



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

# RANDOLPH-HOLBROOK JOINT WATER BOARD

50 North Franklin Street  
Holbrook, MA 02343



**Town of Randolph**

March 15, 2021

Commonwealth of Massachusetts  
Department of Environmental Protection  
Southeast Regional Office  
20 Riverside Drive  
Lakeville, MA 02374

Monthly Reports Filtered System Forms  
Forms F, G, I, J, TT  
Analysis for TOC, DOC, SUVA  
Chemical Addition Reports  
DBPR Compliance Report  
February, 2021 Randolph/Holbrook  
Joint Water System, PWS #424001

Gentlemen:

Enclosed please find all reports as referenced above for the month of February, 2021. Should there be any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in blue ink that reads "William Cookerly".

William Cookerly  
Chief Plant Operator

Enclosures

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



Compliance Determination for Filtered Systems - Monthly Report

I. PWS INFORMATION:

PWSID#: 4244001 PWS Name: RANDOLPH-HOLBROOK JOINT WATER PWS Town: RANDOLPH
Treatment Plant Name: RANDOLPH WATER PLANT Reporting Period -> Month: FEBRUARY Year: 2021

II. TURBIDITY PERFORMANCE CRITERIA:

Table with 3 rows for Turbidity Performance Criteria. Row 1: Monthly Turbidity (95%) NTU Limit. Row 2: 168 = A Total # of filtered water turbidity measurements for month. Row 3: 168 = B Total # of filtered water turbidity measurements less than or equal to the specified limits. Row 4: 100 = (B/A) x 100 The percentage of turbidity measurements meeting the Monthly Turbidity 95% NTU Limit.

Table for Max Day NTU Limit. Includes a table with columns: Date, Value, Date Reported to DEP. Includes a note: 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:

Table for Point-of-Entry Minimum Disinfectant Residual Criteria. Includes a table with columns: Day, Cl2 mg/l. Includes a note: 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. Includes a table for Date(s) Residual < 0.2 mg/l, Duration of Low Level (hrs), Date Reported to DEP.

Table for Distribution System Disinfectant Residual Criteria. Includes a table with columns: Total # of HPC samples taken during month, # HPC sites > 500/mL, # HPC sites <= 500/mL. Includes a table with columns: # of sites where Cl2 residual measurements were made, # of sites HPC samples were analyzed instead of Cl2 residual measurements, # of sites where no Cl2 residual was detected and no HPC sample was analyzed, # of sites where no Cl2 residual was detected and HPC > 500 CFU/mL, # of sites where no Cl2 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 = (c+d+e)/(a+b) x 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, PWS Authorized Signature: William Cookerly Chief Operator



Massachusetts Department of Environmental Protection - Drinking Water Program  
 TURBIDITY DATA SHEET FOR FILTERED SYSTEMS

SWTR  
F

PWS INFORMATION

PWSID#: 424001 PWS Name: RANDOLPH-HOLBROOK JOINT WATER PWS Town: RANDOLPH  
 Treatment Plant Name: RANDOLPH WATER PLANT Reporting Period → Month: FEBRUARY Year: 2021

DAILY REPORTING

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

Filtration Technology:  Conventional  Direct  Alternative  Slow Sand  Diatomaceous Earth

Monthly Turbidity (95%) NTU Limit = 0.3 Max Day Turbidity NTU Limit = 1  
 Monthly Turbidity (95%) NTU Limit = 1 Max Day Turbidity NTU Limit = 5

| Day    | Max Filtered Water Turbidity Result (NTU) | Number of Turbidity Measurements | Number of Turbidity Measurements < Monthly (95%) NTU Limit | Number of Turbidity Measurements > Max Day NTU Limit                        |
|--------|---|----------------------------------|--|---|
| 1      | .04                                       | 6                                | 6  | 0   |
| 2      | .04                                       | 6                                | 6  | 0   |
| 3      | .03                                       | 6                                | 6  | 0   |
| 4      | .05                                       | 6                                | 6  | 0   |
| 5      | .04                                       | 6                                | 6  | 0   |
| 6      | .04                                       | 6                                | 6  | 0   |
| 7      | .03                                       | 6                                | 6  | 0   |
| 8      | .03                                       | 6                                | 6  | 0   |
| 9      | .04                                       | 6                                | 6  | 0   |
| 10     | .05                                       | 6                                | 6  | 0   |
| 11     | .05                                       | 6                                | 6  | 0   |
| 12     | .04                                       | 6                                | 6  | 0   |
| 13     | .04                                       | 6                                | 6  | 0   |
| 14     | .05                                       | 6                                | 6  | 0   |
| 15     | .05                                       | 6                                | 6  | 0   |
| 16     | .06                                       | 6                                | 6  | 0   |
| 17     | .04                                       | 6                                | 6  | 0   |
| 18     | .05                                       | 6                                | 6  | 0   |
| 19     | .03                                       | 6                                | 6  | 0   |
| 20     | .03                                       | 6                                | 6  | 0   |
| 21     | .04                                       | 6                                | 6  | 0   |
| 22     | .03                                       | 6                                | 6  | 0   |
| 23     | .05                                       | 6                                | 6  | 0   |
| 24     | .05                                       | 6                                | 6  | 0   |
| 25     | .03                                       | 6                                | 6  | 0   |
| 26     | .05                                       | 6                                | 6  | 0   |
| 27     | .05                                       | 6                                | 6  | 0   |
| 28     | .04                                       | 6                                | 6  | 0   |
| Totals |   | 168                              | 168  | % Turbidity Meeting 95% Limit<br>B/A x 100% = X<br>(Enter on SWTR - Form G) |

- May be used by systems serving less than 10,000 persons, subject to DEP approval.
- Enter the Maximum Filtered Water Turbidity Result recorded each day, at the 4<sup>th</sup> hour or other approved interval.
- 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.
- 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.
- If at any time the filtered turbidity Max Day NTU Limit is exceeded, the DEP must be notified no later than the end of the next business day. For each exceedance, record the turbidity value(s) and date(s) on SWTR - Form G

In accordance with applicable laws and regulations, the person authorized to sign this report certifies that the information reported herein is true and complete to the best of their knowledge.

