04	6	6	0	186	

1. May be used by systems serving less than 10,000 persons, subject to DEF 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 DEF approved, 15-minute readings (i.e. 96 readings per day) may be submitted. Filtered turbidity data must be kept on file for DEF 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 time the filtered turbidity Max Day NTU Limit is exceeded, the DEF 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.

Date: 3/24  
 Title: Plant Operator  
 PWS Authorized Signature: [Signature]

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 monitoring period, whichever is sooner. Please note: Electronic reporting (eDEF) deadline is the same as above.



PWS ID# 4221001 PWS Name RANDOLPH WATER PLANT PWS Town RANDOLPH  
 Treatment Facility Name RANDOLPH WATER PLANT Reporting Period: Month MARCH Year 2024  
 Disinfectant CHLORINE GAS/LIQUID FEED/ULTRAVIOLET Sequence of Disinfectant Application:  1st  2nd  3rd  4th  5th  6th

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

Day	Peak Hourly Flow (gpm) Peak Hour (from)	Disinfectant Concentration C (mg/L) Disinfectant Concentration C (residual)	Disinfectant Contact Time T (min) Disinfectant Contact Time T (min)	CT Calc (=C x T)CT Calc (=C x T)	pH <sup>4,5</sup>	Water Temp <sup>5</sup> (°C) Water Temp <sup>5</sup> (°C)	CT <sup>7</sup> 99.9CT <sup>7</sup> 99.9	Inactivation Ratio <sup>9</sup> (CT calc / CT 99.9) Inactivation Ratio <sup>9</sup> (CT calc / CT 99.9)	Inactivation Ratio <sup>9</sup> <1.0 Inactivation Ratio <sup>9</sup> <1.0
1	2400	2.09	50	104.5	7	5	28	3.7	<input type="checkbox"/> Yes
2	2400	2.22	50	111	7	5	27	4.3	<input type="checkbox"/> Yes
3	2400	2.16	50	108	6.9	6	26	4.3	<input type="checkbox"/> Yes
4	2400	2.23	50	111.5	6.9	6	26	4.2	<input type="checkbox"/> Yes
5	2400	1.47	50	73.5	7	7	23	3.2	<input type="checkbox"/> Yes
6	2400	1.92	50	96	7.1	7	26	3.2	<input type="checkbox"/> Yes
7	2400	1.9	50	95	7	7	25	3.8	<input type="checkbox"/> Yes
8	2400	2	50	100	7	7	25	4.0	<input type="checkbox"/> Yes
9	2400	1.92	50	96	6.9	7	24	4.0	<input type="checkbox"/> Yes
10	2400	2.1	50	105	7	7	25	4.2	<input type="checkbox"/> Yes
11	2400	2.2	50	110	7	7	25	4.4	<input type="checkbox"/> Yes
12	2400	2.08	50	103	6.8	8	23	4.5	<input type="checkbox"/> Yes
13	2400	2.08	50	104.5	6.8	8	23	4.5	<input type="checkbox"/> Yes
14	2400	2.13	50	106.5	6.9	8	23	4.6	<input type="checkbox"/> Yes
15	2400	2.09	50	104.5	7	8	24	4.4	<input type="checkbox"/> Yes
16	2400	2.02	50	101	6.9	9	19	5.3	<input type="checkbox"/> Yes
17	2400	2.14	50	107	7	9	20	5.4	<input type="checkbox"/> Yes
18	2400	1.98	50	98	7.1	9	21	4.2	<input type="checkbox"/> Yes
19	2400	1.92	50	96	6.9	9	19	5.1	<input type="checkbox"/> Yes
20	2400	2.03	50	101.5	6.8	8	23	4.4	<input type="checkbox"/> Yes
21	2400	2.16	50	108	6.9	8	23	4.7	<input type="checkbox"/> Yes
22	2400	2.12	50	106	7	7	25	4.2	<input type="checkbox"/> Yes
23	2400	2.11	50	105.5	6.9	7	24	4.4	<input type="checkbox"/> Yes
24	2400	2.22	50	111	7	7	25	4.4	<input type="checkbox"/> Yes
25	2400	1.88	50	94	6.9	7	24	3.9	<input type="checkbox"/> Yes
26	2400	2.07	50	103.5	7	7	25	4.1	<input type="checkbox"/> Yes
27	2400	1.92	50	96	7	7	25	3.8	<input type="checkbox"/> Yes
28	2400	1.95	50	97.5	7	8	24	4.1	<input type="checkbox"/> Yes
29	2400	1.91	50	95.5	7	7	24	3.8	<input type="checkbox"/> Yes
30	2400	1.94	50	97	7	8	24	4.0	<input type="checkbox"/> Yes

