



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

June 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
May, 2024 Randolph/Holbrook
Joint Water System, PWS #424001

Gentlemen:

Enclosed please find all reports as referenced above for the month of May, 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



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:	MAY	Year:	2024

II. DAILY REPORTING:

Filtered Water Turbidity Measured: (check only one) Combined Filter Effluent Individual Filter Effluent¹ Clearwell Plant Effluent

Filtration Technology: 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 ² (NTU)	Number of Turbidity Measurements ³	Number of Turbidity Measurements ≤ Monthly (95%) NTU Limit ⁴	Number of Turbidity Measurements > Max Day NTU Limit ⁵
1	0.08	6	6	0
2	0.05	6	6	0
3	0.08	6	6	0
4	0.04	6	6	0
5	0.06	6	6	0
6	0.04	6	6	0
7	0.04	6	6	0
8	0.04	6	6	0
9	0.07	6	6	0
10	0.04	6	6	0
11	0.04	6	6	0
12	0.08	6	6	0
13	0.04	6	6	0
14	0.04	6	6	0
15	0.04	6	6	0
16	0.05	6	6	0
17	0.05	6	6	0
18	0.04	6	6	0
19	0.04	6	6	0
20	0.08	6	6	0
21	0.14	6	6	0
22	0.04	6	6	0
23	0.13	6	6	0
24	0.07	6	6	0
25	0.04	6	6	0
26	0.04	6	6	0
27	0.04	6	6	0
28	0.09	6	6	0
29	0.06	6	6	0
30	0.05	6	6	0
31	0.08	6	6	0
Totals:		186	186	% Turbidity Meeting 95% Limit B/A × 100 % = X (Enter on SWTR - Form G)
		A	B	

1. May be used by systems serving less than 10,000 persons, subject to DEP approval.
 2. Enter the Maximum Filtered Water Turbidity Result recorded each day, at the 4th hour or other approved interval.
 3. Enter the Total # of Turbidity measurements taken for each day. Measurements must be taken at a minimum of 4-hour intervals (i.e. 6 readings per day). 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 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: 8/6/20 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.



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).

186	= A	Total # of filtered water turbidity measurements for month (SWTR – Form F)
186	= B	Total # of filtered water turbidity measurements less than or equal to the specified limits for the filtration technology used. (SWTR – Form F)
100	= (B / A) x 100	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 ₂ mg/l	Day	Cl ₂ mg/l	Day	Cl ₂ mg/l	Day	Cl ₂ mg/l	Day	Cl ₂ mg/l	Day	Cl ₂ mg/l	Day	Cl ₂ mg/l
1	2.01	6	2.07	11	2.00	16	2.03	21	2.05	26	1.95	31	1.96
2	1.87	7	2.11	12	1.97	17	2.03	22	1.75	27	1.93	Residual M e a s u	
3	1.95	8	2.00	13	2.05	18	2.09	23	1.90	28	1.92		
4	1.99	9	2.02	14	2.03	19	1.89	24	1.96	29	1.90		
5	1.97	10	1.74	15	2.01	20	1.92	25	1.82	30	1.75		
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 ₂ residual measurements were made, whether a residual was detected or not (should be the same # of sites reported on your monthly DBPR Cl ₂ residual report)
0	= b	# of sites HPC samples were analyzed <i>instead</i> of Cl ₂ residual measurements
0	= c	# of sites where no Cl ₂ residual was detected and no HPC sample was analyzed
0	= d	# of sites where no Cl ₂ residual was detected and HPC > 500 CFU/mL
0	= e	# of sites where no Cl ₂ 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 =	<input type="text" value="0"/>	Previous Month % V =	<input type="text" value="0"/>	Is V > 5% for 2 months? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
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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: 5/6/20 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
CT DETERMINATION FOR FILTERED SYSTEMS

SWTR

PWS INFORMATION:

PWS ID# 4744001 PWS Name RANDOLPH WATER PLANT PWS Town RANDOLPH
 Treatment Facility Name RANDOLPH WATER PLANT Reporting Period: Month MAY Year 2024
 Disinfectant CHLORINE GAS/FILTER EFFLUENT Sequence of Disinfectant Application: 1st 2nd 3rd 4th 5th 6th 7th 8th

DAILY REPORTING: All measurements taken during peak hourly flow.