PWS Authorized Signature: William Cookerly  
 Date: 3-1-2021 Title: Chief Plant Operator



Massachusetts Department of Environmental Protection - Drinking Water Program  
**CT Determination for Filtered Systems**

SWTR  
**I**

**I. PWS INFORMATION:**

PWSID#: 4244001 PWS Name: Randolph-Hill Brook Joint Water PWS Town: Randolph  
 Treatment Plant Name: Randolph Water Plant Reporting Period → Month: FEBRUARY Year: 2021  
 Disinfectant<sup>1</sup>: Chlorine Gas/Filter Eff. Sequence of Application:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5  6<sup>th</sup>

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

| Day | Peak Hourly Flow <sup>2</sup> (gpm) | Disinfectant Concentration <sup>3</sup> C (mg/L) | Disinfectant Contact Time <sup>4</sup> T (min.) | CT calc (= C x T) | pH <sup>5</sup> | Water Temp <sup>6</sup> (°C) | CT <sup>7</sup> 99.9 | Inactivation Ratio <sup>8</sup> (CT calc / CT 99.9) | Inactivation Ratio <sup>9</sup> < 1.0 |
|-----|-------------------------------------|--|---|-------------------|-----------------|------------------------------|----------------------|---|---------------------------------------|
| 1   | 2,400                               | 1.77   | 50  | 88.5              | 6.00            | 4.0                          | 17                   | 5.2   | <input type="checkbox"/> Yes          |
| 2   | 2,400                               | 1.73   | 50  | 86.5              | 5.85            | 3.9                          | 17                   | 5.1   | <input type="checkbox"/> Yes          |
| 3   | 2,400                               | 1.63   | 50  | 81.5              | 5.90            | 4.4                          | 17                   | 4.8   | <input type="checkbox"/> Yes          |
| 4   | 2,400                               | 1.97   | 50  | 98.5              | 5.80            | 4.0                          | 17                   | 5.8   | <input type="checkbox"/> Yes          |
| 5   | 2,400                               | 1.68   | 50  | 84                | 5.90            | 4.0                          | 17                   | 4.9   | <input type="checkbox"/> Yes          |
| 6   | 2,400                               | 1.62   | 50  | 81                | 5.25            | 4.7                          | 17                   | 4.8   | <input type="checkbox"/> Yes          |
| 7   | 2,400                               | 1.75   | 50  | 87.5              | 6.10            | 4.5                          | 17                   | 5.2   | <input type="checkbox"/> Yes          |
| 8   | 2,400                               | 1.25   | 50  | 87.5              | 6.05            | 4.5                          | 17                   | 5.2   | <input type="checkbox"/> Yes          |
| 9   | 2,400                               | 1.84   | 50  | 92                | 6.00            | 4.0                          | 17                   | 5.4   | <input type="checkbox"/> Yes          |
| 10  | 2,400                               | 1.82   | 50  | 91                | 6.15            | 4.0                          | 17                   | 5.4   | <input type="checkbox"/> Yes          |
| 11  | 2,400                               | 1.88   | 50  | 94                | 5.90            | 4.0                          | 17                   | 5.5   | <input type="checkbox"/> Yes          |
| 12  | 2,400                               | 1.84   | 50  | 92                | 6.05            | 4.2                          | 17                   | 5.4   | <input type="checkbox"/> Yes          |
| 13  | 2,400                               | 1.70   | 50  | 85                | 6.10            | 3.8                          | 17                   | 5.0   | <input type="checkbox"/> Yes          |
| 14  | 2,400                               | 1.68   | 50  | 84                | 6.05            | 3.8                          | 17                   | 4.9   | <input type="checkbox"/> Yes          |
| 15  | 2,400                               | 1.44   | 50  | 72                | 5.90            | 3.9                          | 17                   | 4.2   | <input type="checkbox"/> Yes          |
| 16  | 2,400                               | 1.73   | 50  | 86.5              | 6.10            | 4.7                          | 17                   | 5.1   | <input type="checkbox"/> Yes          |
| 17  | 2,400                               | 1.44   | 50  | 72                | 6.15            | 4.0                          | 17                   | 5.1   | <input type="checkbox"/> Yes          |
| 18  | 2,400                               | 1.72   | 50  | 86                | 6.10            | 4.2                          | 17                   | 5.2   | <input type="checkbox"/> Yes          |
| 19  | 2,400                               | 1.78   | 50  | 89                | 6.10            | 4.2                          | 17                   | 5.0   | <input type="checkbox"/> Yes          |
| 20  | 2,400                               | 1.70   | 50  | 85                | 6.05            | 4.3                          | 17                   | 5.3   | <input type="checkbox"/> Yes          |
| 21  | 2,400                               | 1.81   | 50  | 90.5              | 6.05            | 4.4                          | 17                   | 5.2   | <input type="checkbox"/> Yes          |
| 22  | 2,400                               | 1.76   | 50  | 88                | 6.15            | 4.4                          | 17                   | 5.1   | <input type="checkbox"/> Yes          |
| 23  | 2,400                               | 1.74   | 50  | 87                | 6.10            | 4.3                          | 17                   | 5.1   | <input type="checkbox"/> Yes          |
| 24  | 2,400                               | 1.62   | 50  | 81                | 6.00            | 4.0                          | 17                   | 4.8   | <input type="checkbox"/> Yes          |
| 25  | 2,400                               | 1.68   | 50  | 84                | 5.90            | 3.9                          | 17                   | 4.9   | <input type="checkbox"/> Yes          |
| 26  | 2,400                               | 1.87   | 50  | 93.5              | 6.00            | 4.3                          | 17                   | 5.5   | <input type="checkbox"/> Yes          |
| 27  | 2,400                               | 1.73   | 50  | 86.5              | 6.10            | 4.0                          | 17                   | 5.1   | <input type="checkbox"/> Yes          |
| 28  | 2,400                               | 1.87   | 50  | 93.5              | 6.05            | 4.3                          | 17                   | 5.5   | <input type="checkbox"/> Yes          |
| 29  |                                     |  | 50  |                   |                 |                              | 17                   |   | <input type="checkbox"/> Yes          |
| 30  |                                     |  | 50  |                   |                 |                              | 17                   |   | <input type="checkbox"/> Yes          |
| 31  |                                     |  | 50  |                   |                 |                              | 17                   |   | <input type="checkbox"/> Yes          |