- Notes:
- Use a separate form for each disinfectant/sampling point. Enter disinfectant and sequence position, e.g. "ozone<sup>1st</sup>" or "ClO<sub>2</sub><sup>3rd</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 purpasse hour during the day, not the absolute peak flow at any instant.
  - The residual disinfectant concentration (C) (°C) of the water before or at the first customer must be measured each day during peak hourly flow.
  - The disinfectant contact time (T) (min) must be determined for each day during peak hourly flow. The time T used in calculating CT<sup>7</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 310CMR 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: [Signature] Date: 4/9/24 Title: Plant Operator  
 Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ 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.





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

**SWTR**

**III. DAILY REPORTING:**

Day	Filter Number: 1		Filter Number: 2		Filter Number: 3		Filter Number: 4	
	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	0.027	-	0.192	0.028	0.041	0.032	0.058	0.042
2	0.055	0.025	0.029	0.026	0.034	0.028	0.059	0.040
3	0.027	0.023	0.035	0.028	0.301	0.038	0.040	-
4	0.047	0.023	0.025	-	0.025	0.026	0.164	0.042
5	0.025	-	0.035	0.028	0.036	0.026	0.060	0.050
6	0.073	0.026	0.055	0.026	0.298	0.028	0.386	0.096
7	0.064	0.029	0.159	0.029	0.045	0.029	0.046	-
8	0.051	0.029	0.029	-	0.031	-	0.064	0.045
9	0.024	-	0.279	0.026	0.047	0.047	0.056	0.055
10	0.090	0.024	0.078	0.043	0.036	0.028	0.071	0.071
11	0.053	0.024	0.048	0.026	0.114	0.079	0.075	-
12	0.055	0.024	0.026	-	0.042	-	0.081	0.075
13	0.027	-	0.056	0.027	0.144	0.087	0.055	0.041
14	0.201	0.029	0.053	0.030	0.179	0.028	0.109	0.065
15	0.064	0.029	0.245	0.029	0.038	0.028	0.053	-
16	0.040	0.029	0.029	-	0.086	-	0.098	0.042
17	0.027	-	0.194	0.027	0.278	0.113	0.073	0.071
18	0.050	0.029	0.049	0.032	0.075	0.072	0.088	0.082
19	0.070	0.036	0.052	0.036	0.183	0.050	0.089	-
20	0.041	0.034	0.036	-	0.030	-	0.094	0.091
21	0.031	-	0.048	0.040	0.189	0.029	0.088	0.064
22	0.061	0.034	0.112	0.035	0.082	0.047	0.074	0.066
23	0.062	0.034	0.054	0.034	0.079	0.036	0.049	-
24	0.043	0.031	0.033	-	0.054	-	0.107	0.049
25	0.029	-	0.063	0.030	0.089	0.089	0.081	0.049
26	0.038	0.030	0.049	0.031	0.091	0.091	0.187	0.187
27	0.046	0.036	0.051	0.032	0.265	0.070	0.168	-
28	0.144	0.031	0.039	-	0.045	-	0.331	0.171
29	0.030	-	0.170	0.043	0.093	0.084	0.111	0.111
30	0.216	0.031	0.183	0.047	0.094	0.093	0.151	0.151
31	0.044	0.032	0.064	0.043	0.114	0.108	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.

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.