Day	Peak Hourly Flow (gpm)	Disinfectant Concentration C (mg/L)	Disinfectant Contact Time T (min)	CT Calc (=C x T)	pH ^{min}	Water Temp ⁶ (°C)	CT ⁷ 99.9CT ⁷ 99.9	Inactivation Ratio ⁸ (CT calc / CT 99.9)	Inactivation Ratio ⁹ <1.0 Inactivation Ratio ⁹ <1.0
1	2400	2.01	50	100.5	7	15	14	7.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	2400	1.87	50	93.5	7	15	14	6.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	2400	1.95	50	97.5	7	15	14	7.0	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	2400	1.94	50	99.5	7	15	14	7.1	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	2400	1.97	50	98.5	7	15	14	7.0	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	2400	2.07	50	103.5	6.9	16	13	8.0	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	2400	2.11	50	105.5	6.8	16	12	8.8	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	2400	2	50	100	7	17	12	8.3	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	2400	2.02	50	101	7	17	12	8.4	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	2400	1.74	50	87	7.1	17	12	7.3	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	2400	2	50	100	7	17	12	8.3	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	2400	1.87	50	98.5	7	17	12	8.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	2400	2.05	50	102.5	6.9	17	11	9.3	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	2400	2.03	50	101.5	7	17	12	8.5	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	2400	2.01	50	100.5	7	18	12	8.4	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	2400	2.03	50	101.5	7	18	12	8.5	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	2400	2.03	50	101.5	7	18	12	8.5	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	2400	2.09	50	104.5	7	18	12	8.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	2400	1.88	50	94.5	7	17	12	7.9	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	2400	1.92	50	96	6.9	18	11	8.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	2400	2.05	50	102.5	7	18	12	8.5	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	2400	1.75	50	87.5	7.1	19	11	8.0	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	2400	1.9	50	95	7	20	10	9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	2400	1.98	50	99	7	20	10	9.8	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	2400	1.82	50	91	7.1	21	10	9.1	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	2400	1.85	50	97.5	7	21	9	10.8	<input type="checkbox"/> Yes <input type="checkbox"/> No
27	2400	1.93	50	96.5	7	21	9	10.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
28	2400	1.92	50	96	7	21	9	10.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	2400	1.9	50	95	7	22	9	10.6	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	2400	1.75	50	87.5	7	22	9	9.7	<input type="checkbox"/> Yes <input type="checkbox"/> No
31	2400	1.86	50	98	7	22	9	10.9	<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes:
 1. Use a separate form for each disinfectant/sampling point. Enter disinfectant and sequence position, e.g. "ozone^{1st}" or "ClO₂^{3rd}". 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.
 2. Peak hourly flow means the highest pumpage hour during the day, not the absolute peak flow at any instant.
 3. The residual disinfectant concentration(s) (C^{min}) of the water before or at the first customer must be measured each day during peak hourly flow.
 4. The disinfectant contact time(s) (T^{min}) must be determined for each day during peak hourly flow. The time T used in calculating CT⁷ is the time T taken between the point of disinfection application and the point at which the residual is measured.
 5. If the system uses free chlorine, the pH of the disinfected water must be measured at least once per day at each chlorine residual disinfectant concentration sampling point during peak hourly flow.
 6. The temperature of the disinfected water must be measured at least once per day at each residual disinfectant concentration sampling point during peak hourly flow.
 7. Use Inactivation Tables at 310CMR 22.20A Tables 1.1 - 1.6, 2.1 and/or 3.1
 8. 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.
 9. A "Yes" response above indicates a SWTR Treatment Technique Violation (Tier 2).

PWS Authorized Signatures: [Signature] Title: Plant Operator
 Date: 5/16/24 Email: _____
 Phone #: _____ Fax: _____

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.

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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:

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	0.123	0.055	0.125	0.065	0.137	0.054	0.053	-
2	0.113	0.052	0.062	-	0.051	-	0.117	0.056
3	0.056	-	0.165	0.055	0.105	0.050	0.337	0.053
4	0.085	0.043	0.146	0.048	0.290	0.039	0.205	0.044
5	0.232	0.046	0.340	0.050	0.075	0.039	0.044	-
6	0.097	0.044	0.049	-	0.041	-	0.107	0.044
7	0.044	-	0.106	0.048	0.353	0.041	0.146	0.044
8	0.102	0.047	0.114	0.048	0.162	0.042	0.127	0.047
9	0.238	0.049	0.092	0.050	0.080	0.041	0.046	-
10	0.190	0.048	0.049	-	0.045	-	0.091	0.046
11	0.047	-	0.133	0.047	0.119	0.044	0.129	0.046
12	0.161	0.048	0.185	0.048	0.104	0.042	0.134	0.046
13	0.299	0.048	0.085	0.047	0.266	0.051	0.054	-
14	0.097	0.046	0.046	-	0.041	-	0.111	0.047
15	0.050	-	0.307	0.049	0.064	0.045	0.079	0.049
16	0.185	0.056	0.179	0.054	0.225	0.049	0.128	0.057
17	0.110	0.044	0.072	0.043	0.060	0.039	0.044	-
18	0.104	0.041	0.041	-	0.037	-	0.083	0.043
19	0.044	-	0.216	0.044	0.137	0.043	0.243	0.044
20	0.070	0.042	0.240	0.043	0.132	0.040	0.092	0.045
21	0.157	0.042	0.207	0.044	0.080	0.042	0.044	-
22	0.078	0.041	0.043	-	0.041	-	0.110	0.042
23	0.042	-	0.234	0.046	0.179	0.041	0.152	0.045
24	0.061	0.042	0.147	0.046	0.170	0.041	0.150	0.046
25	0.388	0.040	0.114	0.043	0.085	0.037	0.042	-
26	0.164	0.037	0.041	-	0.036	-	0.100	0.042
27	0.041	-	0.085	0.047	0.324	0.041	0.254	0.046
28	0.078	0.046	0.590	0.052	0.255	0.045	0.094	0.049
29	0.537	0.048	0.085	0.054	0.122	0.044	0.049	-
30	0.137	0.047	0.053	-	0.050	-	0.086	0.053
31	0.047	-	0.166	0.052	0.081	0.047	0.421	0.051