1. Use a separate form for each disinfectant/sampling point. Enter disinfectant and sequence position, e.g. "ozone/1<sup>st</sup>" or "ClO<sub>2</sub>/3<sup>rd</sup>". If more than one disinfectant sampling point, you must also complete SWTR Form H and calculate the cumulative inactivation ratio SUM (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 (CTcalc/CT99.9) is < 1.0, the 99.9% *Giardia lamblia* inactivation requirement has not been achieved.
9. More than one "Yes" response above may indicate a SWTR Treatment Technique violation (Tier 2).

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

PWS Authorized Signature: \_\_\_\_\_

Date: 3-1-2021

Title: \_\_\_\_\_

*[Handwritten Signature]*  
 Chief Plant Operator



Massachusetts Department of Environmental Protection – Drinking Water Program  
**CHEMICAL ADDITION REPORT – 310 CMR 11.15(4) Chemical Addition Reporting Requirements**

C-ADD

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

|                                     |                      |                                    |                   |                                 |                             |
|-------------------------------------|----------------------|------------------------------------|-------------------|---------------------------------|-----------------------------|
| PWS Name <sup>1</sup> :             | RANDOLPH-HOLBROOK JW | Town <sup>1</sup> :                | RANDOLPH-HOLBROOK | PWSID <sup>1</sup> :            | 424001                      |
| Treatment Plant Name <sup>2</sup> : | RANDOLPH WATER PLANT | Treatment Plant ID# <sup>2</sup> : | 4244001-01T       | Reporting Period <sup>3</sup> : | FEBRUARY 2021<br>Month Year |

**II. Chemical & Operational Information**

|   |                       |   |      |                                      |     |
|---|-----------------------|---|------|--------------------------------------|-----|
| Chemical Name <sup>4</sup> :              | POLYALUMINUM CHLORIDE | Purchased Strength <sup>8</sup> :                                     | 1.0  | Target Range/min <sup>12</sup> :     | >14 |
| Manufacturer <sup>5</sup> :               | HOLLAND COMPANY       | Purchased Density (lbs/gal) <sup>9</sup> :                            | 10.3 | Target Dose <sup>13</sup> :          | ≤18 |
| Product Name <sup>6</sup> :               | PCH-180               | Dilution Factor or Mix Ratio <sup>10</sup> :                          | NA   | Alarm Setting (low) <sup>14</sup> :  | NA  |
| Reason for Adding Chemical <sup>7</sup> : | COAGULATION           | NSF Approved (Y/N) <sup>11</sup> :                                    | Y    | Alarm Setting (high) <sup>14</sup> : | NA  |
|   |                       | Date of last anti-siphon valve inspection/replacement <sup>15</sup> : |      |                                      |     |
|   |                       | NA  |      |                                      |     |

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

| Day | Treated Water <sup>16</sup><br><input type="checkbox"/> Gallons<br><input type="checkbox"/> MG | Measured Chemical Used         |                                | Calculated Chemical Used (lbs) <sup>18</sup> | Chemical Dosage <sup>19</sup> (mg/L) | Parameters Measured <sup>4</sup> , Results, Units and Method <sup>20</sup> - (G) Grab or Continuous (A) Analyzer <sup>21</sup> |    |    | O&M Notes/Comments <sup>22</sup><br>PWS note any equipment breakdown, off-line status, changes in purchased product or batch mixing day, measured parameters or dosages that are out of target range, etc. |
|-----|--|--------------------------------|--------------------------------|--|--------------------------------------|--|----|----|--|
|     |  | Volume <sup>17</sup> (gal/day) | Weight <sup>17</sup> (lbs/day) |  |                                      | a. RAW Ph<br>DAILY AVE<br><input type="checkbox"/> G <input type="checkbox"/> A  | b. | c. |  |
| 1   | 3.0  | 118                            |                                | 1,215  | 16                                   | 6.90   |    |    |  |
| 2   | 2.7  | 135                            |                                | 1,391  | 20                                   | 6.85   |    |    |  |
| 3   | 2.8  | 135                            |                                | 1,391  | 20                                   | 6.90   |    |    |  |
| 4   | 2.7  | 125                            |                                | 1,288  | 19                                   | 6.95   |    |    |  |
| 5   | 2.8  | 120                            |                                | 1,236  | 18                                   | 6.95   |    |    |  |
| 6   | 2.8  | 130                            |                                | 1,339  | 19                                   | 6.90   |    |    |  |
| 7   | 2.7  | 115                            |                                | 1,185  | 17                                   | 7.00   |    |    |  |
| 8   | 2.7  | 121                            |                                | 1,246  | 18                                   | 7.00   |    |    |  |
| 9   | 2.6  | 140                            |                                | 1,442  | 22                                   | 6.90   |    |    |  |
| 10  | 2.7  | 130                            |                                | 1,339  | 20                                   | 7.05   |    |    |  |
| 11  | 2.8  | 107                            |                                | 1,102  | 16                                   | 6.95   |    |    |  |
| 12  | 2.8  | 115                            |                                | 1,185  | 17                                   | 7.00   |    |    |  |
| 13  | 2.8  | 108                            |                                | 1,112  | 16                                   | 7.05   |    |    |  |
| 14  | 2.8  | 122                            |                                | 1,257  | 18                                   | 7.05   |    |    |  |
| 15  | 2.8  | 123                            |                                | 1,267  | 18                                   | 7.00   |    |    |  |
| 16  | 2.8  | 143                            |                                | 1,423  | 21                                   | 7.10   |    |    |  |
| 17  | 2.7  | 100                            |                                | 1,030  | 15                                   | 7.10   |    |    |  |
| 18  | 2.8  | 108                            |                                | 1,112  | 16                                   | 7.00   |    |    |  |
| 19  | 2.8  | 120                            |                                | 1,236  | 18                                   | 6.95   |    |    |  |
| 20  | 2.8  | 149                            |                                | 1,535  | 22                                   | 7.00   |    |    |  |
| 21  | 2.8  | 139                            |                                | 1,432  | 20                                   | 6.90   |    |    |  |
| 22  | 2.7  | 150                            |                                | 1,545  | 23                                   | 7.05   |    |    |  |
| 23  | 2.8  | 150                            |                                | 1,545  | 22                                   | 7.05   |    |    |  |
| 24  | 2.8  | 164                            |                                | 1,689  | 24                                   | 7.05   |    |    |  |
| 25  | 2.8  | 150                            |                                | 1,545  | 22                                   | 7.00   |    |    |  |
| 26  | 2.8  | 120                            |                                | 1,236  | 18                                   | 6.90   |    |    |  |
| 27  | 2.7  | 124                            |                                | 1,277  | 19                                   | 6.90   |    |    |  |
| 28  | 2.7  | 106                            |                                | 1,092  | 16                                   | 6.95   |    |    |  |
| 29  |  |                                |                                |  |                                      |  |    |    |  |
| 30  |  |                                |                                |  |                                      |  |    |    |  |
| 31  |  |                                |                                |  |                                      |  |    |    |  |