Date: 4/7/24 Title: Plant Operator  
PWS Authorized Signature: [Signature]



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

SWTR  
 J

**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	0.063	0.032	0.036	0.028	0.038	0.031	0.041	-
2	0.036	0.030	-	-	0.031	-	0.060	0.039
3	0.028	-	0.048	0.024	0.034	0.027	0.169	0.038
4	0.213	0.029	0.090	0.024	0.100	0.028	0.078	0.049
5	0.042	0.031	0.056	0.053	0.039	0.028	0.042	-
6	0.051	0.031	0.029	-	0.030	-	0.065	0.044
7	0.033	-	0.054	0.030	0.045	0.033	0.062	0.048
8	0.054	0.035	0.051	0.051	0.196	0.034	0.057	0.049
9	0.067	0.028	0.043	0.026	0.031	0.026	0.043	-
10	0.169	0.028	0.026	-	0.027	-	0.320	0.045
11	0.029	-	0.035	0.035	0.033	0.027	0.057	0.047
12	0.058	0.030	0.091	0.089	0.151	0.029	0.061	0.050
13	0.101	0.032	0.249	0.056	0.043	0.030	0.050	-
14	0.049	0.033	0.028	-	0.031	-	0.183	0.054
15	0.034	-	0.045	0.030	0.042	0.031	0.071	0.056
16	0.055	0.033	0.043	0.032	0.092	0.030	0.062	0.055
17	0.049	0.033	0.034	0.027	0.102	0.027	0.053	-
18	0.054	0.033	0.050	-	0.032	-	0.062	0.059
19	0.038	-	0.058	0.055	0.045	0.036	0.078	0.066
20	0.097	0.038	0.083	0.075	0.058	0.034	0.071	0.063
21	0.084	0.037	0.044	0.030	0.040	0.030	0.062	-
22	0.052	0.038	0.034	-	0.033	-	0.074	0.067
23	0.037	-	0.071	0.035	0.044	0.034	0.082	0.070
24	0.049	0.034	0.383	0.032	0.037	0.031	0.079	0.067
25	0.052	0.032	0.043	0.032	0.641	0.027	0.070	-
26	0.069	0.045	0.232	-	0.028	-	0.083	0.069
27	0.031	-	0.060	0.060	0.339	0.028	0.077	0.069
28	0.064	0.033	0.041	0.041	0.066	0.032	0.072	0.069
29	0.056	0.030	0.055	0.029	0.040	0.031	0.067	-
30	0.082	0.029	0.029	-	0.031	-	0.134	0.069
31	0.031	-	0.037	0.031	0.458	0.032	0.097	0.073

- 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.  
 Date: 4/7/24 Title: Plant Operator  
 PWS Authorized Signature: [Signature]

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWC 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 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-Holbrook Joint Water PWS Class:  COM  NTNC  TNC

DEP LOCATION (LOC) ID# 015/0300  
 DEP Location Name Raw Water/Combined Filter Effluent  
 Date Collected 3/4/2024 Collected By P. Hennessy

II. COMPLIANCE CALCULATIONS:

Month (m/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>
04/23	1	38.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
05/23	1	35.0	35.0	<input type="checkbox"/> YES	NO	1.0
06/23	1	35.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
07/23	1	39.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
08/23	1	33.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
09/23	1	28.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
10/23	1	28.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
11/23	1	31.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
12/23	1	39.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
01/24	1	37.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
02/24	1	37.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
03/24	1	40.0	45.0	<input checked="" type="checkbox"/> YES	NO	1.0
Sum of Past 12 Months:		Compliance Value (Sum of Past 12 Months/ 12):				
				12.0		

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: 4/2/24

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 (eDP) deadline is the same as above.

<sup>1</sup> Percent Removal: (1 - (Treated Water TOC + Raw Water TOC) x 100, if > 1 paired sample sets in any month report the average of all individual percent TOC removals (Example: % TOC Removal = (Average of Set 1 + Average of Set 2) / 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 TTHM and HAA5 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

<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)  Accepted  Disapproved  
 Review Comments



Massachusetts Department of Environmental Protection - Drinking Water Program

doc rev 12/2020

Total Organic Carbon (TOC) Report

TOC

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

PWS ID #: 4244001 City / Town: RANDOLPH PWS Name: RANDOLPH HOLBROOK WATER BOARD

PWS Class:  COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Time	Collected By
A 01S	Great Pond WTP - Raw Water	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	03/04/2024	10:00	Paul Hennessy
B 10300	Combined Filter Effluent	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	03/04/2024	10:00	Paul Hennessy

ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA022 Primary Lab Name: Analytical Balance

Analysis Lab MA Cert. #: M-R1002 Analysis Lab Name: ESS Laboratory

Subcontracted?(Y/N)  Y

TOC Analyzed by (check one):	MDL (mg/L)	MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#	Analytical Lab or PWS Sample ID#
<input type="checkbox"/> PWS or <input type="checkbox"/> Lab	0.5	0.5	1	5310B	03/12/2024	A4C0077-01	
<input type="checkbox"/> PWS or <input type="checkbox"/> Lab	3.3	0.5	1	5310B	03/12/2024	A4C0077-02	

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.