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: 6/6/24

Title: Plant Operator

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TURBIDITY - INDIVIDUAL FILTER MONITORING
 For Conventional or Direct Filtered Systems

SWTR
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III. DAILY REPORTING:

Day	Filter Number: 5	Filter Number: 6	Filter Number: 7	Filter Number: 8				
	¹ Max Day NTU	⁴ Max after 4 Hours NTU	³ Max Day NTU	⁴ Max after 4 Hours NTU				
1	0.058	-	0.217	0.051	0.090	0.049	0.240	0.176
2	0.262	0.056	0.250	0.055	0.130	0.053	0.211	0.176
3	0.090	0.053	0.084	0.052	0.084	0.049	0.173	-
4	0.088	0.040	0.040	-	0.038	-	0.221	0.159
5	0.045	-	0.272	0.044	0.121	0.042	0.871	0.160
6	0.308	0.041	0.110	0.042	0.107	0.040	0.195	0.155
7	0.373	0.042	0.201	0.043	0.120	0.037	0.154	-
8	0.089	0.041	0.042	-	0.042	-	0.350	0.155
9	0.045	-	0.121	0.044	0.131	0.043	0.491	0.149
10	0.121	0.042	0.115	0.043	0.113	0.045	0.218	0.146
11	0.109	0.043	0.082	0.043	0.078	0.040	0.143	-
12	0.098	0.041	0.043	-	0.043	-	0.204	0.144
13	0.043	-	0.111	0.045	0.347	0.042	0.598	0.146
14	0.228	0.042	0.140	0.043	0.411	0.043	0.602	0.146
15	0.135	0.047	0.082	0.047	0.109	0.043	0.146	-
16	0.147	0.046	0.047	-	0.047	-	0.242	0.149
17	0.042	-	0.408	0.039	0.102	0.039	0.931	0.136
18	0.239	0.038	0.129	0.038	0.075	0.037	0.149	0.132
19	0.330	0.042	0.158	0.041	0.063	0.039	0.131	-
20	0.143	0.040	0.040	-	0.041	-	0.511	0.134
21	0.041	-	0.165	0.039	0.114	0.039	0.666	0.135
22	0.104	0.037	0.204	0.037	0.257	0.039	0.293	0.135
23	0.174	0.040	0.077	0.042	0.062	0.046	0.134	-
24	0.091	0.038	0.040	-	0.041	-	0.159	0.135
25	0.038	-	0.089	0.037	0.088	0.040	0.367	0.131
26	0.211	0.038	0.065	0.039	0.058	0.039	0.177	0.130
27	0.109	0.044	0.072	0.044	0.451	0.038	0.127	-
28	0.428	0.044	0.044	-	0.047	-	0.206	0.136
29	0.047	-	0.479	0.046	0.079	0.047	0.324	0.136
30	0.093	0.047	0.296	0.045	0.097	0.047	0.509	0.135
31	0.149	0.049	0.084	0.049	0.079	0.045	0.133	-

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: 5/6/20

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-Holbrook Joint Water** PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
015 / 16300	Raw Water/Combined Filter Effluent	05/06/2024	P. HENNESSY

SAMPLE NOTES

II. COMPLIANCE CALCULATIONS:

Month (mm/yy)	# of Paired Samples	A: % Removal of TOC ¹	B: Required % Removal of TOC ²	Met Alternative Compliance Criteria	Alternative Criteria Result(s) ³ (See Below)	A + B ⁴
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	Twsuva	1.0
12/23	1	39.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
01/24	1	37.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
02/24	1	37.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
03/24	1	40.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
04/24	1	51.0	45.0	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.1
05/24	1	42.0	45.0	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Twsuva	1.0
Sum of Past 12 Months:						12.1
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: 5/6/24

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

¹ 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 = (Average of Set 1 + Average of Set 2) ÷ 2).
² From table at 310 CMR 22.07E(10)(b)2.
³ 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 ₃) 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 ₃)	SOFT60	RAA of treated water alkalinity
Softening that removes ≥ 10 mg/L (as CaCO ₃) of hardness	SOFT10	RAA of hardness (as CaCO ₃) removal

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

⁴For 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. Includes rows for A (Great Pond WTP - Raw Water) and B (Combined Filter Effluent). Includes a section for Routine or Special Sample and Resubmitted Report details.