Total \_\_\_\_\_ Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary<sup>23</sup>:

\*Describe result (daily average, min/max, instantaneous reading, grab, etc), sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>20</sup>:

a. Raw Ph, Daily Average, Test Kit

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<sup>24</sup>:

William Coakley 3-1-2021

Print Name: William Coakley Title: Chief Operator



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

|                                     |                               |                                    |                   |                                 |                             |
|-------------------------------------|-------------------------------|------------------------------------|-------------------|---------------------------------|-----------------------------|
| PWS Name <sup>1</sup> :             | RANDOLPH-HOLBROOK JOINT WATER | Town <sup>1</sup> :                | RANDOLPH-HOLBROOK | PWSID <sup>1</sup> :            | 424001                      |
| Treatment Plant Name <sup>2</sup> : | RANDOLPH WATER PLANT          | Treatment Plant ID# <sup>2</sup> : | 4244001-01T       | Reporting Period <sup>3</sup> : | FEBRUARY 2021<br>Month Year |

**II. Chemical & Operational Information**

|   |              |   |      |                                      |      |
|---|--------------|---|------|--------------------------------------|------|
| Chemical Name <sup>4</sup> :              | CHLORINE     | Purchased Strength <sup>6</sup> :                                     | 1.0  | Target Range/min <sup>12</sup> :     | 0.20 |
| Manufacturer <sup>5</sup> :               | AXIALL, LLC  | Purchased Density (lbs/gal) <sup>9</sup> :                            | 12.3 | Target Dose <sup>13</sup> :          | NA   |
| Product Name <sup>6</sup> :               | CHLORINE     | Dilution Factor or Mix Ratio <sup>10</sup> :                          | NA   | Alarm Setting (low) <sup>14</sup> :  | 1.0  |
| Reason for Adding Chemical <sup>7</sup> : | DISINFECTANT | NSF Approved (Y/N) <sup>11</sup> :                                    | Y    | Alarm Setting (high) <sup>14</sup> : | 3.0  |
|   |              | Date of last anti-siphon valve inspection/replacement <sup>15</sup> : | NA   |                                      |      |

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

| Day | Treated Water <sup>16</sup><br><input type="checkbox"/> Gallons<br><input checked="" type="checkbox"/> MG | Measured Chemical Used         |                                | Calculated Chemical Used (lbs) <sup>18</sup> | Chemical Dosage <sup>19</sup> (mg/L) | Parameters Measured*, Results, Units and Method <sup>20</sup> - (G) Grab or Continuous (A) Analyzer <sup>21</sup> |               |    | O&M Notes/Comments <sup>22</sup> |
|-----|---|--------------------------------|--------------------------------|--|--------------------------------------|---|---------------|----|----------------------------------|
|     |   | Volume <sup>17</sup> (gal/day) | Weight <sup>17</sup> (lbs/day) |  |                                      | a. FREE CL <sub>2</sub> FINISHED  |               | c. |                                  |
|     |   |                                |                                |  |                                      | DAILY AVG   | DAILY MAXIMUM |    |                                  |
| 1   | 3.0   |                                | 86                             | 3.4  | 2.03                                 | 1.77  |               |    |                                  |
| 2   | 2.7   |                                | 77                             | 3.4  | 1.87                                 | 1.73  |               |    |                                  |
| 3   | 2.8   |                                | 80                             | 3.4  | 1.95                                 | 1.63  |               |    |                                  |
| 4   | 2.7   |                                | 80                             | 3.6  | 2.08                                 | 1.97  |               |    |                                  |
| 5   | 2.8   |                                | 78                             | 3.3  | 1.94                                 | 1.68  |               |    |                                  |
| 6   | 2.8   |                                | 77                             | 3.3  | 1.91                                 | 1.62  |               |    |                                  |
| 7   | 2.7   |                                | 76                             | 3.4  | 1.94                                 | 1.75  |               |    |                                  |
| 8   | 2.7   |                                | 81                             | 3.6  | 1.96                                 | 1.75  |               |    |                                  |
| 9   | 2.6   |                                | 81                             | 3.7  | 2.05                                 | 1.84  |               |    |                                  |
| 10  | 2.7   |                                | 80                             | 3.6  | 2.08                                 | 1.82  |               |    |                                  |
| 11  | 2.8   |                                | 80                             | 3.4  | 1.98                                 | 1.88  |               |    |                                  |
| 12  | 2.8   |                                | 82                             | 3.5  | 2.07                                 | 1.84  |               |    |                                  |
| 13  | 2.8   |                                | 77                             | 3.3  | 1.85                                 | 1.70  |               |    |                                  |
| 14  | 2.8   |                                | 82                             | 3.5  | 1.89                                 | 1.68  |               |    |                                  |
| 15  | 2.8   |                                | 76                             | 3.3  | 1.87                                 | 1.44  |               |    |                                  |
| 16  | 2.8   |                                | 79                             | 3.4  | 1.95                                 | 1.73  |               |    |                                  |
| 17  | 2.7   |                                | 83                             | 3.7  | 1.84                                 | 1.44  |               |    |                                  |
| 18  | 2.8   |                                | 82                             | 3.5  | 1.92                                 | 1.72  |               |    |                                  |
| 19  | 2.8   |                                | 80                             | 3.4  | 1.92                                 | 1.78  |               |    |                                  |
| 20  | 2.8   |                                | 81                             | 3.5  | 1.94                                 | 1.70  |               |    |                                  |
| 21  | 2.8   |                                | 85                             | 3.6  | 1.94                                 | 1.81  |               |    |                                  |
| 22  | 2.7   |                                | 83                             | 3.7  | 1.97                                 | 1.76  |               |    |                                  |
| 23  | 2.8   |                                | 76                             | 3.3  | 1.96                                 | 1.74  |               |    |                                  |
| 24  | 2.8   |                                | 80                             | 3.4  | 1.87                                 | 1.62  |               |    |                                  |
| 25  | 2.8   |                                | 79                             | 3.4  | 1.89                                 | 1.68  |               |    |                                  |
| 26  | 2.8   |                                | 82                             | 3.5  | 2.02                                 | 1.87  |               |    |                                  |
| 27  | 2.7   |                                | 75                             | 3.3  | 2.00                                 | 1.73  |               |    |                                  |
| 28  | 2.7   |                                | 82                             | 3.6  | 2.04                                 | 1.87  |               |    |                                  |
| 29  |   |                                |                                |  |                                      |   |               |    |                                  |
| 30  |   |                                |                                |  |                                      |   |               |    |                                  |
| 31  |   |                                |                                |  |                                      |   |               |    |                                  |