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, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative

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#
22.5		4.0			2320B	03/07/2024	A4C0077-01	A4C0077-01

LAB SAMPLE COMMENTS	Result Qualifier	Result Qualifier Description
A Alkalinity analyzed by primary lab		
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: *Janet Steadard* Date: 3/14/2024

DEP REVIEW STATUS (Initial & Date)  Accepted  Disapproved

Review Comments  Entered

WQTS Data

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



CERTIFICATE OF ANALYSIS

Jennifer Rilly  
Randolph - Holbrook Joint Water Board  
50 North Franklin Street  
Holbrook, MA 02343

Project Name: DOC SUVA  
Work Order Number: A4C0081  
Date Received: 03/04/2024

Sampled By: Paul Hennessy  
Location: Raw

Date Sampled: 3/4/24 10:00  
Matrix: Surface Water

RESULTS OF ANALYSIS

Parameter	Analytical Method	Date Analyzed	Units	Detection Limit	DW MCL/Recommended Limit #	Result
Dissolved Organic Carbon (1)	9060	3/11/2024	mg/L	0.500	---	5.05
SUVA	4153	3/11/2024	/100 ml	N/A	---	0.0160
UV 254	5910B	3/5/2024	abs/cm	0.002	---	0.081
<b>Test Parameters</b>						
LAB-ID#: A4C0081-01						

Sampled By: Paul Hennessy  
Location: Combined Filter Effluent

Date Sampled: 3/4/24 10:00  
Matrix: Drinking Water

RESULTS OF ANALYSIS

Parameter	Analytical Method	Date Analyzed	Units	Detection Limit	DW MCL/Recommended Limit #	Result
Dissolved Organic Carbon (1)	9060	3/11/2024	mg/L	0.500	---	3.26
SUVA	4153	3/11/2024	/100 ml	N/A	---	0.0138
UV 254	5910B	3/5/2024	abs/cm	0.002	---	0.045
<b>Test Parameters</b>						
LAB-ID#: A4C0081-02						

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

Approved By: *[Signature]*

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 11:33 am, Mar 13, 2024



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: MAR 2024

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

PWS ID: 4244001  
 Treatment Plant ID #: 4244001-011  
 Treatment Plant Name: Randolph - Holbrook Joint Water Plant  
 PWS Name: Randolph  
 Town: Randolph  
 Plant Availability:  Available  
 Plant Status:  Active

**II. Chemical & Operational Information**

Chemical Name: POLYALUMINUM CHLORIDE  
 Manufacturer: HOLLAND COMPANY  
 Product Name: PCH-180  
 Reason for Adding Chemical: COAGULATION

Purchased Strength: 1.0000 (Decimal) / 10.30 (Percent)  
 Purchased Density: 10.30 (lbs/gal)  
 Dilution Factor or Mix Ratio: 0.33  
 NSF Approved:  Yes

Target Range / min: 14.00  
 Target Dose: 18.00  
 Alarm Setting (low): NA  
 Alarm Setting (high): NA  
 Date of last anti-siphon valve inspection/replacement: NA