II. ANALYTICAL LABORATORY INFORMATION:

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

Table 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#. Includes rows for A (5.0 mg/L) and B (2.9 mg/L).

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

Table 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#. Includes row for A (19.4 mg/L).

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

Table with columns: LAB SAMPLE COMMENTS, Result Qualifier, Result Qualifier Description. Includes rows for 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: 6/3/2024

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

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

CERTIFICATE OF ANALYSIS

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

Project Name: DOC SUVA

Work Order Number: A4E0201

Date Received: 05/06/2024

Client ID: Raw
Laboratory ID: **A4E0201-01**
Matrix: Surface Water

Sampled By: Paul Hennessy
Date/Time Sampled: 05/06/24 10:00

Classical Chemistry

Parameter	Analytical Method	Date/Time Analyzed	Units	Detection Limit	Dilution Factor	Limit	Result
Dissolved Organic Carbon	5310B	05/08/24 22:53	mg/L	N/A	1	---	4.8
SUVA	4153	05/08/24 22:53	/100 ml	N/A	1	---	0.0185
UV 254	5910B	05/07/24 16:28	abs/cm	0.002	1	---	0.089

Client ID: Combined Filter Effluent
Laboratory ID: **A4E0201-02**
Matrix: Drinking Water

Sampled By: Paul Hennessy
Date/Time Sampled: 05/06/24 10:00

Classical Chemistry

Parameter	Analytical Method	Date/Time Analyzed	Units	Detection Limit	Dilution Factor	DW MCL/ Recommended Limit #	Result
Dissolved Organic Carbon	5310B	05/08/24 23:05	mg/L	N/A	1	---	2.9
SUVA	4153	05/08/24 23:05	/100 ml	N/A	1	---	0.0107
UV 254	5910B	05/07/24 16:28	abs/cm	0.002	1	---	0.031



Laurel Stoddard
Laboratory Director

REVIEWED
By mgargasz at 10:44 am, May 15, 2024

Subcontracted Analyses:
ESS Laboratory - Cranston, RI (M-RI002)

Dissolved Organic Carbon 5310B; UVA 254



Massachusetts Department of Environmental Protection - Drinking Water Program

CI

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 APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
DEP Location Code # ⁴	DEP Approved SAMPLE LOCATION ⁵		DATE	TIME	
RS 003	TOWER HILL SCHOOL - ADAMS STREET	1.62	5-1-24	9:55	
RS 004	JFK SCHOOL - 20 HURLEY DRIVE	1.49		8:15	
RS 005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE	1.16		7:50	
RS 006	COMFORT INN - 1374 NORTH MAIN STREET	1.89		10:40	
RS 008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST	1.74		10:15	
RS 011	MOBIL STATION - 93 MAZZEO DRIVE	1.90		9:25	
RS 012	7 - 11 FOOD SHOP - 675 NORTH STREET	.79		8:35	
RS 014 AE	AXP AUTO - 317 NORTH MAIN ST	1.62		11:00	
RS 016	OAK GROVE STANDPIPE	1.18		9:40	
RS 017	SOUTH MAIN STREET STANDPIPE	1.18		8:00	

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.
² 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.
³ 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).
⁴ 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).
⁵ 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 Month⁶: **50** Average Chlorine Result of All Samples For Month⁶ (mg/L): **1.43**

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: 5-1-24

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 ¹	DEP Location Code # ¹	DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
		DEP Approved SAMPLE LOCATION ¹	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.67	5/6/24	10:00 AM	A. Pierrotto
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.41		8:00 AM	
RS	005	MARTIN E. YOUNG - 30 LOU COURTNEY DRIVE		1.28		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.63		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - 225 HIGH ST		1.87		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.45		9:30 AM	
RS	012	7 - 11 FOOD SHOP - 675 NORTH STREET		1.33		8:30 AM	
RS	014 AE	AXP AUTO - 317 NORTH MAIN ST		1.74		7:30 AM	
RS	016	OAK GROVE STANDPIPE		1.14		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.09		8:45 AM	

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.
² 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.
³ 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).
⁴ 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).
⁵ 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 Month⁶: **50** Average Chlorine Result of All Samples For Month⁶ (mg/L): **1.43**
 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]* 5/6/24

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: Weekly samples taken in the distribution system

DEP Sample Type ^{1,4}	DEP Location Code # ¹	DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
		DEP Approved SAMPLE LOCATION ¹	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.53	5/13/24	10:00 AM	A. Pierre-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.44		8:00 AM	
RS	005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE		1.04		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.76		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET		1.67		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.56		9:30 AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET		1.67		8:30 AM	
RS	014	ENTERPRISE - 249 NORTH MAIN STREET					
RS	016	AKR WTS 317 NORTH MAIN ST OAK GROVE STANDPIPE		1.74 1.19		7:45 AM 10:15 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		1.06		9:15 AM	

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.
² 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.
³ 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).
⁴ 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).
⁵ 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 Month⁵: **50** Average Chlorine Result of All Samples For Month⁵ (mg/L): **1.43**

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:  **5/16/24**

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: Weekly samples taken in the distribution system

DEP Sample Type ^{1,4}	DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
	DEP Location Code # ¹	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.64	5/30/24	10:00 AM	A. PIERRE - LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.33		8:00 AM	
RS	005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE	1.20		9:00 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.65		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.75		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.46		9:30 AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	1.52		8:30 AM	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	1.68		7:30 AM	
RS		OAK GROVE STANDPIPE	1.19		9:45 AM	
RS		SOUTH MAIN STREET STANDPIPE	1.05		8:45 AM	

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.
² 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.
³ 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).
⁴ 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).
⁵ 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 Month⁵: **50** Average Chlorine Result of All Samples For Month⁵ (mg/L): **1.43**

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:  **6/6/20**

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: Weekly samples taken in the distribution system

DEP Sample Type ^{1,4}	DEP Location Code # ¹	DEP Approved Sample Location ¹	CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
				DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.42	5/29/24	10:00 AM	A. Pierce-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.37		8:00 AM	
RS	005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE	.98		8:30 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.53		11:00 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.59		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.20		9:30 AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	1.45		9:00 AM	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	1.52		7:30 AM	
RS	016	OAK GROVE STANDPIPE	1.07		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.00		8:45 AM	

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.
² 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.
³ 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).
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⁵ 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 Month⁵: **50** Average Chlorine Result of All Samples For Month⁵ (mg/L): **1.43**

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: _____

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** 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 I ASTM D1253-86

Notes:

DEP	DEP Location Code	DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS:		COLLECTED AND ANALYZED BY:
		DEP Approved SAMPLE LOCATION ¹	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS	001	TOWN HALL		1.31	5/6/2024	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.		1.10	5/6/2024	07:50	J. Maclane
RS	008	1 HOLBROOK COURT		1.22	5/6/2024	08:30	J. Maclane
RS	006	620 SOUTH ST.		1.33	5/6/2024	08:50	J. Maclane
RS	025	1 MILLION GAL. TANK		0.51	5/6/2024	09:40	J. Maclane
RS	026	1/2 MILLION GAL. TANK		0.45	5/6/2024	10:00	J. Maclane
RS	001	BOOSTER STATION		0.50	5/6/2024	09:15	J. Maclane
RS	001	TOWN HALL		1.18	5/13/2024	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.		1.09	5/13/2024	07:45	J. Maclane
RS	006	1 HOLBROOK COURT		1.07	5/13/2024	08:05	J. Maclane
RS	007	620 SOUTH ST.		1.03	5/13/2024	08:25	J. Maclane
RS	025	1 MILLION GAL. TANK		0.59	5/13/2024	08:50	J. Maclane
RS	026	1/2 MILLION GAL. TANK		0.28	5/13/2024	09:00	J. Maclane
RS	001	TOWN HALL		1.29	5/20/2024	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.		0.78	5/20/2024	07:45	J. Maclane
RS	006	1 HOLBROOK COURT		1.11	5/20/2024	08:05	J. Maclane
RS	025	1 MILLION GAL. TANK		0.50	5/20/2024	08:50	J. Maclane
RS	026	1/2 MILLION GAL. TANK		0.33	5/20/2024	09:00	J. Maclane
RS	001	TOWN HALL		1.13	5/29/2024	07:25	T. Duggan
RS	005	243 PLYMOUTH ST.		0.79	5/29/2024	07:55	T. Duggan

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

²SWTR 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.

³Collection 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).

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

⁵All 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 Month³ (mg/L): **0.85**

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]* **5/29/2024**

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 Period⁹

Month **MAY** Year **2024**

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

PWS ID¹ **4244001** PWS Name¹ **Randolph Itolbrook Joint Water** #NAME?
 Treatment Plant ID #² **4244001-01T** Treatment Plant Name² **Randolph Water Plant** #NAME?
 Town¹ **Randolph** #NAME?
 Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name⁴ **METALLIC PHOSPHATES** Purchased Strength⁸ **0.1250** Decimal (0.00... Percent (%) Target Range / min¹² **NA**
 Purchased Density (lbs/gal)⁹ **12.03** Target Dose¹³ **NA**
 Manufacturer⁵ **CARUS CORPORATION** Dilution Factor or Mix Ratio¹⁰ **1.00** Dilution Mix Ratio No Dilution / No Batch Mi... Alarm Setting (low)¹⁴ **NA**
 Product Name⁶ **CARUS 3350** NSF Approved¹¹ **Yes** Alarm Setting (high)¹⁴ **NA**
 Reason for Adding Chemical⁷ **CORROSION INHIBITOR** Date of last anti-siphon valve inspection/replacement¹⁵ **NA**

III. Daily Reporting

Day	Treated Water ¹⁶ <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used ¹⁸ (lbs)	Chemical Dosage ¹⁸ (mg/L)	Parameters Measured [*] , Results, Units and Method ²⁰ - (G)rab or Continuous (A)nalyzer ¹			O&M Notes/Comments ²² 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 ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)			a.	b.	c.	
1	3.10000		50.00	6.25	0.24	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	
2	3.00000		50.00	6.25	0.25				
3	3.00000		50.00	6.25	0.25				
4	3.00000		50.00	6.25	0.25				
5	3.00000		50.00	6.25	0.25				
6	3.00000		50.00	6.25	0.25				
7	3.00000		50.00	6.25	0.25				
8	3.00000		50.00	6.25	0.25				
9	2.90000		50.00	6.25	0.26				
10	3.00000		50.00	6.25	0.25				
11	3.00000		50.00	6.25	0.25				
12	3.00000		50.00	6.25	0.25				
13	3.10000		50.00	6.25	0.24				
14	3.00000		50.00	6.25	0.25				
15	3.00000		50.00	6.25	0.25				
16	3.00000		50.00	6.25	0.25				
17	3.00000		50.00	6.25	0.25				
18	3.00000		50.00	6.25	0.25				
19	3.00000		50.00	6.25	0.25				
20	3.00000		50.00	6.25	0.25				
21	2.90000		50.00	6.25	0.26				
22	2.80000		50.00	6.25	0.27				
23	3.00000		50.00	6.25	0.25				
24	3.10000		50.00	6.25	0.24				
25	3.20000		50.00	6.25	0.23				
26	3.00000		50.00	6.25	0.25				
27	3.00000		50.00	6.25	0.25				
28	3.00000		50.00	6.25	0.25				
29	3.10000		50.00	6.25	0.24				
30	2.90000		50.00	6.25	0.26				
31	3.00000		50.00	6.25	0.25				
Total	93.10	0.00	1550.00						

Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary²³:

*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.)²⁰:

a.
 b.
 c.

IV. PWS Authorized Person²⁴

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.

Signature²⁴ Date²⁴ 5/16/24 Print Name William Lytle 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 Period³

Month **MAY** Year **2024**

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

PWS ID¹ **4244001** PWS Name¹ **Randolph Holbrook Joint Water** #NAME?
 Treatment Plant ID #² **4244001-01T** Treatment Plant Name² **Randolph Water Plant** #NAME?
 Town¹ **Randolph** #NAME?
 Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name⁴ **POLYALUMINUM CHLORIDE** Purchased Strength⁸ **1.0000** Decimal (0.00... Percent (%) Target Range / min¹² **14.00**
 Purchased Density (lbs/gal)⁹ **10.30** Target Dose¹³ **18.00**
 Manufacturer⁵ **HOLLAND COMPANY** Dilution Factor or Mix Ratio¹⁰ **0.33** Dilution Mix Ratio No Dilution / No Batch Mi... Alarm Setting (low)¹⁴ **NA**
 Product Name⁶ **PCH-180** NSF Approved¹¹ **Yes** Alarm Setting (high)¹⁴ **NA**
 Reason for Adding Chemical⁷ **COAGULATION** Date of last anti-siphon valve inspection/replacement¹⁵ **NA**

III. Daily Reporting

Day	Treated Water ¹⁶ <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used ¹⁸ (lbs)	Chemical Dosage ¹⁹ (mg/L)	Parameters Measured*, Results, Units and Method ²⁰ - (G)rab or Continuous (A)nalyzer ²¹						O&M Notes/Comments ²² 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 ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)			a.		b.		c.		
1	3.30000	132.00		448.67	16.30							
2	3.30000	123.00		418.08	15.19							
3	3.20000	187.00		635.61	23.82							
4	3.20000	180.00		611.82	22.92							
5	3.30000	145.00		492.86	17.91							
6	3.20000	136.00		462.26	17.32							
7	3.20000	135.00		458.87	17.19							
8	3.30000	130.00		441.87	16.06							
9	3.20000	117.00		397.68	14.90							
10	3.20000	136.00		462.26	17.32							
11	3.30000	130.00		441.87	16.06							
12	3.20000	120.00		407.88	15.28							
13	3.20000	125.00		424.88	15.92							
14	3.20000	120.00		407.88	15.28							
15	3.20000	118.00		401.08	15.03							
16	3.20000	122.00		414.68	15.54							
17	3.20000	160.00		543.84	20.38							
18	3.20000	175.00		594.83	22.29							
19	3.20000	125.00		424.88	15.92							
20	3.20000	115.00		390.89	14.85							
21	3.30000	145.00		492.86	17.91							
22	3.20000	135.00		458.87	17.19							
23	3.30000	110.00		373.89	13.59							
24	3.30000	120.00		407.88	14.82							
25	3.40000	155.00		526.85	18.58							
26	3.40000	145.00		492.86	17.38							
27	3.30000	135.00		458.87	16.67							
28	3.30000	125.00		424.88	15.44							
29	3.40000	115.00		390.89	13.78							
30	3.30000	126.00		428.27	15.56							
31	3.30000	125.00		424.88	15.44							
Total	101.00	4167.00	0.00			Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary ²³ : 2						

*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.)²⁰.

a. _____
 b. _____
 c. _____

IV. PWS Authorized Person²⁴

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.

Signature²⁴ Date²⁴ 5/6/20 Print Name William Pluh Title Plant Operator



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

C-ADD-XLSM

Reporting Period³

Month **MAY** Year **2024**

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

PWS ID¹ **4244001** PWS Name¹ **Randolph Holbrook Joint Water** #NAME? Town¹ **Randolph** #NAME?
Treatment Plant ID #² **4244001-01T** Treatment Plant Name² **Randolph Water Plant** #NAME? Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name⁴ **CALCIUM HYDROXIDE** Purchased Strength⁸ **0.8500** Decimal (0.00... Percent (%) Target Range / min¹² **NA**
Purchased Density (lbs/gal)⁹ **18.70** Target Dose¹³ **NA**
Manufacturer⁵ **CARMEUSE LIME & STONE** Dilution Factor or Mix Ratio¹⁰ **1.00** Dilution Mix Ratio No Dilution / No Batch Mi... Alarm Setting (low)¹⁴ **NA**
Product Name⁶ **HYDRATED LIME** NSF Approved¹¹ **Yes** Alarm Setting (high)¹⁴ **NA**
Reason for Adding Chemical⁷ **ADJUSTMENT OF pH** Date of last anti-siphon valve inspection/replacement¹⁵ **NA**

III. Daily Reporting

Day	Treated Water ¹⁶ <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used ¹⁸ (lbs)	Chemical Dosage ¹⁸ (mg/L)	Parameters Measured*, Results, Units and Method ²⁰ - (G)rab or Continuous (A)nalyzer ²¹			O&M Notes/Comments ²² 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 ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)			a. FINISHED pH	b.	c.	
1	3.10000		50.00	42.50	1.64	<input checked="" type="checkbox"/> G <input type="checkbox"/> A 6.8	<input type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	
2	3.00000		50.00	42.50	1.70	6.8			
3	3.00000		50.00	42.50	1.70	6.8			
4	3.00000		50.00	42.50	1.70	6.8			
5	3.00000		50.00	42.50	1.70	6.8			
6	3.00000		50.00	42.50	1.70	7			
7	3.00000		50.00	42.50	1.70	6.9			
8	3.00000		50.00	42.50	1.70	6.8			
9	2.90000		50.00	42.50	1.76	6.7			
10	3.00000		50.00	42.50	1.70	7.3			
11	3.00000		50.00	42.50	1.70	6.7			
12	3.00000		50.00	42.50	1.70	6.7			
13	3.10000		50.00	42.50	1.64	7			
14	3.00000		50.00	42.50	1.70	7			
15	3.00000		50.00	42.50	1.70	6.8			
16	3.00000		50.00	42.50	1.70	6.8			
17	3.00000		50.00	42.50	1.70	6.8			
18	3.00000		50.00	42.50	1.70	6.8			
19	3.00000		50.00	42.50	1.70	6.9			
20	3.00000		50.00	42.50	1.70	7			
21	2.90000		50.00	42.50	1.76	7			
22	2.80000		50.00	42.50	1.82	6.8			
23	3.00000		50.00	42.50	1.70	6.8			
24	3.10000		50.00	42.50	1.64	6.8			
25	3.20000		50.00	42.50	1.59	6.8			
26	3.00000		50.00	42.50	1.70	6.7			
27	3.00000		50.00	42.50	1.70	6.8			
28	3.00000		50.00	42.50	1.70	6.8			
29	3.10000		50.00	42.50	1.64	6.8			
30	2.90000		50.00	42.50	1.76	7			
31	3.00000		50.00	42.50	1.70	6.9			
Total	93.10	0.00	1550.00						

Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary²³:

*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.)²⁰.