Total Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary<sup>23</sup>:

\*Describe result (daily average, min/max, instantaneous reading, grab, etc), sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>20</sup>:  
 a. Daily Average, Free Chlorine, Finished Water, Grab Sample, Test Kit  
 b. Daily Maximum, Free Chlorine, Finished Water, Grab Sample, Test Kit  
 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<sup>24</sup>:  
 Print Name: William Corbett Title: Chief Operator  
 Date: 3-1-2021



Massachusetts Department of Environmental Protection – Drinking Water Program  
**CHEMICAL ADDITION REPORT – 310 CMR 11.15(4) Chemical Addition Reporting Requirements**

C-ADD

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

|                                     |                      |                                    |                   |                                 |                             |
|-------------------------------------|----------------------|------------------------------------|-------------------|---------------------------------|-----------------------------|
| PWS Name <sup>1</sup> :             | RANDOLPH-HOLBROOK JW | Town <sup>1</sup> :                | RANDOLPH-HOLBROOK | PWSID <sup>1</sup> :            | 424001                      |
| Treatment Plant Name <sup>2</sup> : | RANDOLPH WATER PLANT | Treatment Plant ID# <sup>2</sup> : | 4244001-01T       | Reporting Period <sup>3</sup> : | FEBRUARY 2021<br>Month Year |

**II. Chemical & Operational Information**

|   |                       |   |      |                                      |    |
|---|-----------------------|---|------|--------------------------------------|----|
| Chemical Name <sup>4</sup> :              | CALCIUM HYDROXIDE     | Purchased Strength <sup>5</sup> :                                     | 0.85 | Target Range/min <sup>12</sup> :     | NA |
| Manufacturer <sup>6</sup> :               | CARMEUSE LIME & STONE | Purchased Density (lbs/gal) <sup>9</sup> :                            | 18.7 | Target Dose <sup>13</sup> :          | NA |
| Product Name <sup>6</sup> :               | HYDRATED LIME         | Dilution Factor or Mix Ratio <sup>10</sup> :                          | NA   | Alarm Setting (low) <sup>14</sup> :  | NA |
| Reason for Adding Chemical <sup>7</sup> : | PH ADJUSTMENT         | NSF Approved (Y/N) <sup>11</sup> :                                    | Y    | Alarm Setting (high) <sup>14</sup> : | NA |
|   |                       | Date of last anti-siphon valve inspection/replacement <sup>15</sup> : | NA   |                                      |    |