**III. Daily Reporting**

Day	Treated Water <sup>16</sup>	Volume <sup>17</sup> (gal/day)	Weight <sup>18</sup> (lbs/day)	Calculated Chemical Used <sup>18</sup> (lbs)	Chemical Dose <sup>19</sup> (mg/L)	Parameters Measured <sup>20</sup> , Results, Units and Method <sup>20</sup>	O&M Notes/Comments <sup>22</sup>
1	2,900.00	105.00	356.90	14.76	14.76	<input type="checkbox"/> G <input type="checkbox"/> A	
2	2,900.00	161.00	547.24	22.63	22.63	<input type="checkbox"/> G <input type="checkbox"/> A	
3	2,900.00	151.00	513.25	21.22	21.22	<input type="checkbox"/> G <input type="checkbox"/> A	
4	2,800.00	107.00	363.69	15.57	15.57	<input type="checkbox"/> G <input type="checkbox"/> A	
5	2,900.00	116.00	394.28	16.30	16.30	<input type="checkbox"/> G <input type="checkbox"/> A	
6	2,900.00	115.00	390.89	16.16	16.16	<input type="checkbox"/> G <input type="checkbox"/> A	
7	2,800.00	100.00	339.90	14.56	14.56	<input type="checkbox"/> G <input type="checkbox"/> A	
8	2,800.00	110.00	373.89	16.01	16.01	<input type="checkbox"/> G <input type="checkbox"/> A	
9	2,900.00	165.00	560.84	23.19	23.19	<input type="checkbox"/> G <input type="checkbox"/> A	
10	2,900.00	140.00	475.86	19.68	19.68	<input type="checkbox"/> G <input type="checkbox"/> A	
11	3,000.00	160.00	543.84	21.74	21.74	<input type="checkbox"/> G <input type="checkbox"/> A	
12	2,800.00	135.00	458.87	19.65	19.65	<input type="checkbox"/> G <input type="checkbox"/> A	
13	2,900.00	116.00	394.28	16.30	16.30	<input type="checkbox"/> G <input type="checkbox"/> A	
14	2,800.00	108.00	367.09	15.72	15.72	<input type="checkbox"/> G <input type="checkbox"/> A	
15	2,900.00	112.00	380.69	15.74	15.74	<input type="checkbox"/> G <input type="checkbox"/> A	
16	2,800.00	141.00	479.26	20.52	20.52	<input type="checkbox"/> G <input type="checkbox"/> A	
17	2,900.00	162.00	550.64	22.77	22.77	<input type="checkbox"/> G <input type="checkbox"/> A	
18	2,900.00	120.00	407.88	16.86	16.86	<input type="checkbox"/> G <input type="checkbox"/> A	
19	3,000.00	120.00	407.88	16.30	16.30	<input type="checkbox"/> G <input type="checkbox"/> A	
20	2,900.00	125.00	424.88	17.57	17.57	<input type="checkbox"/> G <input type="checkbox"/> A	
21	2,900.00	154.00	523.45	21.64	21.64	<input type="checkbox"/> G <input type="checkbox"/> A	
22	2,900.00	123.00	418.08	17.29	17.29	<input type="checkbox"/> G <input type="checkbox"/> A	
23	2,900.00	106.00	360.29	14.90	14.90	<input type="checkbox"/> G <input type="checkbox"/> A	
24	2,900.00	166.00	564.23	23.33	23.33	<input type="checkbox"/> G <input type="checkbox"/> A	
25	3,000.00	160.00	543.84	21.74	21.74	<input type="checkbox"/> G <input type="checkbox"/> A	
26	2,900.00	180.00	611.82	25.30	25.30	<input type="checkbox"/> G <input type="checkbox"/> A	
27	2,900.00	170.00	577.83	23.89	23.89	<input type="checkbox"/> G <input type="checkbox"/> A	
28	2,900.00	150.00	509.85	21.08	21.08	<input type="checkbox"/> G <input type="checkbox"/> A	
29	2,900.00	150.00	509.85	21.08	21.08	<input type="checkbox"/> G <input type="checkbox"/> A	
30	2,900.00	170.00	577.83	23.89	23.89	<input type="checkbox"/> G <input type="checkbox"/> A	
31	2,900.00	155.00	526.85	21.78	21.78	<input type="checkbox"/> G <input type="checkbox"/> A	

**IV. PWS Authorized Person<sup>21</sup>**

Signature <sup>24</sup>	Date <sup>24</sup>	Print Name <sup>24</sup>	Title <sup>24</sup>
	4/7/24	William Platt	Plant Operator

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>20</sup>

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



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

C-ADD-XLSM  
 Reporting Period: MAR Year 2024

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

PWS Name: Randolph - Hobbs Point Water Treatment Plant Name: Randolph Water Plant

