Massachusetts Department of Environmental Protection - Drinking Water Program

CHEMICAL ADDITION REPORT - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD

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

PWS Name[1]:	Randolph-Holbrook Joint Water Treatment	Town[1]:	Randolph	PWSID[1]:	4244001
Treatment Plant Name[2]:	Randolph-Holbrook Joint Water Treatment Facility	Treatment Plant ID#[2]:	4244001	Reporting Period[3]:	Feb (Month) 2025 (Year)

II. Chemical & Operational Information

Chemical Name[4]:	PolyAluminum Chloride - PolyAluminum Chloride	Purchased Strength (%)[8]:	33	Target Range/min[12]:	.02 - .05
Manufacturer[5]:	Holland Company	Purchased Density (lbs/gal)[9]:	10.59	Target Dose[13]:	17 - 28
Product Name[6]:	PCH-180	Dilution Factor or Mix Ratio[10]:	1	Alarm Setting (low)[14]:	NA
Reason for Adding Chemical[7]:	Coagulation	NSF Approved (Y/N)[11]:	Y	Alarm Setting (high)[14]:	NA
		Date of last anti-siphon valve inspection/replacement[15]:			02/01/2025

III. Daily Reporting

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

Day	Treated Water[16] ☒Gallons ☐MG	Measured Chemical Used: Volume[17] (gal/day)	Measured Chemical Used: Weight[17] (lbs/day)	Calculated Chemical Used (lbs)[18]	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. UV at Settled Water ☒G ☐A	b. pH Grab at Settled Water ☒G ☐A	c. ☐G ☐A	O&M Notes/Comments[22]
1	3,370,000	160.0		554.40	19.73				
2	3,425,000	140.0		485.10	16.98				
3	3,390,000	150.0		519.75	18.38				
4	3,185,000	132.0		457.38	17.22				
5	3,199,000	138.0		478.17	17.92				
6	3,163,000	168.0		582.12	22.07				
7	3,178,000	164.0		568.26	21.44				
8	3,215,000	158.0		547.47	20.42				
9	3,540,000	140.0		485.10	16.43				
10	2,615,000	110.0		381.15	17.48				
11	4,040,000	135.0		467.78	13.88				
12	4,068,000	128.0		443.52	13.07				
13	4,031,000	117.0		405.41	12.06				
14	4,046,000	158.0		547.47	16.22				
15	4,055,000	140.0		485.10	14.34				
16	4,075,000	140.0		485.10	14.27				
17	3,965,000	125.0		433.13	13.10				
18	3,580,000	105.0		363.83	12.19				
19	3,610,000	95.0		329.18	10.93				
20	3,558,000	137.0		474.71	16.00				
21	3,557,000	98.0		339.57	11.45				
22	3,625,000	115.0		398.48	13.18				
23	3,701,000	132.0		457.38	14.82				
24	3,754,000	154.0		533.61	17.04				
25	3,635,000	128.0		443.52	14.63				
26	3,732,000	109.0		377.69	12.13				
27	3,638,000	123.0		426.20	14.05				
28	3,580,000	112.0		388.08	13.00				
29									
30									
31									
Total	100,530,000	3,711.0		Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23]:					NA

*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 Ultra-Violet Grab Sample at Settled Water using ...

b. Daily pH Grab Sample at Settled Water using ...

c.

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

PWS Authorized Person - Signature & Date[24]: 03/25/2025

Print Name: Louis Dutton

Title: Primary 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

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

PWS Name[1]:	Randolph-Holbrook Joint Water Treatment	Town[1]:	Randolph	PWSID[1]:	4244001
Treatment Plant Name[2]:	Randolph-Holbrook Joint Water Treatment Facility	Treatment Plant ID#[2]:	4244001	Reporting Period[3]:	Feb (Month) 2025 (Year)

II. Chemical & Operational Information

Chemical Name[4]:	Hydrated Lime - Hydrated Lime	Purchased Strength (%)[8]:	93	Target Range/min[12]:	6.5 - 8.0
Manufacturer[5]:	Graymont, Inc.	Purchased Density (lbs/gal)[9]:	NA	Target Dose[13]:	3.0 - 6.0
Product Name[6]:	High Calcium Hydrated Lime	Dilution Factor or Mix Ratio[10]:	1	Alarm Setting (low)[14]:	6.0
Reason for Adding Chemical[7]:	pH Adjustment	NSF Approved (Y/N)[11]:	Y	Alarm Setting (high)[14]:	8.5
		Date of last anti-siphon valve inspection/replacement[15]:			02/01/2025

III. Daily Reporting

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

Day	Treated Water[16] ☒Gallons ☐MG	Measured Chemical Used: Volume[17] (gal/day)	Measured Chemical Used: Weight[17] (lbs/day)	Calculated Chemical Used (lbs)[18]	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. pH Average @ POE ☒G ☐A	b. pH Grab @ POE ☒G ☐A	c. pH Analyzer; SP at POE ☐G ☒A	O&M Notes/Comments[22]
1	3,070,000		117.0	108.81	4.25	6.940	6.940		
2	3,090,000		117.0	108.81	4.22	6.860	6.860		
3	3,085,000		117.0	108.81	4.23	6.920	6.920		
4	2,965,000		117.0	108.81	4.40	6.970	6.970		
5	2,966,000		117.0	108.81	4.40	6.960	6.960		
6	2,969,000		117.0	108.81	4.39	6.830	6.830		
7	3,035,000		117.0	108.81	4.30	6.830	6.830		
8	3,200,000		117.0	108.81	4.08	6.850	6.850		
9	3,410,000		117.0	108.81	3.83	6.870	6.870		
10	2,075,000		117.0	108.81	6.29	6.980	6.980		
11	3,920,000		117.0	108.81	3.33	7.100	7.100		
12	3,955,000		117.0	108.81	3.30	7.170	7.170		
13	3,676,000		117.0	108.81	3.55	7.030	7.030		
14	3,539,000		117.0	108.81	3.69	7.190	7.190		
15	3,530,000		117.0	108.81	3.70	7.140	7.140		
16	3,585,000		114.0	106.02	3.55	7.160	7.160		
17	3,620,000		114.0	106.02	3.51	7.110	7.110		
18	3,635,000		114.0	106.02	3.50	7.280	7.280		
19	3,592,000		114.0	106.02	3.54	7.190	7.190		
20	3,591,000		114.0	106.02	3.54	7.187	7.170		
21	3,585,000		114.0	106.02	3.55	7.240	7.240		
22	3,582,000		114.0	106.02	3.55	7.210	7.210		
23	3,625,000		114.0	106.02	3.51	7.160	7.160		
24	3,695,000		114.0	106.02	3.44	7.190	7.190		
25	3,685,000		114.0	106.02	3.45	7.210	7.210		
26	3,592,000		114.0	106.02	3.54	7.220	7.220		
27	3,507,000		114.0	106.02	3.62	7.240	7.240		
28	3,466,000		114.0	106.02	3.67	7.000	7.000		
29									
30									
31									
Total	95,245,000		3,237.0						