**III. Daily Reporting** Note: Water quality data reported on G-ADD form may be considered for compliance purposes.

| Day | Treated Water <sup>16</sup><br><input type="checkbox"/> Gallons<br><input checked="" type="checkbox"/> MG | Measured Chemical Used         |                                | Calculated Chemical Used (lbs) <sup>18</sup> | Chemical Dosage <sup>19</sup> (mg/L) | Parameters Measured <sup>20</sup> , Results, Units and Method <sup>20</sup> - (G)rab or Continuous (A)nalyzer <sup>21</sup> |  |  | O&M Notes/Comments <sup>22</sup><br><br>PWS note any equipment breakdown, off-line status, changes in purchased product or batch mixing day, measured parameters or dosages that are out of target range, etc. |
|-----|---|--------------------------------|--------------------------------|--|--------------------------------------|---|--|--|--|
|     |   | Volume <sup>17</sup> (gal/day) | Weight <sup>17</sup> (lbs/day) |  |                                      | a. FINISHED PH<br><input checked="" type="checkbox"/> G <input type="checkbox"/> A  | b. <input type="checkbox"/> G <input type="checkbox"/> A | c. <input type="checkbox"/> G <input type="checkbox"/> A |  |
| 1   | 3.0   |                                | 100                            |  | 4.0                                  | 7.10  |  |  |  |
| 2   | 2.6   |                                | 100                            |  | 4.6                                  | 7.05  |  |  |  |
| 3   | 2.8   |                                | 100                            |  | 4.3                                  | 7.10  |  |  |  |
| 4   | 2.7   |                                | 100                            |  | 4.4                                  | 7.10  |  |  |  |
| 5   | 2.7   |                                | 100                            |  | 4.4                                  | 7.05  |  |  |  |
| 6   | 2.7   |                                | 100                            |  | 4.4                                  | 7.15  |  |  |  |
| 7   | 2.7   |                                | 100                            |  | 4.4                                  | 7.10  |  |  |  |
| 8   | 2.8   |                                | 100                            |  | 4.3                                  | 7.15  |  |  |  |
| 9   | 2.6   |                                | 100                            |  | 4.3                                  | 7.05  |  |  |  |
| 10  | 2.7   |                                | 100                            |  | 4.4                                  | 7.15  |  |  |  |
| 11  | 2.7   |                                | 100                            |  | 4.4                                  | 7.05  |  |  |  |
| 12  | 2.6   |                                | 100                            |  | 4.6                                  | 7.10  |  |  |  |
| 13  | 2.8   |                                | 100                            |  | 4.3                                  | 7.10  |  |  |  |
| 14  | 2.8   |                                | 100                            |  | 4.3                                  | 7.05  |  |  |  |
| 15  | 2.6   |                                | 100                            |  | 4.6                                  | 7.05  |  |  |  |
| 16  | 2.6   |                                | 100                            |  | 4.6                                  | 7.10  |  |  |  |
| 17  | 2.7   |                                | 100                            |  | 4.4                                  | 7.10  |  |  |  |
| 18  | 2.7   |                                | 100                            |  | 4.4                                  | 7.15  |  |  |  |
| 19  | 2.6   |                                | 100                            |  | 4.6                                  | 7.10  |  |  |  |
| 20  | 2.6   |                                | 100                            |  | 4.6                                  | 7.10  |  |  |  |
| 21  | 2.7   |                                | 100                            |  | 4.4                                  | 7.15  |  |  |  |
| 22  | 2.7   |                                | 100                            |  | 4.4                                  | 7.15  |  |  |  |
| 23  | 2.6   |                                | 100                            |  | 4.6                                  | 7.20  |  |  |  |
| 24  | 2.7   |                                | 100                            |  | 4.4                                  | 7.15  |  |  |  |
| 25  | 2.6   |                                | 100                            |  | 4.6                                  | 7.20  |  |  |  |
| 26  | 2.6   |                                | 100                            |  | 4.6                                  | 7.10  |  |  |  |
| 27  | 2.5   |                                | 100                            |  | 4.8                                  | 7.15  |  |  |  |
| 28  | 2.6   |                                | 100                            |  | 4.6                                  | 7.10  |  |  |  |
| 29  |   |                                |                                |  |                                      |   |  |  |  |
| 30  |   |                                |                                |  |                                      |   |  |  |  |
| 31  |   |                                |                                |  |                                      |   |  |  |  |

Total Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary<sup>23</sup>:

\*Describe result (daily average, min/max, instantaneous reading, grab, etc), sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>20</sup>:

a. Finished Water Ph, Daily Average, Test Kit

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<sup>24</sup>:  
 William Coakley 3-1-2021

Print Name: William Coakley Title: Chief Operator



Massachusetts Department of Environmental Protection – Drinking Water Program  
**CHEMICAL ADDITION REPORT – 310 CMR 11.15(4) Chemical Addition Reporting Requirements**

C-ADD

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

|                                     |                      |                                   |                   |                                 |               |
|-------------------------------------|----------------------|-----------------------------------|-------------------|---------------------------------|---------------|
| PWS Name <sup>1</sup> :             | RANDOLPH-HOLBROOK JW | Town <sup>1</sup> :               | RANDOLPH-HOLBROOK | PWSID <sup>1</sup> :            | 424001        |
| Treatment Plant Name <sup>2</sup> : | RANDOLPH WATER PLANT | Treatment Plant ID <sup>2</sup> : | 4244001-011       | Reporting Period <sup>3</sup> : | FEBRUARY 2021 |
|                                     |                      |                                   |                   | Month:                          | Year:         |

**II. Chemical & Operational Information**

|   |                     |   |       |                                      |    |
|---|---------------------|---|-------|--------------------------------------|----|
| Chemical Name <sup>4</sup> :              | SODIUM BISULFATE    | Purchased Strength <sup>8</sup> :                                     | 10-15 | Target Range/min <sup>12</sup> :     | NA |
| Manufacturer <sup>5</sup> :               | CARUS CORPORATION   | Purchased Density (lbs/gal) <sup>9</sup> :                            | 12.03 | Target Dose <sup>13</sup> :          | NA |
| Product Name <sup>6</sup> :               | CARUS 3350          | Dilution Factor or Mix Ratio <sup>10</sup> :                          | 0.33  | Alarm Setting (low) <sup>14</sup> :  | NA |
| Reason for Adding Chemical <sup>7</sup> : | CORROSION INHIBITOR | NSF Approved (Y/N) <sup>11</sup> :                                    | Y     | Alarm Setting (high) <sup>14</sup> : | NA |
|   |                     | Date of last anti-siphon valve inspection/replacement <sup>15</sup> : |       |                                      |    |