PWS ID: 4244001 Treatment Plant ID #: 4244001-01T

Chemical Name: CHLORINE Manufacturer: AXIALL, LLC

Product Name: CHLORINE

Reason for Adding Chemical: DISINFECTANT

Purchased Strength: 1,000 (Decimal 0.00... Percent (%))  
 Purchased Density (lbs/gal): 12.30  
 Dilution Factor or Mix Ratio: 1.00 (Dilution / No Batch Mix... Ratio / Mix Ratio)

NSF Approved: Yes

Target Range / min: 0.20 Target Dose: NA  
 Alarm Setting (low): 1.5 Alarm Setting (high): 3

Date of last anti-siphon valve inspection/replacement: NA

Plant Status: Plant Availability Plant Name: Randolph

**III. Daily Reporting**

Measured Chemical Used

Day: 1 to 31

Treated Water:  Gallons  MG

Volume: (gal/day)

Weight: (lbs/day)

Calculated Chemical Used: (lbs)

Chemical Dosage: (mg/L)

Parameters Measured: Results, Units and Method

a. FREE Cl  A  G  A

b. FREE Cl  A  G  A

DAILY AVERAGE  A  G  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.

O&M Notes/Comments

Day	Treated Water	Volume	Weight	Calculated Chemical Used	Chemical Dosage	Parameters Measured	Free Cl	Free Cl	Daily Average	Measured Chemical Used
1		2,900.00	95.00	95.00	95.00	3.93	2.09	2.37	2.41	92.00
2		2,900.00	92.00	92.00	92.00	3.80	2.3	2.41	2.41	92.00
3		2,900.00	97.00	97.00	97.00	4.01	2.22	2.34	2.34	97.00
4		2,800.00	92.00	92.00	92.00	3.94	2.16	2.42	2.42	92.00
5		2,900.00	95.00	95.00	95.00	3.93	2.23	2.36	2.36	95.00
6		2,900.00	85.00	85.00	85.00	3.51	1.47	2.14	2.14	85.00
7		2,800.00	84.00	84.00	84.00	3.60	1.92	2.12	2.12	84.00
8		2,800.00	80.00	80.00	80.00	3.43	1.9	2.1	2.1	80.00
9		2,900.00	81.00	81.00	81.00	3.35	2	2.18	2.18	81.00
10		2,900.00	82.00	82.00	82.00	3.39	1.92	2.13	2.13	82.00
11		3,000.00	93.00	93.00	93.00	3.72	2.1	2.28	2.28	93.00
12		2,800.00	85.00	85.00	85.00	3.64	2.2	2.32	2.32	85.00
13		2,900.00	87.00	87.00	87.00	3.60	2.06	2.27	2.27	87.00
14		2,800.00	89.00	89.00	89.00	3.81	2.09	2.23	2.23	89.00
15		2,900.00	90.00	90.00	90.00	3.72	2.13	2.26	2.26	90.00
16		2,800.00	91.00	91.00	91.00	3.90	2.09	2.24	2.24	91.00
17		2,900.00	90.00	90.00	90.00	3.72	2.02	2.23	2.23	90.00
18		2,900.00	90.00	90.00	90.00	3.72	2.14	2.32	2.32	90.00
19		3,000.00	98.00	98.00	98.00	3.92	1.96	2.21	2.21	98.00
20		2,900.00	90.00	90.00	90.00	3.72	1.92	2.16	2.16	90.00
21		2,900.00	91.00	91.00	91.00	3.76	2.03	2.21	2.21	91.00
22		2,900.00	91.00	91.00	91.00	3.76	2.16	2.3	2.3	91.00
23		2,900.00	90.00	90.00	90.00	3.72	2.12	2.29	2.29	90.00
24		2,900.00	91.00	91.00	91.00	3.76	2.11	2.34	2.34	91.00
25		3,000.00	95.00	95.00	95.00	3.80	2.22	2.41	2.41	95.00
26		2,900.00	88.00	88.00	88.00	3.64	1.88	2.25	2.25	88.00
27		2,900.00	87.00	87.00	87.00	3.60	2.07	2.22	2.22	87.00
28		2,900.00	84.00	84.00	84.00	3.47	1.92	2.23	2.23	84.00
29		2,900.00	90.00	90.00	90.00	3.72	1.95	2.19	2.19	90.00
30		2,900.00	85.00	85.00	85.00	3.51	1.91	2.2	2.2	85.00
31		2,900.00	86.00	86.00	86.00	3.56	1.94	2.1	2.1	86.00

**IV. PWS Authorized Person**

Signature: [Signature] Date: 4/2/24 Print Name: Vellema Platt Title: Plant Operator

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.):

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

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

c.