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. Average Grab sample finish water @ POE using pHep Hanna

b. Grab sample finish water @ POE using pHep Hanna

c. Single Point pH Analyzer collected at same time as Grab Sample

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

PWS Authorized Person - Signature & Date[24]: 03/25/2025

Print Name: Louis Dutton

Title: Primary 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

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

PWS Name[1]:	Randolph-Holbrook Joint Water Treatment	Town[1]:	Randolph	PWSID[1]:	4244001
Treatment Plant Name[2]:	Randolph-Holbrook Joint Water Treatment Facility	Treatment Plant ID#[2]:	4244001	Reporting Period[3]:	Feb (Month) 2025 (Year)

II. Chemical & Operational Information

Chemical Name[4]:	CP 767D - Corrosion Inhibitor	Purchased Strength (%)[8]:	75	Target Range/min[12]:	NA
Manufacturer[5]:	Sterling Water Technologies LLC	Purchased Density (lbs/gal)[9]:	NA	Target Dose[13]:	NA
Product Name[6]:	CP 767D	Dilution Factor or Mix Ratio[10]:	1	Alarm Setting (low)[14]:	NA
Reason for Adding Chemical[7]:	Corrosion Control	NSF Approved (Y/N)[11]:	Y	Alarm Setting (high)[14]:	NA
		Date of last anti-siphon valve inspection/replacement[15]:			02/01/2075

III. Daily Reporting

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

Day	Treated Water[16] ☒Gallons ☐MG	Measured Chemical Used: Volume[17] (gal/day)	Measured Chemical Used: Weight[17] (lbs/day)	Calculated Chemical Used (lbs)[18]	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. PO4 @ POE ☒G ☐A	b. ☐G ☐A	c. ☐G ☐A	O&M Notes/Comments[22]
1	3,070,000		50.0	37.50	1.46				
2	3,090,000		50.0	37.50	1.46				
3	3,085,000		50.0	37.50	1.46				
4	2,965,000		50.0	37.50	1.52				
5	2,966,000		50.0	37.50	1.52				
6	2,969,000		50.0	37.50	1.51				
7	3,035,000		50.0	37.50	1.48				
8	3,200,000		50.0	37.50	1.41				
9	3,410,000		50.0	37.50	1.32				
10	2,075,000		50.0	37.50	2.17				
11	3,920,000		50.0	37.50	1.15				
12	3,955,000		50.0	37.50	1.14				
13	3,676,000		50.0	37.50	1.22				
14	3,539,000		50.0	37.50	1.27				
15	3,530,000		50.0	37.50	1.27				
16	3,585,000		50.0	37.50	1.25				
17	3,620,000		50.0	37.50	1.24				
18	3,635,000		50.0	37.50	1.24				
19	3,592,000		50.0	37.50	1.25				
20	3,591,000		50.0	37.50	1.25				
21	3,585,000		50.0	37.50	1.25				
22	3,582,000		50.0	37.50	1.26				
23	3,625,000		50.0	37.50	1.24				
24	3,695,000		50.0	37.50	1.22				
25	3,685,000		50.0	37.50	1.22				
26	3,592,000		50.0	37.50	1.25				
27	3,507,000		50.0	37.50	1.28				
28	3,466,000		50.0	37.50	1.30				
29									
30									
31									
Total	95,245,000		1,400.0	Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23]:					NA

*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 Polyphosphate (PO4) Grab sample at POE

b.

c.

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

PWS Authorized Person - Signature & Date[24]: 03/25/2025

Print Name: Louis Dutton

Title: Primary Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

CHLORINE/CHLORAMINES - MONTHLY REPORT

Cl

I. PWS INFORMATION:

PWS ID #: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **City/Town:** **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 Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	Tower Hill School - Adams St	1.9	2025-02-03	10:00	Brian Doran
RS	004	JFK School - 20 Hurley Drive	2.0	2025-02-03	08:00	Brian Doran
RS	005	Martin E. Young School Courtney Drive	2.01	2025-02-03	08:30	Brian Doran
RS	006	Comfort Inn - 1374 North Main Street	1.80	2025-02-03	11:00	Brian Doran
RS	008	Community Middle School - High Street	1.96	2025-02-03	10:30	Brian Doran
RS	011	Mobil Station - 93 Mazzeo Drive	1.53	2025-02-03	09:30	Brian Doran
RS	012	Williams Automotive - 685 North Street	1.83	2025-02-03	09:00	Brian Doran
RS	014	AXP Auto - 317 North Main Street	1.86	2025-02-03	07:30	Brian Doran
RS	016	Oak Grove Standpipe	1.52	2025-02-03	09:45	Brian Doran
RS	017	South Main Street Standpipe	1.74	2025-02-03	08:45	Brian Doran
RS	003	Tower Hill School - Adams St	1.62	2025-02-05	10:00	Brian Doran
RS	004	JFK School - 20 Hurley Drive	1.86	2025-02-05	08:00	Brian Doran
RS	005	Martin E. Young School Courtney Drive	1.50	2025-02-05	08:30	Brian Doran
RS	006	Comfort Inn - 1374 North Main Street	1.77	2025-02-05	11:00	Brian Doran
RS	008	Community Middle School - High Street	1.75	2025-02-05	10:30	Brian Doran
RS	011	Mobil Station - 93 Mazzeo Drive	1.47	2025-02-05	09:30	Brian Doran
RS	012	Williams Automotive - 685 North Street	1.73	2025-02-05	09:00	Brian Doran
RS	014	AXP Auto - 317 North Main Street	2.02	2025-02-05	07:30	Brian Doran
RS	016	Oak Grove Standpipe	1.13	2025-02-05	09:45	Brian Doran
RS	017	South Main Street Standpipe	1.60	2025-02-05	08:45	Brian Doran