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

| Day | Treated Water <sup>16</sup><br><input type="checkbox"/> Gallons<br><input checked="" type="checkbox"/> MG | Measured Chemical Used         |                                | Calculated Chemical Used (lbs) <sup>18</sup> | Chemical Dosage <sup>19</sup> (mg/L) | Parameters Measured <sup>4</sup> , Results, Units and Method <sup>20</sup> - (G)rab or Continuous (A)nalyzer <sup>21</sup> |   |   | O&M Notes/Comments <sup>22</sup><br><br>PWS note any equipment breakdown, off-line status, changes in purchased product or batch mixing day, measured parameters or dosages that are out of target range, etc. |
|-----|---|--------------------------------|--------------------------------|--|--------------------------------------|--|---|---|--|
|     |   | Volume <sup>17</sup> (gal/day) | Weight <sup>17</sup> (lbs/day) |  |                                      | a. FINISHED Ph   |   |   |  |
|     |   |                                |                                |  |                                      | <input checked="" type="checkbox"/> G <input type="checkbox"/> A   | <input type="checkbox"/> G <input type="checkbox"/> A | <input type="checkbox"/> G <input type="checkbox"/> A |  |
| 1   | 3.0   |                                | 50                             |  | 2.0                                  | 7.10   |   |   |  |
| 2   | 2.6   |                                | 50                             |  | 2.3                                  | 7.05   |   |   |  |
| 3   | 3.0   |                                | 50                             |  | 2.0                                  | 7.10   |   |   |  |
| 4   | 2.7   |                                | 50                             |  | 2.2                                  | 7.10   |   |   |  |
| 5   | 2.7   |                                | 50                             |  | 2.2                                  | 7.05   |   |   |  |
| 6   | 2.7   |                                | 50                             |  | 2.2                                  | 7.15   |   |   |  |
| 7   | 2.7   |                                | 50                             |  | 2.2                                  | 7.10   |   |   |  |
| 8   | 2.8   |                                | 50                             |  | 2.1                                  | 7.15   |   |   |  |
| 9   | 2.6   |                                | 50                             |  | 2.3                                  | 7.05   |   |   |  |
| 10  | 2.7   |                                | 50                             |  | 2.2                                  | 7.15   |   |   |  |
| 11  | 2.7   |                                | 50                             |  | 2.2                                  | 7.05   |   |   |  |
| 12  | 2.6   |                                | 50                             |  | 2.3                                  | 7.10   |   |   |  |
| 13  | 2.8   |                                | 50                             |  | 2.1                                  | 7.10   |   |   |  |
| 14  | 2.8   |                                | 50                             |  | 2.1                                  | 7.05   |   |   |  |
| 15  | 2.6   |                                | 50                             |  | 2.3                                  | 7.05   |   |   |  |
| 16  | 2.6   |                                | 50                             |  | 2.3                                  | 7.10   |   |   |  |
| 17  | 2.7   |                                | 50                             |  | 2.2                                  | 7.10   |   |   |  |
| 18  | 2.7   |                                | 50                             |  | 2.2                                  | 7.15   |   |   |  |
| 19  | 2.6   |                                | 50                             |  | 2.3                                  | 7.10   |   |   |  |
| 20  | 2.6   |                                | 50                             |  | 2.3                                  | 7.10   |   |   |  |
| 21  | 2.7   |                                | 50                             |  | 2.2                                  | 7.15   |   |   |  |
| 22  | 2.7   |                                | 50                             |  | 2.2                                  | 7.15   |   |   |  |
| 23  | 2.6   |                                | 50                             |  | 2.3                                  | 7.20   |   |   |  |
| 24  | 2.7   |                                | 50                             |  | 2.2                                  | 7.15   |   |   |  |
| 25  | 2.6   |                                | 50                             |  | 2.3                                  | 7.20   |   |   |  |
| 26  | 2.6   |                                | 50                             |  | 2.3                                  | 7.10   |   |   |  |
| 27  | 2.5   |                                | 50                             |  | 2.4                                  | 7.15   |   |   |  |
| 28  | 2.6   |                                | 50                             |  | 2.3                                  | 7.10   |   |   |  |
| 29  |   |                                |                                |  |                                      |  |   |   |  |
| 30  |   |                                |                                |  |                                      |  |   |   |  |
| 31  |   |                                |                                |  |                                      |  |   |   |  |

Total Indicate total # of days the residual was off-target for the month (from Section II) Monthly Target Summary<sup>23</sup>:

\*Describe result (daily average, min/max, instantaneous reading, grab, etc), sample location (entry-point, before/after filters, tanks, etc) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)<sup>20</sup>:

a. Finished Water Ph, Daily Average, Test Kit

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<sup>24</sup>:

William Costello 3-1-2021

Print Name: William Costello TIME: Chief Operator





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

SWTR  
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**DAILY REPORTING**

| Day | Filter Number: 1         |                                    | Filter Number: 2         |                                    | Filter Number: 3         |                                    | Filter Number: 4         |                                    |
|-----|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|
|     | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU |
| 1   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 2   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 3   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 4   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 5   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 6   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 7   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 8   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 9   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 10  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 11  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 12  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 13  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 14  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 15  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 16  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 17  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 18  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 19  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 20  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 21  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 22  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 23  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 24  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 25  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 26  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 27  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 28  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 29  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 30  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 31  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |

*Information  
 Not Available*

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:

*William Coakley*  
 Chief Operator

Date: 3-5-2021 Title:



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

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**III. DAILY REPORTING**

| Day | Filter Number: 5         | Filter Number: 6                   | Filter Number: 7         | Filter Number: 8                   |                          |                                    |                          |                                    |
|-----|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|------------------------------------|
|     | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU | <sup>3</sup> Max Day NTU | <sup>4</sup> Max after 4 Hours NTU |
| 1   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 2   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 3   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 4   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 5   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 6   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 7   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 8   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 9   |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 10  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 11  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 12  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 13  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 14  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 15  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 16  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 17  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 18  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 19  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 20  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 21  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 22  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 23  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 24  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 25  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 26  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 27  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 28  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 29  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 30  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |
| 31  |                          |                                    |                          |                                    |                          |                                    |                          |                                    |

Information  
Not Available

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.