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 Reporting Requirements**

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

PWS ID: 4244001  
 PWS Name: Randolph-Holbrook Joint Water  
 Treatment Plant ID #: 4244001-01T  
 Treatment Plant Name: Randolph Water Plant  
 Town: Randolph  
 Plant Status: #NAME?  
 Plant Availability: #NAME?  
 Chemical Name: METALLIC PHOSPHATES  
 Manufacturer: CARUS CORPORATION  
 Product Name: CARUS 3350  
 Reason for Adding Chemical: CORROSION INHIBITOR

Purchased Strength: 0.1250  
 Purchased Density: 12.03  
 Dilution Factor or Mix Ratio: 1.00  
 NSF Approved: Yes  
 Date of last anti-siphon valve inspection/replacement: NA

Target Range / min: NA  
 Target Dose: NA  
 Alarm Setting (low): NA  
 Alarm Setting (high): NA

**III. Daily Reporting**

Day	Treated Water <sup>6</sup> (gallons)	Volume <sup>17</sup> (gal/day)	Weight <sup>17</sup> (lbs/day)	Calculated Chemical Used <sup>18</sup> (lbs)	Chemical Dosage <sup>19</sup> (mg/L)	Parameters Measured <sup>20</sup> , Results, Units and Method <sup>21</sup>	O&M Notes/Comments <sup>22</sup>
1	50.000	50.000	50.000	6.25	0.29		
2	2.60000	50.000	50.000	6.25	0.29		
3	2.60000	50.000	50.000	6.25	0.29		
4	2.50000	50.000	50.000	6.25	0.30		
5	2.60000	50.000	50.000	6.25	0.29		
6	2.60000	50.000	50.000	6.25	0.29		
7	2.50000	50.000	50.000	6.25	0.30		
8	2.50000	50.000	50.000	6.25	0.30		
9	2.60000	50.000	50.000	6.25	0.29		
10	2.60000	50.000	50.000	6.25	0.29		
11	2.70000	50.000	50.000	6.25	0.28		
12	2.50000	50.000	50.000	6.25	0.30		
13	2.60000	50.000	50.000	6.25	0.29		
14	2.50000	50.000	50.000	6.25	0.30		
15	2.60000	50.000	50.000	6.25	0.29		
16	2.50000	50.000	50.000	6.25	0.30		
17	2.60000	50.000	50.000	6.25	0.29		
18	2.60000	50.000	50.000	6.25	0.29		
19	2.70000	50.000	50.000	6.25	0.28		
20	2.60000	50.000	50.000	6.25	0.29		
21	2.60000	50.000	50.000	6.25	0.29		
22	2.60000	50.000	50.000	6.25	0.29		
23	2.60000	50.000	50.000	6.25	0.29		
24	2.60000	50.000	50.000	6.25	0.29		
25	2.70000	50.000	50.000	6.25	0.28		
26	2.60000	50.000	50.000	6.25	0.29		
27	2.60000	50.000	50.000	6.25	0.29		
28	2.60000	50.000	50.000	6.25	0.29		
29	2.60000	50.000	50.000	6.25	0.29		
30	2.60000	50.000	50.000	6.25	0.29		
31	2.60000	50.000	50.000	6.25	0.29		
Total	80.30	0.00	1550.00				

\*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>

IV. PWS Authorized Person<sup>24</sup>

a.	
b.	
c.	