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

IV. PWS Authorized Person²⁴

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.

Signature²⁴ Date²⁴ **5/6/20** 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
 Chemical Addition Report - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD-XLSM

Reporting Period³

Month **MAY** Year **2024**

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

PWS ID¹ **4244001** PWS Name¹ **Randolph Holbrook Joint Water** #NAME?
 Treatment Plant ID #² **4244001-01T** Treatment Plant Name² **Randolph Water Plant** #NAME?
 Town¹ **Randolph** #NAME?
 Plant Availability #NAME? Plant Status #NAME?

II. Chemical & Operational Information

Chemical Name⁴ **CHLORINE** Purchased Strength⁸ **1.0000** Decimal (0.00... Percent (%) Target Range / min¹² **0.20**
 Purchased Density (lbs/gal)⁹ **12.30** Target Dose¹³ **NA**
 Manufacturer⁵ **AXIALL, LLC** Dilution Factor or Mix Ratio¹⁰ **1.00** Dilution Mix Ratio No Dilution / No Batch Mi... Alarm Setting (low)¹⁴ **1.5**
 Product Name⁶ **CHLORINE** NSF Approved¹¹ **Yes** Alarm Setting (high)¹⁴ **3**
 Reason for Adding Chemical⁷ **DISINFECTANT** Date of last anti-siphon valve inspection/replacement¹⁵ **NA**

III. Daily Reporting

Day	Treated Water ¹⁶ <input type="radio"/> Gallons <input checked="" type="radio"/> MG	Measured Chemical Used		Calculated Chemical Used ¹⁸ (lbs)	Chemical Dosage ¹⁹ (mg/L)	Parameters Measured ²⁰ , Results, Units and Method ²⁰ - (G)rab or Continuous (A)alyzer ²¹			O&M Notes/Comments ²² 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 ¹⁷ (gal/day)	Weight ¹⁷ (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		
1	3.30000		99.00	99.00	3.60	2.01	2.22					
2	3.30000		94.00	94.00	3.42	1.87	2.07					
3	3.20000		92.00	92.00	3.45	1.95	2.18					
4	3.20000		93.00	93.00	3.48	1.99	2.3					
5	3.30000		97.00	97.00	3.52	1.97	2.2					
6	3.20000		96.00	96.00	3.60	2.07	2.22					
7	3.20000		92.00	92.00	3.45	2.11	2.25					
8	3.30000		96.00	96.00	3.49	2	2.16					
9	3.20000		85.00	85.00	3.18	2.02	2.16					
10	3.20000		86.00	86.00	3.22	1.74	2.09					
11	3.30000		94.00	94.00	3.42	2	2.15					
12	3.20000		95.00	95.00	3.56	1.97	2.22					
13	3.20000		95.00	95.00	3.56	2.05	2.2					
14	3.20000		94.00	94.00	3.52	2.03	2.23					
15	3.20000		85.00	85.00	3.18	2.01	2.12					
16	3.20000		91.00	91.00	3.41	2.03	2.19					
17	3.20000		92.00	92.00	3.45	2.03	2.18					
18	3.20000		93.00	93.00	3.48	2.09	2.33					
19	3.20000		97.00	97.00	3.63	1.89	2.22					
20	3.20000		90.00	90.00	3.37	1.92	2.22					
21	3.30000		92.00	92.00	3.34	2.05	2.19					
22	3.20000		85.00	85.00	3.18	1.75	2.24					
23	3.30000		90.00	90.00	3.27	1.9	2.18					
24	3.30000		95.00	95.00	3.45	1.96	2.14					
25	3.40000		94.00	94.00	3.31	1.82	2.12					
26	3.40000		102.00	102.00	3.60	1.95	2.12					
27	3.30000		84.00	84.00	3.05	1.93	2.11					
28	3.30000		95.00	95.00	3.45	1.92	2.14					
29	3.40000		101.00	101.00	3.56	1.9	2.1					
30	3.30000		86.00	86.00	3.12	1.75	1.98					
31	3.40000		92.00	92.00	3.24	1.96	2.14					
Total	101.10	0.00	2872.00									

*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.)²³

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 Person²⁴

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.

Signature²⁴ [Signature] Date²⁴ 6/6/20 Print Name William Platt Title Plant Operator

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