[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):** 1.55

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

Primary Certified Operator Signature and Date: 3-25-25

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 #: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **City/Town:** **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 Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	Tower Hill School - Adams St	1.57	2025-02-10	10:00	Brian Doran
RS	004	JFK School - 20 Hurley Drive	1.53	2025-02-10	08:00	Brian Doran
RS	005	Martin E. Young School Courtney Drive	1.45	2025-02-10	08:30	Brian Doran
RS	006	Comfort Inn - 1374 North Main Street	1.76	2025-02-10	11:00	Brian Doran
RS	008	Community Middle School - High Street	1.61	2025-02-10	10:30	Brian Doran
RS	011	Mobil Station - 93 Mazzeo Drive	1.59	2025-02-10	09:30	Brian Doran
RS	012	Williams Automotive - 685 North Street	1.13	2025-02-10	09:00	Brian Doran
RS	014	AXP Auto - 317 North Main Street	1.32	2025-02-10	07:30	Brian Doran
RS	016	Oak Grove Standpipe	1.31	2025-02-10	09:45	Brian Doran
RS	017	South Main Street Standpipe	1.62	2025-02-10	08:45	Brian Doran
RS	003	Tower Hill School - Adams St	1.27	2025-02-19	10:20	Brian Doran
RS	004	JFK School - 20 Hurley Drive	1.37	2025-02-19	19:30	Brian Doran
RS	005	Martin E. Young School Courtney Drive	1.26	2025-02-19	07:50	Brian Doran
RS	006	Comfort Inn - 1374 North Main Street	1.54	2025-02-19	10:45	Brian Doran
RS	008	Community Middle School - High Street	1.25	2025-02-19	11:05	Brian Doran
RS	011	Mobil Station - 93 Mazzeo Drive	.79	2025-02-19	09:30	Brian Doran
RS	012	Williams Automotive - 685 North Street	1.29	2025-02-19	08:40	Brian Doran
RS	014	AXP Auto - 317 North Main Street	1.51	2025-02-19	08:15	Brian Doran
RS	016	Oak Grove Standpipe	1.26	2025-02-19	09:50	Brian Doran
RS	017	South Main Street Standpipe	1.23	2025-02-19	08:30	Brian Doran

[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):** 1.55

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

Primary Certified Operator Signature and Date: 3-25-25

DEP Review Status:	☐ Accepted ☐ Disapproved	Review Comments:	

Massachusetts Department of Environmental Protection - Drinking Water Program

CHLORINE/CHLORAMINES - MONTHLY REPORT

Cl

I. PWS INFORMATION:

PWS ID #: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **City/Town:** **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 Sample Type[1,4]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]		DATE	TIME	
RS	003	Tower Hill School - Adams St	1.56	2025-02-24	10:00	Brian Doran
RS	004	JFK School - 20 Hurley Drive	1.64	2025-02-24	08:00	Brian Doran
RS	005	Martin E. Young School Courtney Drive	1.36	2025-02-24	08:30	Brian Doran
RS	006	Comfort Inn - 1374 North Main Street	1.87	2025-02-24	11:00	Brian Doran
RS	008	Community Middle School - High Street	1.65	2025-02-24	10:30	Brian Doran
RS	011	Mobil Station - 93 Mazzeo Drive	1.38	2025-02-24	09:30	Brian Doran
RS	012	Williams Automotive - 685 North Street	1.41	2025-02-24	09:00	Brian Doran
RS	014	AXP Auto - 317 North Main Street	1.48	2025-02-24	07:30	Brian Doran
RS	016	Oak Grove Standpipe	1.26	2025-02-24	09:45	Brian Doran
RS	017	South Main Street Standpipe	1.38	2025-02-24	08:45	Brian Doran

[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):** 1.55

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

CT Determination for Filtered Systems

SWTR I

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **Year:** 2025

Disinfectant[1]: Chlorine Gas **Sequence of Application:** ☒ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5 ☐ 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	2095	2.07	59.7	123.5	6.94	3.8	39.0	3.17	☐ Yes
2	2134	2.25	58.6	131.8	6.86	3.8	40.0	3.29	☐ Yes
3	2095	2.08	59.7	124.1	6.92	4.2	39.0	3.18	☐ Yes
4	2035	1.97	61.4	121.0	6.97	5.7	27.0	4.48	☐ Yes
5	2070	2.04	60.4	123.2	6.96	5.5	28.0	4.40	☐ Yes
6	2093	2.11	59.7	126.0	6.83	4.0	39.0	3.23	☐ Yes
7	2055	1.89	60.8	115.0	6.83	4.2	39.0	2.95	☐ Yes
8	2083	2.06	60.0	123.6	6.85	4.1	39.0	3.17	☐ Yes
9	2270	1.93	55.1	106.3	6.87	4.1	39.0	2.73	☐ Yes
10	2458	1.72	50.9	87.5	6.98	5.6	26.0	3.36	☐ Yes
11	2370	2.29	52.7	120.8	7.10	5.8	34.0	3.55	☐ Yes
12	2390	2.02	52.3	105.6	7.17	5.9	33.0	3.20	☐ Yes
13	2905	1.96	43.0	84.3	7.03	5.2	33.0	2.56	☐ Yes
14	2500	1.45	50.0	72.5	7.19	5.8	31.0	2.34	☐ Yes
15	2399	1.93	52.1	100.6	7.14	5.2	33.0	3.05	☐ Yes
16	2544	2.06	49.1	101.2	7.16	5.7	33.0	3.07	☐ Yes
17	2471	1.82	50.6	92.1	7.11	4.2	47.0	1.96	☐ Yes
18	2543	1.52	49.2	74.7	7.28	5.7	31.0	2.41	☐ Yes
19	2544	1.86	49.1	91.4	7.19	5.2	33.0	2.77	☐ Yes
20	2544	1.98	49.1	97.3	7.19	5.2	33.0	2.95	☐ Yes
21	2461	2.02	50.8	102.6	7.24	5.8	33.0	3.11	☐ Yes
22	2437	2.17	51.3	111.3	7.21	5.6	33.0	3.37	☐ Yes
23	2560	1.92	48.8	93.7	7.16	5.8	33.0	2.84	☐ Yes
24	2565	2.08	48.7	101.4	7.19	6.2	33.0	3.07	☐ Yes
25	2645	2.04	47.3	96.4	7.21	6.2	33.0	2.92	☐ Yes
26	2667	2.05	46.9	96.1	7.22	6.3	33.0	2.91	☐ Yes
27	2520	1.82	49.6	90.3	7.24	6.5	33.0	2.74	☐ Yes
28	2420	2.02	51.7	104.3	7.00	6.5	28.0	3.73	☐ Yes
29									☐ Yes
30									☐ Yes
31									☐ Yes