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: [Handwritten Signature]  
 Date: 4/17/20  
 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  
**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</sup>	DEP Location Code # <sup>1</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 Approved SAMPLE LOCATION <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.95	3/4/24	10:00 AM	A. Piccirilli
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.69		8:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.25		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		2.15		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		2.00		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.79		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		1.14		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.86		7:30 AM	
RS	016	OAK GROVE STANDPIPE		1.35		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.26		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>: **50** Average Chlorine Result of All Samples For Month<sup>6</sup> (mg/L): **1.64**

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]* 4/7/24

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>1,2</sup>	DEP Location Code # <sup>3</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 Approved SAMPLE LOCATION <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.84	3/11/24	10:00 AM	A. Pierre-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.64		8:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.37		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.83		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		1.87		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.72		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		1.37		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.87		7:30 AM	
RS	016	OAK GROVE STANDPIPE		1.36		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.22		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, RC-Original Site Repeat, DR-Downstream Repeat, UR-Upstream 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): **1.64**

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]* 4/7/24

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-CI  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 Location Code # <sup>4</sup>	DEP Approved SAMPLE LOCATION <sup>5</sup>		DATE	TIME	
RS 003	TOWER HILL SCHOOL - ADAMS STREET	1.78	3/13/27	9:50	
RS 004	JFK SCHOOL - 20 HURLEY DRIVE	1.70		9:00	
RS 005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.57		8:30	
RS 006	COMFORT INN - 1374 NORTH MAIN STREET	1.95		10:20	
RS 008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.82		10:10	
RS 011	MOBIL STATION - 93 MAZZEO DRIVE	1.77		9:58	
RS 012	7 - 11 FOOD SHOP - 675 NORTH STREET	1.34		8:45	
RS 014 AE	AXP AUTO - 317 NORTH MAIN ST	1.78		9:00	
RS 016	OAK GROVE STANDPIPE	1.30		1:50	
RS 017	SOUTH MAIN STREET STANDPIPE	1.11		1:10	

<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>: **50** Average Chlorine Result of All Samples For Month<sup>6</sup> (mg/L): **1.64**  
 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:  3/13/24

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</sup>	DEP Location Code # <sup>1</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 Approved SAMPLE LOCATION <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.86	3-18-24	10:00AM	A. PIERCE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.64		8:00AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.58		9:00AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		2.05		11:00AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		1.95		10:30AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.60		9:30AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		1.31		8:30AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.91		7:30AM	
RS	016	OAK GROVE STANDPIPE		1.34		9:45AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.33		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>6</sup>: **50** Average Chlorine Result of All Samples For Month<sup>6</sup> (mg/L): **1.64**

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]* 4/2/24

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 #: **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 Chlorine Analytical Method: SM 4500-CI:  D  E  F  G  H  I ASTM D1253-86

**Notes:**

DEP	DEP Location Code	DEP APPROVED SAMPLE SITE INFORMATION*		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	001	TOWN HALL		1.43	3/4/2024	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.		1.37	3/4/2024	07:45	J. Maclane
RS	006	1 HOLBROOK CT.		1.42	3/4/2024	08:30	J. Maclane
RS	007	620 SOUTH ST.		1.53	3/4/2024	08:45	J. Maclane
RS	025	1 MILLION GAL TANK		0.83	3/4/2024	08:00	J. Maclane
RS	026	1/2 MILLION GAL TANK		0.64	3/4/2024	08:15	J. Maclane
RS	I	BOOSTER STATION		0.86	3/4/2024	09:00	J. Maclane
RS	001	TOWN HALL		1.25	3/11/2024	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.		1.23	3/11/2024	07:45	J. Maclane
RS	006	1 HOLBROOK CT.		1.21	3/11/2024	08:05	J. Maclane
RS	001	TOWN HALL		1.41	3/11/2024	08:30	J. Maclane
RS	005	243 PLYMOUTH ST.		1.29	3/18/2024	07:30	J. Maclane
RS	006	1 HOLBROOK CT.		1.33	3/18/2022	07:50	J. Maclane
RS	007	620 SOUTH ST.		1.33	3/18/2022	08:10	J. Maclane
RS	025	1 MILLION GAL TANK		1.63	3/18/2024	08:30	J. Maclane
RS	026	1/2 MILLION GAL TANK		0.85	3/18/2024	08:45	J. Maclane
RS	001	TOWN HALL		1.33	3/25/2024	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.		1.28	3/25/2024	07:50	J. Maclane
RS	006	1 HOLBROOK CT.		1.33	3/25/2024	08:10	J. Maclane
RS	007	620 SOUTH ST.		1.52	3/25/2024	08:30	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<sup>5</sup>: **20** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.25**

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:  4/2/24

DEP Review Status:  Accepted  Disapproved

Review Comments: