RANDOLPH-HOLBROOK JOINT WATER BOARD

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

50 North Franklin Street
Holbrook, MA 02343

Town of Randolph

February 10, 2025

Commonwealth of Massachusetts
Department of Environmental Protection
Southeast Regional Office
20 Riverside Drive
Lakeville, MA 02347

Monthly Reports Filtered System Forms
Forms F, G, I, J, TT
Analysis for TOC, DOC, SUVA
Chemical Addition Reports
DBPR Compliance Report
January, 2025 Randolph/Holbrook
Joint Water System, PWS #424001

Gentlemen:

Enclosed please find all reports as referenced above for the month of January, 2025. Should there be any questions, please do not hesitate to call me.

Sincerely,

William Platt
Treatment Plant Operator, Class Three

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY DATA SHEET FOR FILTERED SYSTEMS

SWTR F

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** RANDOLPH-HOLBROOK JOINT WATER **PWS Town:** Holbrook

Treatment Plant Name: RANDOLPH WATER PLANT **Reporting Period →** **Month:** JANUARY **Year:** 2025

II. DAILY REPORTING:

Filtered Water Turbidity Measured: (check only one) ☒ Combined Filter Effluent ☐ Individual Filter Effluent[1] ☐ Clearwell ☐ Plant Effluent

Filtration Technology:

☒ Conventional ☐ Direct ☐ Alternative	Monthly Turbidity (95%) NTU Limit = 0.3	Max Day Turbidity NTU Limit = 1
☐ Slow Sand ☐ Diatomaceous Earth	Monthly Turbidity (95%) NTU Limit = 1	Max Day Turbidity NTU Limit = 5

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 Measurments > Max Day NTU Limit[5]
1	0.05	6	6	0
2	0.08	6	6	0
3	0.05	6	6	0
4	0.05	6	6	0
5	0.05	6	6	0
6	0.16	6	6	0
7	0.11	6	6	0
8	0.07	6	6	0
9	0.04	6	6	0
10	0.09	6	6	0
11	0.11	6	6	0
12	0.11	6	6	0
13	0.20	6	6	0
14	0.10	6	6	0
15	0.05	6	6	0
16	0.11	6	6	0
17	0.04	6	6	0
18	0.09	6	6	0
19	0.03	6	6	0
20	0.10	6	6	0
21	0.13	6	6	0
22	0.12	6	6	0
23	0.09	6	6	0
24	0.07	6	6	0
25	0.10	6	6	0
26	0.15	6	6	0
27	0.15	6	6	0
28	0.05	6	6	0
29	0.16	6	6	0
30	0.07	6	6	0
31	0.08	6	6	0
Totals:		**186**	**186**	**% Turbidity Meeting 95% Limit** B/A x 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 at time the filtered turbidity Max Day NTU Limit is exceeded, the DEP must be notified no later than the end of the next business day. For each exceedance, record the turbidity value(s) and date(s) on SWTR - Form G

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

PWS Authorized Signature: [signature]

Date: 2/10/25 **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

Compliance Determination for Filtered Systems - Monthly Report

SWTR G

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** RANDOLPH-HOLBROOK JOINT WATER **PWS Town:** Holbrook

Treatment Plant Name: RANDOLPH WATER PLANT **Reporting Period →** **Month:** JANUARY **Year:** 2025

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	2.09	6	2.18	11	2.21	16	2.11	21	2.21	26	2.00	31	2.01
2	2.13	7	2.14	12	2.22	17	2.13	22	1.65	27	1.71	**Residual Measured**	
3	2.18	8	2.09	13	1.99	18	1.90	23	2.18	28	2.02		
4	2.09	9	1.99	14	2.18	19	2.27	24	2.19	29	2.05	☒ Free Cl_2	
5	2.06	10	2.20	15	2.16	20	2.09	25	2.24	30	2.07	☐ Total Cl_2	
												☐ Combined Cl_2	

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: 61 # HPC sites > 500/mL: 0 # HPC sites ≤ 500/mL: 61

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 *instead* 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 = **0** Previous Month % V = **0** Is V > 5% for 2 months? ☐ Yes or ☒ No

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

PWS Authorized Signature: [signature] **Date:** 2/10/25 **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
I

I. PWS INFORMATION:

PWS ID#: 4244001 PWS Name: RANDOLPH-HOLBROOK JOINT WATER PWS Town: HOLBROOK

Treatment Facility Name: RANDOLPH WATER PLANT Reporting Period: Month: JANUARY Year: 2026

Disinfectant[1]: CHLORINE LIQUID Sequence of Disinfectant Application: ☑ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th

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

Day	Peak Hourly Flow[2] (gpm)	Disinfectant Concentration[3] C (mg/L)	Disinfectant Contact Time[4] T (min.)	CT Calc (=C x T)	pH[5]	Water Temp[6] (°C)	CT[7] 99.9	Inactivation Ratio[8] (CT calc / CT 99.9)	Inactivation Ratio[9] <1.0
1	2400	2.09	50	104.5	6.9	5	27	3.9	☐ Yes
2	2400	2.13	50	106.5	6.9	5	27	3.9	☐ Yes
3	2400	2.18	50	109	6.9	5	27	4.0	☐ Yes
4	2400	2.09	50	104.5	6.8	4	28	3.7	☐ Yes
5	2400	2.06	50	103	6.5	3	27	3.8	☐ Yes
6	2400	2.18	50	109	6.6	3	28	3.9	☐ Yes
7	2400	2.14	50	107	6.7	3	29	3.7	☐ Yes
8	2400	2.09	50	104.5	6.7	3	29	3.6	☐ Yes
9	2400	1.99	50	99.5	6.7	3	29	3.4	☐ Yes
10	2400	2.2	50	110	7	3	32	3.4	☐ Yes
11	2400	2.21	50	110.5	6.9	3	31	3.6	☐ Yes
12	2400	2.22	50	111	6.9	3	31	3.6	☐ Yes
13	2400	1.99	50	99.5	6.9	3	31	3.2	☐ Yes
14	2400	2.18	50	109	6.5	3	27	4.0	☐ Yes
15	2400	2.16	50	108	6.9	3	31	3.5	☐ Yes
16	2400	2.11	50	105.5	6.9	3	31	3.4	☐ Yes
17	2400	2.13	50	106.5	6.9	3	31	3.4	☐ Yes
18	2400	1.9	50	95	6.9	3	31	3.1	☐ Yes
19	2400	2.27	50	113.5	6.9	3	31	3.7	☐ Yes
20	2400	2.09	50	104.5	6.7	3	29	3.6	☐ Yes
21	2400	2.21	50	110.5	6.9	4	29	3.8	☐ Yes
22	2400	1.65	50	82.5	6.9	4	27	3.1	☐ Yes
23	2400	2.18	50	109	6.9	3	31	3.5	☐ Yes
24	2400	2.19	50	109.5	6.9	3	31	3.5	☐ Yes
25	2400	2.24	50	112	6.9	3	31	3.6	☐ Yes
26	2400	2	50	100	6.9	3	31	3.2	☐ Yes
27	2400	1.71	50	85.5	6.6	4	27	3.2	☐ Yes
28	2400	2.02	50	101	6.9	4	29	3.5	☐ Yes
29	2400	2.05	50	102.5	6.9	5	27	3.8	☐ Yes
30	2400	2.07	50	103.5	6.8	5	27	3.8	☐ Yes
31	2400	2.01	50	100.5	6.9	5	27	3.7	☐ Yes

Notes:

1. Use a separate form for each disinfectant/sampling point. Enter disinfectant and sequence position, e.g. "ozone/1st" or "ClO_2/3rd". If more than one disinfectant sampling point, you must also complete SWTR Form H and calculate the cummulative 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") of the water before or at the first customer must be measured each day during peak hourly flow.
4. The disinfectant contact time(s) ("T") must be determined for each day during peak hourly flow. The time *T* used in calculating *CT*, is the time it takes the water, during peak hourly flow, to move between the point of disinfection application and the point at which the residual is measured.
5. If the system uses free chlorine, the pH of the disinfected water must be measured at least once per day at each chlorine residual disinfectant concentration sampling point during peak hourly flow.
6. The temperature of the disinfected water must be measured at least once per day at each residual disinfectant concentration sampling point during peak hourly flow.
7. Use Inactivation Tables at 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).

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

PWS Authorized Signature: _____ **Date:** 2/10/25 **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 J

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** RANDOLPH-HOLBROOK JOINT WATER **PWS Town:** Holbrook

Treatment Plant Name: RANDOLPH WATER PLANT **Reporting Period →** **Month:** JANUARY | **Year:** 2025

Total # of Filters at Treatment Plant[1]: 8

II. MONTHLY REPORTING:

Filtered Water Turbidity Measured: ☒ Individual Filter Effluent (IFE) or ☐ Combined Filter Effluent (CFE) [2]

Analytical Method: ☐ SM 2130B ☐ EPA 180.1 ☐ GLI Method 2 (Great Lakes)

1.	**Was each filter monitored continuously?** If continuous monitoring equipment is installed and if it functioned continuously throughout the month, the correct answer is "yes". If continuous monitoring equipment is not installed or did not function continuously throughout the month, the correct answer is "no".	☒ Yes ☐ No
2.	**Were measurements recorded every 15 minutes?** If measurements on each filter were performed throughout the month and the measurements were recorded every 15 minutes when water was being filtered, the correct answer is "yes'. If there was a failure in any continuous monitor, the correct answer is "no".	☐ Yes ☒ No
3.	**Was there a failure of continuous turbidity monitoring equipment?** If grab samples were obtained due to an equipment failure, the correct answer is "yes". If there was no equipment failure during the month, the correct answer is "no". Systems serving a population of at least 10,000 must conduct grab samples every 4 hours in lieu of continuous monitoring, but for no more than 5 working days following the failure of equipment. Systems serving a population less than 10,000 may use grab samples for up to 14 working days. List filter # and date(s) grab samples collected: Comment: **See below**	☐ Yes ☒ No
4.	**Were individual filter levels greater than 1.0 NTU in two consecutive measurements?** If "yes", systems serving a population of at least 10,000 must produce a filter profile within 7 days of the exceedance or report the obvious reason for the exceedance in the table below. The filter profile is not required to be submitted unless requested, only report that the filter profile has been done. Systems serving a population less than 10,000 shall report exceedance information in the table below. List date(s) a filter profile was produced:	☐ Yes ☒ No
5.	**Were individual filter levels greater than 0.5 NTU in two consecutive measurements after the filter has been online for more than 4 hours?** If "yes", systems serving a population of at least 10,000 must produce a filter profile within 7 days of the exceedance or report the obvious reason for the exceedance in the table below. The filter profile is not required to be submitted unless requested, only report that the filter profile has been done. *Systems that serve a population less than 10,000 have no required action.* List date(s) a filter profile was produced:	☒ Yes ☐ No
6.	**Were individual filter levels greater than 1.0 NTU in two consecutive measurements in three consecutive months?** If "yes", the system must conduct a self-assessment of the filter within 14 days of the exceedance. The system is to report that a self-assessment has been completed. Systems with 2 filters that monitor CFE in lieu of IFE must do both filters. *Refer to 310 CMR 22.20D(6)(b)(2) and 310 CMR 22.20F(7)(d)(2) for required filter self-assessment report content.* List date(s) a filter self-assessment was triggered: Report(s) Completed:	☐ Yes ☒ No
7.	**Were individual filter levels greater than 2.0 NTU in two consecutive measurements in two consecutive months?** If "yes", systems serving a population of at least 10,000 must schedule a Comprehensive Performance Evaluation (CPE) within 30 days of the exceedance and submit the report within 90 days. A system serving a population less than 10,000 must schedule a CPE within 60 days of the exceedance and submit the report within 120 days. List date(s) the CPE was triggered:	☐ Yes ☒ No

For each 'Yes' response to question #4, #5, #6 or #7 above: Report the following information in the table below.

Filter #	Turbidity Result (NTU)	Date	Reason for Exceedance (if known) Attach additional documents as necessary for detailed explanations.
5		1/25/2025	No flow through turbidimeter from 6PM to midnight
4	0.697	1/21/2025	Turbidity high for three consecutive readings due to flow adjustments just before a backwash
6	1.06	1/21/2025	Turbidity high for three consecutive readings due to flow adjustments just before a backwash
		1/28/2025	HACH had a nationwide failure in recording of results, but no issue for more than 4 hours

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY - INDIVIDUAL FILTER MONITORING
For Conventional or Direct Filtered Systems

SWTR J

III. DAILY REPORTING[1]:

Day	Filter Number: 5		Filter Number: 6		Filter Number: 7		Filter Number: 8	
	[3]Max Day NTU	[4]Max after 4 Hours NTU	[3]Max Day NTU	[4]Max after 4 Hours NTU	[3]Max Day NTU	[4]Max after 4 Hours NTU	[3]Max Day NTU	[4]Max after 4 Hours NTU
1	0.151	0.041	0.174	0.103	0.114	0.045	0.182	0.072
2	0.331	0.040	0.154	0.098	0.043	-	0.047	-
3	0.039	-	0.129	-	0.181	0.045	0.256	0.057
4	0.255	0.037	0.335	0.216	0.168	0.046	0.173	0.048
5	0.136	0.039	0.320	0.169	0.626	0.044	0.225	0.056
6	0.502	0.048	0.297	0.290	0.043	-	0.045	-
7	0.039	-	0.113	-	0.164	0.048	0.586	0.048
8	0.493	0.036	0.233	0.146	0.131	0.038	0.125	0.047
9	0.531	0.040	0.345	0.232	0.165	0.037	0.142	0.095
10	0.318	0.049	0.404	0.172	0.038	-	0.046	-
11	0.277	0.033	0.149	-	0.110	0.039	0.240	0.049
12	0.032	-	0.167	0.167	0.155	0.038	0.083	0.049
13	0.101	0.034	0.256	0.203	0.087	0.040	0.339	0.095
14	0.084	0.051	0.178	0.178	0.077	0.040	0.138	0.048
15	0.066	0.036	0.112	0.112	0.039	-	0.051	-
16	0.091	0.033	0.101	0.087	0.073	0.037	0.084	0.050
17	0.032	-	0.115	-	0.081	0.036	0.094	0.049
18	0.096	0.030	0.211	0.211	0.063	0.037	0.080	0.051
19	0.170	0.031	0.328	0.283	0.087	0.037	0.094	0.094
20	0.107	0.040	0.245	0.245	0.035	-	0.056	-
21	0.067	-	1.06	-	0.089	0.039	0.090	0.067
22	0.087	0.041	0.310	0.310	0.066	0.036	0.118	0.116
23	0.214	0.037	0.243	0.243	0.082	0.038	0.145	0.145
24	0.078	0.045	0.550	0.212	0.036	-	0.052	-
25	0.067	-	0.317	-	0.148	0.037	0.122	0.095
26	0.546	0.034	0.580	0.309	0.172	0.036	0.369	0.207
27	0.272	0.101	0.716	0.471	0.377	0.039	0.380	0.149
28	0.177	0.132	0.236	0.236	0.036	-	0.147	-
29	0.110	-	0.239	-	0.528	0.041	0.082	0.082
30	0.298	0.114	0.323	0.323	0.181	0.043	0.225	0.225
31	0.128	0.040	0.592	0.240	0.363	0.036	0.193	-

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: [signature]

Date: 2/10/25 **Title:** Plant Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

CHLORINE/CHLORAMINES - MONTHLY REPORT

Cl

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 APPROVED SAMPLE SITE INFORMATION[1]			CHLORINE RESULT[2] (mg/L)	COLLECTION AND ANALYSIS[3]:		COLLECTED AND ANALYZED BY:
DEP Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.92	1/6/25	10:00AM	A. Pierre-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	2.17		8:00 AM	
RS	005	MARTIN E. YOUNG SCHOOL- COURTNEY DRIVE	1.70		8:30AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.96		11:00AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.94		10:30AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.44		9:30AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	1.99		9:00AM	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	2.14		7:30AM	
RS	016	OAK GROVE STANDPIPE	1.53		9:45AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.57		8:45AM	

[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 Month[5]:** 50 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.82

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: 2/10/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

Cl

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: Weekly samples taken in the distribution system

DEP APPROVED SAMPLE SITE INFORMATION[1]			CHLORINE RESULT[2] (mg/L)	COLLECTION AND ANALYSIS[3]:		COLLECTED AND ANALYZED BY:
DEP Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.87	1/8/25	10:00AM	A. Pierre-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	2.36		8:00AM	
RS	005	MARTIN E. YOUNG SCHOOL- COURTNEY DRIVE	1.64		8:30AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	2.10		11:00AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.87		10:30AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.61		9:30AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	2.13		9:00AM	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	2.17		7:30AM	
RS	016	OAK GROVE STANDPIPE	1.50		9:45AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.66		8:45AM	

[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.
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[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 Month[5]:** 50 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.82

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: 2/10/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

Cl

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: Weekly samples taken in the distribution system

DEP APPROVED SAMPLE SITE INFORMATION[1]			CHLORINE RESULT[2] (mg/L)	COLLECTION AND ANALYSIS[3]:		COLLECTED AND ANALYZED BY:
DEP Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	2.00	1/13/25	10:00 AM	A. PIERRE - LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	2.17		8:00AM	
RS	005	MARTIN E. YOUNG SCHOOL- COURTNEY DRIVE	1.83		8:30AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.94		11:00AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	2.06		10:30AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.76		9:30AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	2.10		9:00AM	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	2.37		9:30AM	
RS	016	OAK GROVE STANDPIPE	1.62		9:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.79		8:45AM	

[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.
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[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 Month[5]:** 50 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.82

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: 2/10/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Cl

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

I. PWS INFORMATION:

PWS ID #: 4244000 PWS Name: RANDOLPH WATER DEPARTMENT City/Town: RANDOLPH Class: COM ☒ NTNC ☐ TNC ☐

II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.

Type Measured: ☒ Free Chlorine ☐ Total Chlorine ☐ Combined Chlorine **Analytical Method:** SM 4500-Cl: ☐D ☐E ☐F ☒G ☐H ☐I ASTM D1253-86 ☐

Notes: Weekly samples taken in the distribution system

DEP APPROVED SAMPLE SITE INFORMATION[1]			CHLORINE RESULT[2] (mg/L)	COLLECTION AND ANALYSIS[3]:		COLLECTED AND ANALYZED BY:
DEP Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.96	1/22/25	10:30	
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	2.09		8:00	
RS	005	MARTIN E. YOUNG SCHOOL- COURTNEY DRIVE	1.65		7:45	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.91		9:45	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.85		10:10	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.55		8:45	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	2.06		10:45	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	2.06		8:30	
RS	016	OAK GROVE STANDPIPE	1.09		8:45	
RS	017	SOUTH MAIN STREET STANDPIPE	1.57		9:00	

[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 Month[5]:** 50 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.82

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: 1/22/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Cl

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

I. PWS INFORMATION:

PWS ID #: 4244000 PWS Name: RANDOLPH WATER DEPARTMENT City/Town: RANDOLPH Class: COM ☒ NTNC ☐ TNC ☐

II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.

Type Measured: ☒ Free Chlorine ☐ Total Chlorine ☐ Combined Chlorine Analytical Method: SM 4500-Cl: ☐D ☐E ☐F ☒G ☐H ☐I ASTM D1253-86 ☐

Notes: Weekly samples taken in the distribution system

DEP APPROVED SAMPLE SITE INFORMATION[1]			CHLORINE RESULT[2] (mg/L)	COLLECTION AND ANALYSIS[3]:		COLLECTED AND ANALYZED BY:
DEP Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.84	1/27/25	10:00AM	A. Pierre-Louis
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	1.57		8:00 AM	
RS	005	MARTIN E. YOUNG SCHOOL- COURTNEY DRIVE	1.62		8:30 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.34		11:00AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.83		10:30AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	1.55		9:30AM	
RS	012	WILLIAMS AUTOMOTIVE - 685 NORTH STREET	1.48		9:00AM	
RS	014 A	AXP AUTO - 317 NORTH MAIN STREET	1.62		7:30AM	
RS	016	OAK GROVE STANDPIPE	1.65		9:45AM	
RS	017	SOUTH MAIN STREET STANDPIPE	1.69		8:45AM	

[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.
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III. COMPLIANCE REPORTING: **Total # of Samples Collected for Month[5]:** 50 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.82

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: 2/10/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

Cl

CHLORINE/CHLORAMINES - MONTHLY REPORT

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-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	DEP Location Code	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	001	TOWN HALL	**1.70**	1/6/2025	07:30	J Maclane
RS	005	243 PLYMOUTH ST.	**1.51**	1/6/2025	07:45	J. Maclane
RS	006	1 HOLBROOK CT.	**1.41**	1/6/2025	08:10	J.Maclane
RS	007	620 SOUTH ST.	**1.15**	1/6/2025	08:25	J.Maclane
RS	025	1 MILLION GAL. TANK	**2.01**	1/6/2025	08:45	J. Maclane
RS	026	1/2 MILLION GAL.TANK	**0.98**	1/6/2025	09:00	J. Maclane
RS	001	TOWN HALL	**1.91**	1/13/2025	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.	**1.64**	1/13/2025	07:50	J. Maclane
RS	006	1 HOLBROOK CRT.	**1.63**	1/13/2025	08:30	J. Maclane
RS	007	620 SOUTH ST.	**1.74**	1/13/2025	08:45	J. Maclane
RS	025	1 MILLION GAL TANK	**1.09**	1/13/2024	09:00	J. Maclane
RS	026	1/2 MILLION GAL. TANK	**1.06**	1/13/2025	09:15	J. Maclane
RS	001	TOWN HALL	**1.78**	1/22/2025	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.	**1.50**	1/22/2025	07:45	J. Maclane
RS	006	1 HOLBROOK CRT.	**1.53**	1/22/2025	08:05	J. Maclane
RS	007	620 SOUTH ST.	**0.87**	1/22/2025	08:25	J. Maclane
RS	025	1 MILLION GAL.TANK	**0.96**	1/22/2025	09:00	J.Maclane
RS	026	1/2 MILLION GAL TANK	**0.96**	1/22/2025	09:15	J. Maclane

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.
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III. COMPLIANCE REPORTING: **Total # of Samples Collected for Month[5]:** 24 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.76

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

Primary Certified Operator Signature and Date: [signature] 2/10/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

Cl

CHLORINE/CHLORAMINES - MONTHLY REPORT

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-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	DEP Location Code	DEP Approved SAMPLE LOCATION[4]		DATE	TIME	
RS	001	TOWN HALL	**1.78**	1/27/2025	07:30	J. Maclane
RS	005	243 PLYMOUTH ST.	**1.40**	1/27/2025	07:45	J. Maclane
RS	006	1 HOLBROOK CT.	**1.54**	1/27/2025	08:05	J. Maclane
RS	007	620 SOUTH ST.	**0.37**	1/27/2024	08:25	J. Maclane
RS	025	1 MILLION GAL. TANK	**1.21**	1/27/2025	09:00	J. Maclane
RS	026	1/2 MILLION GAL. TANK	**1.05**	1/27/2025	09:15	J. Maclane
RS						
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[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.
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III. COMPLIANCE REPORTING: **Total # of Samples Collected for Month[5]:** 24 **Average Chlorine Result of All Samples For Month[5] (mg/L):** 1.76

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: 2/10/25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program **TT**

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
	Raw Water/Combined Filter Effluent	1/23/2025	Phennessy
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]
02/24	1	37.0	45.0	☒ YES ☐ NO	Twsuva	1.0
03/24	1	40.0	45.0	☒ YES ☐ NO	Twsuva	1.0
04/24	1	51.0	45.0	☐ YES ☐ NO		1.1
05/24	1	42.0	45.0	☒ YES ☐ NO	Twsuva	1.0
06/24	1	45.0	45.0	☐ YES ☐ NO		1.0
07/24	1	38.0	45.0	☒ YES ☐ NO	Twsuva	1.0
08/24	1	34.0	45.0	☒ YES ☐ NO	Twsuva	1.0
09/24	1	36.0	45.0	☒ YES ☐ NO	Twsuva	1.0
10/24	1	31.0	45.0	☒ YES ☐ NO	Twsuva	1.0
11/24	1	35.0	45.0	☒ YES ☐ NO	Twsuva	1.0
12/24	1	42.0	45.0	☒ YES ☐ NO	Twsuva	1.0
01/25	1	43.0	45.0	☒ YES ☐ 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: 2/10/25

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 – (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).

[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.		

[4] For any month where the system met an alternative compliance criteria a value of 1.0 may be inserted.

DEP REVIEW STATUS (Initial & Date)	Review Comments	
☐ Accepted _____ ☐ Disapproved _____		

ESS Laboratory

DIVISION OF THE RISE GROUP

BAL Laboratory Analytical Balance

CERTIFICATE OF ANALYSIS

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

Project Name: DOC SUVA

Work Order Number: A5A0625
Date Received: 01/22/2025

Client ID: Raw
Laboratory ID: **A5A0625-01**
Matrix: Surface Water

Sampled By: Paul Hennessy
Date/Time Sampled: 01/22/25 11:00

Classical Chemistry

Parameter	Analytical Method	Date/Time Analyzed	Units	Detection Limit	Dilution Factor	Limit	Result
Dissolved Organic Carbon	5310B	01/23/25 22:56	mg/L	0.5	1	---	**3.5**
SUVA	415.3	01/23/25 22:56	L/mg-M	N/A	1	---	**3.01**
Total Organic Carbon	5310B	01/23/25 21:29	mg/L	0.5	1	---	**4.6**
UV 254	5910B	01/23/25 18:00	abs/cm	0.002	1	---	**0.105**

Client ID: CFE
Laboratory ID: **A5A0625-02**
Matrix: Drinking Water

Sampled By: Paul Hennessy
Date/Time Sampled: 01/22/25 11:00

Classical Chemistry

Parameter	Analytical Method	Date/Time Analyzed	Units	Detection Limit	Dilution Factor	DW MCL/ Recommended Limit #	Result
Dissolved Organic Carbon	5310B	01/23/25 22:31	mg/L	0.5	1	---	**2.3**
SUVA	415.3	01/23/25 22:31	L/mg-M	N/A	1	---	**2.26**
Total Organic Carbon	5310B	01/23/25 22:19	mg/L	0.5	1	---	**2.6**
UV 254	5910B	01/23/25 18:00	abs/cm	0.002	1	---	**0.051**

Laurel Stoddard
Laboratory Director

REVIEWED
By MGargasz at 11:09 am, Jan 27, 2025

Subcontracted Analyses:

ESS Laboratory - Cranston, RI (M-RI002)

Dissolved Organic Carbon 5310B; Total Organic Carbon 5310B; UVA 254

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[3]: Month **JAN** Year **2025**

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

PWS ID[1]	PWS Name[1]	Town[1]
4244001	RANDOLPH/HOLBROOK WATER BOARD	HOLBROOK

Treatment Plant ID #[2]	Treatment Plant Name[2]	Plant Availability	Plant Status
4244001-01T	WATER TREATMENT PLANT	A	ACTIVE

II. Chemical & Operational Information

Chemical Name[4]	Purchased Strength[8] 0.1250 (● Decimal (0.0000) ○ Percent (%))		Target Range / min[12] NA
METALLIC PHOSPHATES	Purchased Density(lbs/gal)[9] 12.03		Target Dose[13] NA
Manufacturer[5]	Dilution Factor or Mix Ratio[10] 1.00 (○ Dilution ○ Mix Ratio ● No Dilution / No Batch Mixing)		Alarm Setting (low)[14] NA
CARUS CORPORATION	NSF Approved[11] Yes		Alarm Setting (high)[14] NA
Product Name[6]		Date of last anti-siphon valve inspection/replacement[15] NA	
CARUS 3350			
Reason for Adding Chemical[7]			
CORROSION INHIBITOR			

III. Daily Reporting

Day	Measured Chemical Used: Treated Water[16] (○ Gallons ● MG)	Volume[17] (gal/day)	Weight[17] (lbs/day)	Calculated Chemical Used[18] (lbs)	Chemical Dosage[18] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. ☐G ☐A	b. ☐G ☐A	c. ☐G ☐A	O&M Notes/Comments[22]
1	3.30000		50.00	6.25	0.23				
2	3.30000		50.00	6.25	0.23				
3	3.20000		50.00	6.25	0.23				
4	3.20000		50.00	6.25	0.23				
5	3.20000		50.00	6.25	0.23				
6	3.20000		50.00	6.25	0.23				
7	3.20000		50.00	6.25	0.23				
8	3.20000		50.00	6.25	0.23				
9	3.20000		50.00	6.25	0.23				
10	3.20000		50.00	6.25	0.23				
11	3.20000		50.00	6.25	0.23				
12	3.20000		50.00	6.25	0.23				
13	3.30000		50.00	6.25	0.23				
14	3.20000		50.00	6.25	0.23				
15	3.20000		50.00	6.25	0.23				
16	3.20000		50.00	6.25	0.23				
17	3.10000		50.00	6.25	0.24				
18	3.10000		50.00	6.25	0.24				
19	3.20000		50.00	6.25	0.23				
20	3.20000		50.00	6.25	0.23				
21	3.20000		50.00	6.25	0.23				
22	3.20000		50.00	6.25	0.23				
23	3.30000		50.00	6.25	0.23				
24	3.20000		50.00	6.25	0.23				
25	3.20000		50.00	6.25	0.23				
26	3.30000		50.00	6.25	0.23				
27	3.30000		50.00	6.25	0.23				
28	3.20000		50.00	6.25	0.23				
29	3.10000		50.00	6.25	0.24				
30	3.10000		50.00	6.25	0.24				
31	3.10000		50.00	6.25	0.24				
Total	**99.30**	**0.00**	**1550.00**			Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23]:			

*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 Person[24]

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[24]	Date[24]	Print Name	Title
[signature]	2/10/25	William Plath	Plant Operator

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

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

C-ADD-XLSM
Reporting Period[3]: Month **JAN** Year **2025**

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

PWS ID[1]	PWS Name[1]	Town[1]
4244001	RANDOLPH/HOLBROOK WATER BOARD	HOLBROOK

Treatment Plant ID #[2]	Treatment Plant Name[2]	Plant Availability	Plant Status
4244001-01T	WATER TREATMENT PLANT	A	ACTIVE

II. Chemical & Operational Information

Chemical Name[4]	Purchased Strength[6] 1.0000 (● Decimal (0.0000) ○ Percent (%))	Target Range / min[12]	14.00
POLYALUMINUM CHLORIDE	Purchased Density(lbs/gal)[9] 10.30	Target Dose[13]	16.00
Manufacturer[5]	Dilution Factor or Mix Ratio[10] 0.33 (● Dilution ○ Mix Ratio ○ No Dilution / No Batch Mixing)	Alarm Setting (low)[14]	NA
HOLLAND COMPANY	NSF Approved[11] Yes	Alarm Setting (high)[14]	NA
Product Name[8]		Date of last anti-siphon valve inspection/replacement[15]	NA
PCH-180			
Reason for Adding Chemical[7]			
COAGULATION			

III. Daily Reporting

Day	Treated Water[16] (○ Gallons ● MG)	Measured Chemical Used: Volume[17] (gal/day)	Measured Chemical Used: Weight[17] (lbs/day)	Calculated Chemical Used[18] (lbs)	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. ☐G ☐A	b. ☐G ☐A	c. ☐G ☐A	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.)
1	3.60000	185.00		628.82	20.94				
2	3.60000	184.00		625.42	20.83				
3	3.50000	191.00		649.21	22.24				
4	3.50000	253.00		859.95	29.46				
5	3.50000	208.00		706.99	24.22				
6	3.50000	180.00		611.82	20.96				
7	3.50000	195.00		662.81	22.71				
8	3.50000	215.00		730.79	25.04				
9	3.50000	245.00		832.76	28.53				
10	3.50000	212.00		720.59	24.69				
11	3.50000	201.00		683.20	23.41				
12	3.50000	183.00		622.02	21.31				
13	3.60000	150.00		509.85	16.98				
14	3.50000	165.00		560.84	19.21				
15	3.50000	175.00		594.83	20.38				
16	3.60000	167.00		567.63	18.91				
17	3.40000	221.00		751.18	26.49				
18	3.40000	183.00		622.02	21.94				
19	3.50000	180.00		611.82	20.96				
20	3.50000	160.00		543.84	18.63				
21	3.50000	172.00		584.63	20.03				
22	3.50000	180.00		611.82	20.96				
23	3.70000	164.00		557.44	18.06				
24	3.40000	185.00		628.82	22.18				
25	3.50000	161.00		547.24	18.75				
26	3.60000	180.00		611.82	20.38				
27	3.60000	159.00		540.44	18.00				
28	3.50000	150.00		509.85	17.47				
29	3.40000	130.00		441.87	15.58				
30	3.40000	134.00		455.47	16.06				
31	3.50000	162.00		550.64	18.86				
Total	**108.80**	**5630.00**	**0.00**						

Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23]

*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 Person[24]

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[24]	Date[24]	Print Name	Title
[signature]	2/10/25	William Platt	Plant Operator

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

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

C-ADD-XLSM

Reporting Period[3]: Month **JAN** Year **2025**

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

PWS ID[1]	PWS Name[1]	Town[1]
4244001	RANDOLPH/HOLBROOK WATER BOARD	HOLBROOK

Treatment Plant ID #[2]	Treatment Plant Name[2]	Plant Availability	Plant Status
4244001-01T	WATER TREATMENT PLANT	A	ACTIVE

II. Chemical & Operational Information

Chemical Name[4]	Purchased Strength[8]	0.8500 (● Decimal (0.0000) ○ Percent (%))	Target Range / min[12] NA
CALCIUM HYDROXIDE	Purchased Density(lbs/gal)[9]	18.70	Target Dose[13] NA
Manufacturer[5]	Dilution Factor or Mix Ratio[10]	1.00 (○ Dilution ○ Mix Ratio ● No Dilution / No Batch Mixing)	Alarm Setting (low)[14] NA
CARMEUSE LIME & STONE	NSF Approved[11]	Yes	Alarm Setting (high)[14] NA
Product Name[5]			Date of last anti-siphon valve inspection/replacement[15] NA
HYDRATED LIME			
Reason for Adding Chemical[7]			
ADJUSTMENT OF pH			

III. Daily Reporting

Day	Treated Water[16] (○ Gallons ● MG)	Measured Chemical Used: Volume[17] (gal/day)	Measured Chemical Used: Weight[17] (lbs/day)	Calculated Chemical Used[18] (lbs)	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. FINISHED pH (☑G ☐A)	b. (☐G ☐A)	c. (☐G ☐A)	O&M Notes/Comments[22]
1	3.30000		50.00	42.50	1.54	7			
2	3.30000		50.00	42.50	1.54	7			
3	3.20000		50.00	42.50	1.59	6.9			
4	3.20000		50.00	42.50	1.59	6.9			
5	3.20000		50.00	42.50	1.59	6.5			
6	3.20000		50.00	42.50	1.59	6.7			
7	3.20000		50.00	42.50	1.59	6.7			
8	3.20000		50.00	42.50	1.59	6.7			
9	3.20000		50.00	42.50	1.59	6.8			
10	3.20000		50.00	42.50	1.59	6.6			
11	3.20000		50.00	42.50	1.59	6.7			
12	3.20000		50.00	42.50	1.59	6.7			
13	3.30000		50.00	42.50	1.54	6.7			
14	3.20000		50.00	42.50	1.59	6.5			
15	3.20000		50.00	42.50	1.59	6.7			
16	3.20000		50.00	42.50	1.59	6.4			
17	3.10000		50.00	42.50	1.64	6.4			
18	3.10000		50.00	42.50	1.64	6.5			
19	3.20000		50.00	42.50	1.59	6.9			
20	3.20000		50.00	42.50	1.59	6.7			
21	3.20000		50.00	42.50	1.59	6.9			
22	3.20000		50.00	42.50	1.59	6.9			
23	3.30000		50.00	42.50	1.54	6.9			
24	3.20000		50.00	42.50	1.59	6.9			
25	3.20000		50.00	42.50	1.59	6.9			
26	3.30000		50.00	42.50	1.54	7			
27	3.30000		50.00	42.50	1.54	6.6			
28	3.20000		50.00	42.50	1.59	6.9			
29	3.10000		50.00	42.50	1.64	7			
30	3.10000		50.00	42.50	1.64	6.8			
31	3.10000		50.00	42.50	1.64	7			
Total	**99.30**	**0.00**	**1550.00**						

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.

Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23]: 0

*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 Person[24]

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[24]	Date[24]	Print Name	Title
[signature]	2/10/25	William Platt	Plant Operator

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

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

C-ADD-XLSM
Reporting Period[3]: Month JAN Year 2025

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

PWS ID[1]	PWS Name[1]	Town[1]
4244001	RANDOLPH/HOLBROOK WATER BOARD	HOLBROOK

Treatment Plant ID #[2]	Treatment Plant Name[2]	Plant Availability	Plant Status
4244001-01T	WATER TREATMENT PLANT	A	ACTIVE

II. Chemical & Operational Information

Chemical Name[4]	Purchased Strength[8] 1.0000 (● Decimal (0.0000) ○ Percent (%))	Target Range / min[12]	0.20
CHLORINE	Purchased Density(lbs/gal)[9] 12.30	Target Dose[13]	NA
Manufacturer[5]	Dilution Factor or Mix Ratio[10] 1.00 (○ Dilution ○ Mix Ratio ● No Dilution / No Batch Mixing)	Alarm Setting (low)[14]	1.5
AXIALL, LLC	NSF Approved[11] Yes	Alarm Setting (high)[14]	3
Product Name[6]		Date of last anti-siphon valve inspection/replacement[15]	NA
CHLORINE			
Reason for Adding Chemical[7]			
DISINFECTANT			

III. Daily Reporting

Day	Measured Chemical Used: Treated Water[16] (○ Gallons ● MG)	Volume[17] (gal/day)	Weight[17] (lbs/day)	Calculated Chemical Used[18] (lbs)	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. FREE Cl DAILY MINIMUM ☑G ☐A	b. FREE Cl DAILY AVERAGE ☑G ☐A	c. ☐G ☐A	O&M Notes/Comments[22]
1	3.60000		106.00	106.00	3.53	2.09	2.36		
2	3.60000		105.00	105.00	3.50	2.13	2.32		
3	3.50000		100.00	100.00	3.43	2.18	2.29		
4	3.50000		100.00	100.00	3.43	2.09	2.26		
5	3.50000		103.00	103.00	3.53	2.06	2.27		
6	3.50000		106.00	106.00	3.63	2.18	2.37		
7	3.50000		102.00	102.00	3.49	2.14	2.29		
8	3.50000		100.00	100.00	3.43	2.09	2.27		
9	3.50000		103.00	103.00	3.53	1.99	2.3		
10	3.50000		110.00	110.00	3.77	2.2	2.39		
11	3.50000		107.00	107.00	3.67	2.21	2.39		
12	3.50000		104.00	104.00	3.56	2.22	2.46		
13	3.60000		108.00	108.00	3.60	1.99	2.29		
14	3.50000		106.00	106.00	3.63	2.18	2.36		
15	3.50000		105.00	105.00	3.60	2.16	2.34		
16	3.60000		103.00	103.00	3.43	2.11	2.36		
17	3.40000		99.00	99.00	3.49	2.13	2.33		
18	3.40000		102.00	102.00	3.60	1.9	2.27		
19	3.50000		101.00	101.00	3.46	2.27	2.43		
20	3.50000		102.00	102.00	3.49	2.09	2.35		
21	3.50000		105.00	105.00	3.60	2.21	2.39		
22	3.50000		104.00	104.00	3.56	1.65	2.23		
23	3.70000		108.00	108.00	3.50	2.18	2.34		
24	3.40000		105.00	105.00	3.70	2.19	2.37		
25	3.50000		107.00	107.00	3.67	2.24	2.42		
26	3.60000		103.00	103.00	3.43	2	2.23		
27	3.60000		98.00	98.00	3.26	1.71	2.23		
28	3.50000		105.00	105.00	3.60	2.02	2.23		
29	3.40000		100.00	100.00	3.53	2.05	2.2		
30	3.40000		98.00	98.00	3.46	2.07	2.23		
31	3.50000		99.00	99.00	3.39	2.01	2.25		
Total	**108.80**	**0.00**	**3204.00**						

Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23].

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

IV. PWS Authorized Person[24]

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[24]	Date[24]	Print Name	Title
[signature]	2/10/25	William Platt	Plant Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY - INDIVIDUAL FILTER MONITORING
For Conventional or Direct Filtered Systems

SWTR J

III. DAILY REPORTING[1]:

Day	Filter Number: 1		Filter Number: 2		Filter Number: 3		Filter Number: 4	
	[3]Max Day NTU	[4]Max after 4 Hours NTU	[3]Max Day NTU	[4]Max after 4 Hours NTU	[3]Max Day NTU	[4]Max after 4 Hours NTU	[3]Max Day NTU	[4]Max after 4 Hours NTU
1	0.042	-	0.216	0.172	0.368	0.368	0.255	-
2	0.512	0.030	0.164	0.124	0.193	0.038	0.307	0.306
3	0.157	0.045	0.107	0.063	0.249	0.225	0.143	0.143
4	0.277	0.032	0.287	0.042	0.051	-	0.351	-
5	0.069	-	0.085	-	0.284	0.284	0.253	0.253
6	0.310	0.030	0.399	0.132	0.155	0.036	0.230	0.102
7	0.228	0.146	0.174	0.156	0.249	0.142	0.290	0.220
8	0.110	0.107	0.190	0.108	0.058	-	0.155	-
9	0.119	-	0.071	-	0.141	0.141	0.134	0.044
10	0.509	0.146	0.158	0.157	0.283	0.181	0.388	0.192
11	0.202	0.175	0.197	0.156	0.287	0.187	0.450	0.295
12	0.136	0.133	0.251	0.166	0.067	-	0.265	0.165
13	0.157	0.151	0.247	0.247	0.097	0.067	0.243	-
14	0.183	-	0.171	-	0.108	0.076	0.113	0.033
15	0.194	0.033	0.232	0.232	0.181	0.169	0.261	0.261
16	0.133	0.133	0.158	0.131	0.231	0.231	0.348	0.290
17	0.067	0.046	0.066	0.064	0.158	0.158	0.248	0.248
18	0.129	0.129	0.155	0.155	0.242	-	0.255	-
19	0.097	-	0.066	-	0.241	0.241	0.293	0.293
20	0.061	0.040	0.136	0.136	0.092	0.036	0.294	0.294
21	0.167	0.167	0.199	0.176	0.397	0.182	0.697	0.697
22	0.159	0.156	0.144	0.144	0.361	-	0.435	-
23	0.342	0.200	0.161	-	0344	0.344	0.317	0.222
24	0.087	0.030	0.270	0.270	0.118	0.080	0.336	0.128
25	0.165	0.165	0.328	0.183	0.281	0.196	0.400	0.155
26	0.142	-	0.225	0.211	0.548	0.195	0.298	-
27	0.295	0.204	0.201	-	0.230	-	0.358	0.302
28	0.252	0.252	0.380	0.261	0.582	0.239	0.295	0.295
29	0.182	0.033	0.226	0.226	0.470	0.259	0.444	0.292
30	0.038	-	0.106	-	0.780	0.225	0.399	0.399
31	0.178	0.033	0.385	0.118	0.421	0.038	0.706	0.353

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: [signature]

Date: 2/10/25 **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.