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

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

PWS Authorized Signature: [signature]

Date: 03/19/2025 **Title:** Primary 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:

PWSID#: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **Year:** 2025

Disinfectant[1]: Chlorine Gas **Sequence of Application:** ☒ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5 ☐ 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	2095	2.07	59.7	123.5	6.94	3.8	39.0	3.17	☐ Yes
2	2134	2.25	58.6	131.8	6.86	3.8	40.0	3.29	☐ Yes
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6	2093	2.11	59.7	126.0	6.83	4.0	39.0	3.23	☐ Yes
7	2055	1.89	60.8	115.0	6.83	4.2	39.0	2.95	☐ Yes
8	2083	2.06	60.0	123.6	6.85	4.1	39.0	3.17	☐ Yes
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14	2500	1.45	50.0	72.5	7.19	5.8	31.0	2.34	☐ Yes
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19	2544	1.86	49.1	91.4	7.19	5.2	33.0	2.77	☐ Yes
20	2544	1.98	49.1	97.3	7.19	5.2	33.0	2.95	☐ Yes
21	2461	2.02	50.8	102.6	7.24	5.8	33.0	3.11	☐ Yes
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26	2667	2.05	46.9	96.1	7.22	6.3	33.0	2.91	☐ Yes
27	2520	1.82	49.6	90.3	7.24	6.5	33.0	2.74	☐ Yes
28	2420	2.02	51.7	104.3	7.00	6.5	28.0	3.73	☐ Yes
29									☐ Yes
30									☐ Yes
31									☐ Yes

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

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

PWS Authorized Signature: [signature]

Date: 03/19/2025 **Title:** Primary Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY - INDIVIDUAL FILTER MONITORING
For Conventional or Direct Filtered Systems

SWTR J

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **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:	☐ 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.

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 Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **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:	☐ 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.

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	0.482	0.030	0.181	0.035	0.222	0.034	0.377	0.028
2	0.059	0.030	0.052	0.035	0.154		0.540	
3	0.107		0.212		0.210	0.037	0.334	0.031
4	0.037	0.032	0.350	0.036	0.225	0.039	0.450	0.031
5	0.069	0.034	0.233	0.040	0.152	0.038	0.460	0.032
6	0.058	0.034	0.227	0.038	0.242	0.038	0.325	
7	0.057	0.032	0.110		0.173		0.168	0.030
8	0.040		0.059	0.035	0.188	0.036	0.405	0.033
9	0.565	0.034	0.484	0.038	0.299	0.038	1.320	0.034
10	0.420	0.038	0.263	0.041	0.372	0.044	0.490	
11	0.316	0.052	0.816		0.374	0.046	0.475	0.033
12	0.232		0.292	0.046	0.287		0.410	0.237
13	0.322	0.050	0.180	0.046	0.065	0.044	0.294	
14	0.549		0.570	0.058	0.430	0.054	0.460	0.154
15	0.330	0.063	0.100		0.085	0.039	0.386	0.038
16	0.287	0.034	0.148	0.046	0.184	0.039	0.411	0.037
17	0.126	0.043	0.140	0.052	0.200	0.047	0.464	
18	0.182	0.052	0.530		0.157		0.183	0.049
19	0.248		0.204	0.061	0.323	0.054	0.330	0.052
20	0.057	0.049	0.309	0.050	0.196	0.041	0.403	0.037
21	0.135	0.041	0.116	0.053	0.250	0.047	0.326	
22	0.157	0.042	0.146		0.246		0.226	0.040
23	0.194		0.150	0.053	0.540	0.048	0.287	0.047
24	0.380	0.036	0.191	0.050	0.049	0.047	0.470	0.041
25	0.349	0.044	0.174	0.053	0.189	0.049	0.358	
26	0.224	0.043	0.244		0.293		0.350	0.052
27	0.139		0.139	0.053	0.350	0.042	0.470	0.041
28	0.128	0.034	0.193	0.050	0.226	0.048	0.344	0.044
29								
30								
31								

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

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

PWS Authorized Signature: _____

Date: 03/19/2025 **Title:** Primary Operator

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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	0.482	0.030	0.181	0.035	0.222	0.034	0.377	0.028
2	0.059	0.030	0.052	0.035	0.154		0.540	
3	0.107		0.212		0.210	0.037	0.334	0.031
4	0.037	0.032	0.350	0.036	0.225	0.039	0.450	0.031
5	0.069	0.034	0.233	0.040	0.152	0.038	0.460	0.032
6	0.058	0.034	0.227	0.038	0.242	0.038	0.325	
7	0.057	0.032	0.110		0.173		0.168	0.030
8	0.040		0.059	0.035	0.188	0.036	0.405	0.033
9	0.565	0.034	0.484	0.038	0.299	0.038	1.320	0.034
10	0.420	0.038	0.263	0.041	0.372	0.044	0.490	
11	0.316	0.052	0.816		0.374	0.046	0.475	0.033
12	0.232		0.292	0.046	0.287		0.410	0.237
13	0.322	0.050	0.180	0.046	0.065	0.044	0.294	
14	0.549		0.570	0.058	0.430	0.054	0.460	0.154
15	0.330	0.063	0.100		0.085	0.039	0.386	0.038
16	0.287	0.034	0.148	0.046	0.184	0.039	0.411	0.037
17	0.126	0.043	0.140	0.052	0.200	0.047	0.464	
18	0.182	0.052	0.530		0.157		0.183	0.049
19	0.248		0.204	0.061	0.323	0.054	0.330	0.052
20	0.057	0.049	0.309	0.050	0.196	0.041	0.403	0.037
21	0.135	0.041	0.116	0.053	0.250	0.047	0.326	
22	0.157	0.042	0.146		0.246		0.226	0.040
23	0.194		0.150	0.053	0.540	0.048	0.287	0.047
24	0.380	0.036	0.191	0.050	0.049	0.047	0.470	0.041
25	0.349	0.044	0.174	0.053	0.189	0.049	0.358	
26	0.224	0.043	0.244		0.293		0.350	0.052
27	0.139		0.139	0.053	0.350	0.042	0.470	0.041
28	0.128	0.034	0.193	0.050	0.226	0.048	0.344	0.044
29								
30								
31								

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

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

PWS Authorized Signature: [signature]

Date: 03/19/2025 **Title:** Primary Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY - INDIVIDUAL FILTER MONITORING
For Conventional or Direct Filtered Systems

SWTR J

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **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:	☐ 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.

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 Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **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:	☐ 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.

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	0.052		0.274		0.040		0.190	0.057
2	0.029	0.028	0.295	0.035	0.185	0.037	0.236	0.056
3	0.119	0.034	0.452	0.040	0.107	0.042	0.177	0.065
4	0.251	0.031	0.460	0.039	0.302	0.041	0.085	
5	0.164	0.030	0.298		0.075		0.062	0.061
6	0.087		0.131	0.038	0.186	0.038	0.134	0.062
7	0.088	0.031	0.151	0.035	0.280	0.036	0.320	0.060
8	0.240	0.030	0.407	0.036	0.092	0.037	0.195	
9	0.159	0.033	0.663		0.039		2.090	0.063
10	0.271		0.518	0.047	0.450	0.039	0.436	0.069
11	0.800		0.525	0.050	0.193		0.490	0.071
12	0.143	0.039	0.323	0.049	0.570	0.049	0.340	0.079
13	0.214	0.046	0.230	0.055	0.049		0.238	
14	0.059		0.144	0.058	0.156	0.059	0.628	0.263
15	0.304	0.084	0.255	0.045	0.085	0.046	0.153	
16	0.083	0.039	0.219		0.045		0.107	0.077
17	0.064		0.242	0.049	0.380	0.051	0.318	0.086
18	0.279	0.050	0.390	0.060	0.173	0.067	0.225	0.098
19	0.347	0.056	0.628	0.062	0.205	0.060	0.270	
20	0.062	0.037	0.163		0.059		0.095	0.094
21	0.078		0.472	0.044	0.114	0.049	0.146	0.086
22	0.088	0.041	0.284	0.051	0.102	0.056	0.103	0.091
23	0.153	0.046	0.500	0.046	0.096	0.047	0.268	
24	0.084	0.038	0.262		0.049		0.128	0.084
25	0.229		0.568	0.044	0.102	0.048	0.216	0.091
26	0.301	0.291	0.496	0.052	0.130	0.056	0.197	0.095
27	0.225	0.043	0.367	0.050	0.068	0.051	0.202	
28	0.085	0.040	0.251		0.051		0.095	0.092
29								
30								
31								

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

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

PWS Authorized Signature: _____

Date: 03/19/2025 **Title:** Primary Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY - INDIVIDUAL FILTER MONITORING
For Conventional or Direct Filtered Systems

SWTR J

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	0.052		0.274		0.040		0.190	0.057
2	0.029	0.028	0.295	0.035	0.185	0.037	0.236	0.056
3	0.119	0.034	0.452	0.040	0.107	0.042	0.177	0.065
4	0.251	0.031	0.460	0.039	0.302	0.041	0.085	
5	0.164	0.030	0.298		0.075		0.062	0.061
6	0.087		0.131	0.038	0.186	0.038	0.134	0.062
7	0.088	0.031	0.151	0.035	0.280	0.036	0.320	0.060
8	0.240	0.030	0.407	0.036	0.092	0.037	0.195	
9	0.159	0.033	0.663		0.039		2.090	0.063
10	0.271		0.518	0.047	0.450	0.039	0.436	0.069
11	0.800		0.525	0.050	0.193		0.490	0.071
12	0.143	0.039	0.323	0.049	0.570	0.049	0.340	0.079
13	0.214	0.046	0.230	0.055	0.049		0.238	
14	0.059		0.144	0.058	0.156	0.059	0.628	0.263
15	0.304	0.084	0.255	0.045	0.085	0.046	0.153	
16	0.083	0.039	0.219		0.045		0.107	0.077
17	0.064		0.242	0.049	0.380	0.051	0.318	0.086
18	0.279	0.050	0.390	0.060	0.173	0.067	0.225	0.098
19	0.347	0.056	0.628	0.062	0.205	0.060	0.270	
20	0.062	0.037	0.163		0.059		0.095	0.094
21	0.078		0.472	0.044	0.114	0.049	0.146	0.086
22	0.088	0.041	0.284	0.051	0.102	0.056	0.103	0.091
23	0.153	0.046	0.500	0.046	0.096	0.047	0.268	
24	0.084	0.038	0.262		0.049		0.128	0.084
25	0.229		0.568	0.044	0.102	0.048	0.216	0.091
26	0.301	0.291	0.496	0.052	0.130	0.056	0.197	0.095
27	0.225	0.043	0.367	0.050	0.068	0.051	0.202	
28	0.085	0.040	0.251		0.051		0.095	0.092
29								
30								
31								

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

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

PWS Authorized Signature: _____

Date: 03/19/2025 **Title:** Primary Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY DATA SHEET FOR FILTERED SYSTEMS

SWTR F

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility - WTF RHJ - Combined Filter Effluer **Reporting Period →** **Month:** February **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	0.13	95	95	0
2	0.14	96	96	0
3	0.19	96	96	0
4	0.18	96	96	0
5	0.11	96	96	0
6	0.14	96	96	0
7	0.11	96	96	0
8	0.06	96	96	0
9	0.50	96	94	0
10	0.36	96	95	0
11	0.78	96	88	0
12	0.37	96	95	0
13	0.16	96	96	0
14	0.22	96	96	0
15	0.09	96	96	0
16	0.19	96	96	0
17	0.16	96	96	0
18	0.22	96	96	0
19	0.19	96	96	0
20	0.22	96	96	0
21	0.21	96	96	0
22	0.15	96	96	0
23	0.15	96	96	0
24	0.19	96	96	0
25	0.18	96	96	0
26	0.22	96	96	0
27	0.13	96	96	0
28	0.19	96	96	0
29				
30				
31				
Totals:		2687 **A**	2675 **B**	**% Turbidity Meeting 95% Limit** B/A x 100 % = X (Enter on SWTR – Form G)

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: 03/19/2025 **Title:** Primary Operator

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

Massachusetts Department of Environmental Protection - Drinking Water Program

TURBIDITY DATA SHEET FOR FILTERED SYSTEMS

SWTR F

I. PWS INFORMATION:

PWSID#: 4244001 **PWS Name:** Randolph-Holbrook Joint Water Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility - WTF RHJ - Combined Filter Effluer **Reporting Period →** **Month:** February **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	0.13	95	95	0
2	0.14	96	96	0
3	0.19	96	96	0
4	0.18	96	96	0
5	0.11	96	96	0
6	0.14	96	96	0
7	0.11	96	96	0
8	0.06	96	96	0
9	0.50	96	94	0
10	0.36	96	95	0
11	0.78	96	88	0
12	0.37	96	95	0
13	0.16	96	96	0
14	0.22	96	96	0
15	0.09	96	96	0
16	0.19	96	96	0
17	0.16	96	96	0
18	0.22	96	96	0
19	0.19	96	96	0
20	0.22	96	96	0
21	0.21	96	96	0
22	0.15	96	96	0
23	0.15	96	96	0
24	0.19	96	96	0
25	0.18	96	96	0
26	0.22	96	96	0
27	0.13	96	96	0
28	0.19	96	96	0
29				
30				
31				
Totals:		2687 **A**	2675 **B**	**% Turbidity Meeting 95% Limit** B/A x 100 % = X (Enter on SWTR – Form G)

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: 03/19/2025 **Title:** Primary 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

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

TOC

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 ☑ NTNC ☐ TNC ☐

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected: Date	Date Collected: Time	Collected By
A	01S	Great Pond WTP - Raw Water	☐ (M)ultiple ☑ (S)ingle ☑ (R)aw ☐ (F)inished	02/03/2025	11:00	Paul Hennessy
B	10300	Combined Filter Effluent	☐ (M)ultiple ☑ (S)ingle ☐ (R)aw ☑ (F)inished	02/03/2025	11:00	Paul Hennessy

	Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below: (1) Reason for Resubmission			(2) Collection Date of Original Sample
A	☑ RS	☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample	☐ Reanalysis	☐ Report Correction	
B	☑ RS	☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample	☐ Reanalysis	☐ Report Correction	

	SAMPLE NOTES
A	
B	

II. ANALYTICAL LABORATORY INFORMATION:

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

Analysis Lab MA Cert. #: M-RI002 **Analysis Lab Name:** ESS Laboratory

TOC Analyzed by (check one): ☐ PWS or ☑ Lab **Samples Acidified?** ☑ Yes or ☐ No

	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#
A	5.0		0.5	0.5	1	5310B	02/04/2025	A5B0028-01	
B	3.0		0.5	0.5	1	5310B	02/04/2025	A5B0028-02	

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

Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative

Alkalinity Analyzed by (check one): ☐ PWS or ☑ Lab

	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#
A	25.0		4.0			2320B	02/04/2025	A5B0028-01	A5B0028-01
B									

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

	LAB SAMPLE COMMENTS	Result Qualifier	Result Qualifier Description
A	Alkalinity analyzed by Primary Lab		
B			

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

Primary Certified Operator or Primary Lab Director Signature: Laurel Stoddard

Date: 2/10/2025

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)		Review Comments		☐ WQTS Data Entered
☐ Accepted	☐ Disapproved			

Massachusetts Department of Environmental Protection - Drinking Water Program

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

TOC

PWS ID #: 4244001 **City / Town:** RANDOLPH

PWS Name: RANDOLPH HOLBROOK WATER BOARD **PWS Class:** COM ☑ NTNC ☐ TNC ☐

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected: Date	Date Collected: Time	Collected By
A	01S	Great Pond WTP - Raw Water	☐ (M)ultiple ☑ (S)ingle	☑ (R)aw ☐ (F)inished	02/03/2025	11:00	Paul Hennessy
B	10300	Combined Filter Effluent	☐ (M)ultiple ☑ (S)ingle	☐ (R)aw ☑ (F)inished	02/03/2025	11:00	Paul Hennessy

	Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below: (1) Reason for Resubmission			(2) Collection Date of Original Sample
A	☑ RS	☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample	☐ Reanalysis	☐ Report Correction	
B	☑ RS	☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample	☐ Reanalysis	☐ Report Correction	

	SAMPLE NOTES
A	
B	

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

Analysis Lab MA Cert. #: M-RI002 **Analysis Lab Name:** ESS Laboratory

TOC Analyzed by (check one): ☐ PWS or ☑ Lab **Samples Acidified?** ☑ Yes or ☐ No

	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#
A	5.0		0.5	0.5	1	5310B	02/04/2025	A5B0028-01	
B	3.0		0.5	0.5	1	5310B	02/04/2025	A5B0028-02	

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

Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative

Alkalinity Analyzed by (check one): ☐ PWS or ☑ Lab

	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#
A	25.0		4.0			2320B	02/04/2025	A5B0028-01	A5B0028-01
B									

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

	LAB SAMPLE COMMENTS	Result Qualifier	Result Qualifier Description
A	Alkalinity analyzed by Primary Lab		
B			

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

Primary Certified Operator or Primary Lab Director Signature: Laurel Stoddard

Date: 2/10/2025

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)	Review Comments		☐ WQTS Data Entered
☐ Accepted ☐ Disapproved			

MASSACHUSETTS DEP/DRINKING WATER PROGRAM
ALTERNATIVE COMPLIANCE RESULTS

DOC
UV254

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section

1. PWS ID #: 4244001 **2. City / Town:** Randolph

3. PWS Name: Randolph Holbrook Water Joint Board **4. PWS Class:** COM [X] NTNC [ ]

5. DEP Source Code/Location ID	6. Sample Location	7. Date Collected	8. Time Collected[1]	9. Collected By
Treated: 10085	WTP Combined Filter Effluent	2/3/25	11:00	P. Hennessy

[1] Time between collection of raw and treated water must not exceed the time it takes the water to move through the plant.

Notes:

II. LABORATORY ANALYTICAL INFORMATION:

Analyzed By: Analytical Balance **Lab Cert. #:** M-MA022

Subcontracted? (Y/N) Y

Sub. Lab Name: ESS Laboratory **Sub. Cert. #:** M-R1002

Notes: **UV254 Analyzed by ESS Laboratory M-R1002**

B / A x 100 = C	Treated Water DOC A	UV254 B	SUVA C
Result mg/L	**3.0**	**.064**	**2.1**
Analytical Method	SM 5310B	5910B	
Detection Limit mg/L	0.5	0.002	
Date Analyzed	2/04/25	2/04/25	
Lab Sample ID#	A5B0031-02		

I certify under penalty 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 of my knowledge and belief.

Primary Certified Operator or Laboratory Director Signature and Date: 3-25-25

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of result and no later than 10 days after the end of the reporting period.

FOR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED

Accepted:	Disapproved:	Data Entered into WQTS:
Comments:		

MASSACHUSETTS DEP/DRINKING WATER PROGRAM
ALTERNATIVE COMPLIANCE RESULTS

DOC
UV254

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule to help complete this section

1. PWS ID #: 4244001 **2. City / Town:** Randolph

3. PWS Name: Randolph Holbrook Water Joint Board **4. PWS Class:** COM [X] NTNC [ ]

5. DEP Source Code/Location ID	6. Sample Location	7. Date Collected	8. Time Collected[1]	9. Collected By
Treated: 10085	WTP Combined Filter Effluent	2/3/25	11:00	P. Hennessy

[1] Time between collection of raw and treated water must not exceed the time it takes the water to move through the plant.

Notes:

II. LABORATORY ANALYTICAL INFORMATION:

Analyzed By: Analytical Balance **Lab Cert. #:** M-MA022

Subcontracted? (Y/N) Y

Sub. Lab Name: ESS Laboratory **Sub. Cert. #:** M-R1002

Notes: **UV254 Analyzed by ESS Laboratory M-R1002**

B / A x 100 = C	Treated Water DOC A	UV254 B	SUVA C
Result mg/L	**3.0**	**.064**	**2.1**
Analytical Method	SM 5310B	5910B	
Detection Limit mg/L	0.5	0.002	
Date Analyzed	2/04/25	2/04/25	
Lab Sample ID#	A5B0031-02		

I certify under penalty 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 of my knowledge and belief.

Primary Certified Operator or Laboratory Director Signature and Date: 3-25-25

Attention: Mail TWO copies of this report to your DEP Regional Office within 30 days of receipt of result and no later than 10 days after the end of the reporting period.

FOR DEP/DWP USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED

Accepted:	Disapproved:	Data Entered into WQTS:
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 Water Joint Board **PWS Class:** COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
10300	Wtp Combined Filter Effluent	2/3/2025	P. Hennessy
SAMPLE NOTES			

II. COMPLIANCE CALCULATIONS:

Month (mm/yy)	# of Paired Samples	A: % Removal of TOC[1]	B: Required % of TOC[2]	Met Alternative Compliance Criteria	Alternative Criteria Result(s)[3] (See Below)	A ÷ B[4]
Mar-24	1	40	45.0	☐ YES ☐ NO	1.38	1.00
Apr-24	1	51	45.0	☐ YES ☐ NO	2.97	1.13
May-24	1	42	45.0	☐ YES ☐ NO	1.06	1.00
Jun-24	1	45	45.0	☐ YES ☐ NO	1.9	1.00
Jul-24	1	38	45.0	☐ YES ☐ NO	1.53	1.00
Aug-24	1	34	45.0	☐ YES ☐ NO	1.45	1.00
Sep-24	1	36	45.0	☐ YES ☐ NO	1.58	1.00
Oct-24	1	31	45.0	☐ YES ☐ NO	0.939	1.00
Nov-24	1	35	45.0	☐ YES ☐ NO	0.916	1.00
Dec-24	1	42	45.0	☐ YES ☐ NO	1.88	1.00
Jan-25	1	43	45.0	☐ YES ☐ NO	2.21	1.00
Feb-25	1	40	56.0	☐ YES ☐ NO	2.1	1.00
					Sum of Past 12 Months:	12.13
					Compliance Value (Sum of Past 12 Months/ 12):	1.01

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: 3-25-25

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 $CaC0_3$)	SOFT60	RAA of treated water alkalinity
Softening that removes [3] 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 _____		

Massachusetts Department of Environmental Protection - Drinking Water Program

CHEMICAL ADDITION REPORT - 310 CMR 22.15(4) Chemical Addition Reporting Requirements

C-ADD

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

PWS Name[1]:	Randolph-Holbrook Joint Water Treatment	Town[1]:	Randolph	PWSID[1]:	4244001
Treatment Plant Name[2]:	Randolph-Holbrook Joint Water Treatment Facility	Treatment Plant ID#[2]:	4244001	Reporting Period[3]:	Feb (Month) 2025 (Year)

II. Chemical & Operational Information

Chemical Name[4]:	Chlorine Gas - Chlorine	Purchased Strength (%)[8]:	100	Target Range/min[12]:	1.2 - 2.5
Manufacturer[5]:	Jones Chemical	Purchased Density (lbs/gal)[9]:	NA	Target Dose[13]:	1.2 - 2.5
Product Name[6]:	Chlorine (Gaseous) - Cl2	Dilution Factor or Mix Ratio[10]:	1	Alarm Setting (low)[14]:	1.0
Reason for Adding Chemical[7]:	Disinfection	NSF Approved (Y/N)[11]:	Y	Alarm Setting (high)[14]:	2.7
		Date of last anti-siphon valve inspection/replacement[15]:			02/01/2025

III. Daily Reporting

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

Day	Treated Water[16] ☒Gallons ☐MG	Measured Chemical Used: Volume[17] (gal/day)	Measured Chemical Used: Weight[17] (lbs/day)	Calculated Chemical Used (lbs)[18]	Chemical Dosage[19] (mg/L)	Parameters Measured*, Results, Units and Method[20] - (G)rab or Continuous (A)nalyzer[21]: a. Cl2 (Free) Average @ POE ☒G ☐A	b. Cl2 (Free) @ POE ☒G ☐A	c. Cl2 (Free) Analyzer; SP @ POE ☐G ☒A	O&M Notes/Comments[22]
1	3,070,000		98.0	98.00	3.83	2.233	2.160		
2	3,090,000		101.0	101.00	3.92	2.469	2.400		
3	3,085,000		99.0	99.00	3.85	2.313	2.090		
4	2,965,000		97.0	97.00	3.92	2.208	2.300		
5	2,966,000		96.0	96.00	3.88	2.193	2.130		
6	2,969,000		98.0	98.00	3.96	2.251	2.240		
7	3,035,000		96.0	96.00	3.79	2.233	2.350		
8	3,200,000		100.0	100.00	3.75	2.330	2.380		
9	3,410,000		101.0	101.00	3.55	2.239	2.080		
10	2,075,000		114.0	114.00	6.59	2.383	2.380		
11	3,920,000		71.0	71.00	2.17	2.524	2.290		
12	3,955,000		110.0	110.00	3.33	2.470	2.130		
13	3,676,000		126.0	126.00	4.11	2.259	2.230		
14	3,539,000		114.0	114.00	3.86	2.061	2.190		
15	3,530,000		110.0	110.00	3.74	2.195	2.050		
16	3,585,000		106.0	106.00	3.55	2.153	2.210		
17	3,620,000		104.0	104.00	3.44	2.096	2.000		
18	3,635,000		105.0	105.00	3.46	2.040	2.000		
19	3,592,000		108.0	108.00	3.61	2.020	1.890		
20	3,591,000		111.0	111.00	3.71	2.078	2.000		
21	3,585,000		110.0	110.00	3.68	2.157	2.200		
22	3,582,000		109.0	109.00	3.65	2.258	2.360		
23	3,625,000		105.0	105.00	3.47	2.137	2.170		
24	3,695,000		102.0	102.00	3.31	2.216	2.260		
25	3,685,000		112.0	112.00	3.64	2.215	2.150		
26	3,592,000		109.0	109.00	3.64	2.236	2.140		
27	3,507,000		115.0	115.00	3.93	2.174	2.100		
28	3,466,000		102.0	102.00	3.53	2.129	2.130		
29									
30									
31									
Total	95,245,000		2,929.0						

Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary**[23]: 1

*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. Cl2 (Free) Average Grab Samples @ POE using DR 3900

b. Daily Cl2 (Free) Grab Sample @ POE using DR 3900

c. Single Point Cl2 (Free) Analyzer collected at same time as Grab Sample

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

PWS Authorized Person - Signature & Date[24]: 03/25/2025

Print Name: Louis Dutton

Title: Primary Operator

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

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 Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **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).

2687	= A	Total # of filtered water turbidity measurements for month (SWTR – Form F)
2675	= B	Total # of filtered water turbidity measurements less than or equal to the specified limits for the filtration technology used. (SWTR – Form F)
99.553	**= (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	2.070	6	2.110	11	2.290	16	2.060	21	2.020	26	2.050	31	
2	2.250	7	1.890	12	2.020	17	1.820	22	2.170	27	1.820	**Residual Measured**	
3	2.080	8	2.060	13	1.960	18	1.520	23	1.920	28	2.020	☒ Free Cl_2	
4	1.970	9	1.930	14	1.450	19	1.860	24	2.080	29		☐ Total Cl_2	
5	2.040	10	1.720	15	1.930	20	1.960	25	2.040	30		☐ 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: 0 # HPC sites > 500/mL: 0 # HPC sites ≤ 500/mL: 0

50	= 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:** 03/25/2025 **Title:** Primary 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 Treatment **PWS Town:** Randolph

Treatment Plant Name: Randolph-Holbrook Joint Water Treatment Facility **Reporting Period →** **Month:** February **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).

2687	= A	Total # of filtered water turbidity measurements for month (SWTR – Form F)
2675	= B	Total # of filtered water turbidity measurements less than or equal to the specified limits for the filtration technology used. (SWTR – Form F)
99.553	**= (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	2.070	6	2.110	11	2.290	16	2.060	21	2.020	26	2.050	31	
2	2.250	7	1.890	12	2.020	17	1.820	22	2.170	27	1.820	**Residual Measured**	
3	2.080	8	2.060	13	1.960	18	1.520	23	1.920	28	2.020	☒ Free Cl_2	
4	1.970	9	1.930	14	1.450	19	1.860	24	2.080	29		☐ Total Cl_2	
5	2.040	10	1.720	15	1.930	20	1.960	25	2.040	30		☐ 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: 0 # HPC sites > 500/mL: 0 # HPC sites ≤ 500/mL: 0

50	= 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: _____

Date: 03/25/2025 **Title:** Primary 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.