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: William Cookery  
 Date: 3-5-2021 Title: Chief Operator



## DBPR TT Compliance Report

## I. PWS INFORMATION

PWS ID #: 4244001 City/Town: RANDOLPH  
 PWS Name: RANDOLPH-HOLBROOK JOINT WATER PWS Class: COM  NTNC  TNC

| DEP LOCATION (LOC) ID# | DEP Location Name                         | Date Collected  | Collected By         |
|------------------------|---|-----------------|----------------------|
| <u>015/10300</u>       | <u>RAW WATER/COMBINED FILTER EFFLUENT</u> | <u>2-1-2021</u> | <u>Bill Cookerly</u> |
| SAMPLE NOTES           |   |                 |                      |

## II. COMPLIANCE CALCULATIONS

| Month   | # of Paired Samples | A: % Removal of TOC <sup>1</sup> | B: Required % Removal of TOC <sup>2</sup> | Met Alternative Compliance Criteria                                 | Alternative Criteria Result(s) <sup>3</sup> (See Below) | A ÷ B <sup>4</sup> |
|---|---------------------|----------------------------------|---|---|---|--------------------|
| <u>3-20</u>                                   | <u>1</u>            | <u>44</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.26</u>        |
| <u>4-20</u>                                   | <u>1</u>            | <u>45</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.29</u>        |
| <u>5-20</u>                                   | <u>1</u>            | <u>39</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.11</u>        |
| <u>6-20</u>                                   | <u>1</u>            | <u>37</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.06</u>        |
| <u>7-20</u>                                   | <u>1</u>            | <u>40</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.14</u>        |
| <u>8-20</u>                                   | <u>1</u>            | <u>31</u>                        | <u>35</u>                                 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <u>TWSUVA</u>   | <u>1.00</u>        |
| <u>9-20</u>                                   | <u>1</u>            | <u>35</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.00</u>        |
| <u>10-20</u>                                  | <u>1</u>            | <u>33</u>                        | <u>35</u>                                 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <u>TWSUVA</u>   | <u>1.00</u>        |
| <u>11-20</u>                                  | <u>1</u>            | <u>32</u>                        | <u>35</u>                                 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <u>TWSUVA</u>   | <u>1.00</u>        |
| <u>12-20</u>                                  | <u>1</u>            | <u>42</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.20</u>        |
| <u>1-20</u>                                   | <u>1</u>            | <u>43</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.23</u>        |
| <u>2-20</u>                                   | <u>1</u>            | <u>38</u>                        | <u>35</u>                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO            |   | <u>1.09</u>        |
| Sum of Past 12 Months:                        |                     |                                  |   |   |   | <u>13.38</u>       |
| Compliance Value (Sum of Past 12 Months/ 12): |                     |                                  |   |   |   | <u>1.12</u>        |

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: William Cookerly  
 Date: 3-16-2021

Mail ONE copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

<sup>1</sup> Percent Removal:  $(1 - (\text{Treated Water TOC} \div \text{Raw Water TOC})) \times 100$ . If > 1 paired sample sets in any month report the average of all individual percent TOC removals (Example: % TOC Removal = (Average of Set 1 + Average of Set 2) ÷ 2).

<sup>2</sup> From table at 310 CMR 22.07E(10)(b)2.

<sup>3</sup> As listed at 310 CMR 22.07E(10)(a)2 and 310 CMR 22.07E(10)(a)3, summarized as follows:

| Alternative Compliance Criteria   | Code Value | Result(s) to Report (RAA = Running Annual Average)                            |
|---|------------|---|
| Source Water TOC < 2.0 mg/L   | SWTOC      | RAA of source water TOC   |
| Treated Water < 2.0 mg/L  | TWTOC      | RAA of treated water TOC  |
| Source Water TOC < 4.0 mg/L AND Alkalinity > 60 mg/L (as CaCO <sub>3</sub> ) AND TTHM/HAA5 ≤ 0.040/0.030 mg/L | COMBO      | RAA of source water TOC, RAA of source water alkalinity, RAA of TTHM and HAA5 |
| TTHM/HAA5 ≤ 0.040/0.030 mg/L AND only using chlorine  | TTHM/HAA5  | RAA of TTHM and HAA5  |
| Source Water SUVA ≤ 2.0 L/mg-m  | SWSUVA     | RAA of treated water SUVA   |
| Treated Water SUVA ≤ 2.0 L/mg-m   | TWSUVA     | RAA of treated water SUVA   |
| Softening that lowers alkalinity to < 60 mg/L (as CaCO <sub>3</sub> )   | SOFT60     | RAA of treated water alkalinity   |
| Softening that removes ≥ 10 mg/L (as CaCO <sub>3</sub> ) of hardness  | SOFT10     | RAA of hardness (as CaCO <sub>3</sub> ) removal                               |

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

<sup>4</sup> For any month where the system met an alternative compliance criteria a value of 1.0 may be inserted.

|  |                 |
|--|-----------------|
| DEP REVIEW STATUS (Initial & Date)   | Review Comments |
| <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____ |                 |

Massachusetts Department of Environmental Protection - Drinking Water Program

TOC

Total Organic Carbon Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4244001

City/Town: Holbrook

PWS Name: Randolph-Holbrook Joint Water Board

PWS Class: COM X NTNC NC

| DEP location ID           | DEP location name  | Sample Information  | Collected  |   | Collected by |                                    |
|---------------------------|--|---|--|---|--------------|------------------------------------|
|                           |  |   | Date   | Time  |              |                                    |
| A                         | 01S  | Raw Water<br><input type="checkbox"/> Multiple<br><input checked="" type="checkbox"/> Single                | <input checked="" type="checkbox"/> Raw<br><input type="checkbox"/> Finished | 02/01/2021  | 09:00        | B. Cookerly                        |
| B                         | 10300  | Combined Filter Effluent<br><input type="checkbox"/> Multiple<br><input checked="" type="checkbox"/> Single | <input type="checkbox"/> Raw<br><input checked="" type="checkbox"/> Finished | 02/01/2021  | 09:00        | B. Cookerly                        |
| Routine or Special Sample |  | Original or Resubmitted or Confirmation Report  |  | If resubmitted report, list below:  |              |                                    |
|                           |  |   |  | Reason for resubmission   |              | Collection date of original sample |
| A                         | <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS | x_ Original <input type="checkbox"/> Resubmitted  |  | <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr. |              |                                    |
| B                         | <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS | x_ Original <input type="checkbox"/> Resubmitted  |  | <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr. |              |                                    |
| Lab sample notes:         |  |   |  |   |              |                                    |
| A                         |  |   |  |   |              |                                    |
| B                         |  |   |  |   |              |                                    |

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022 Primary Lab name: Analytical Balance Corp. Subcontracted? x Y N

| TOC analyzed by (check one): <input type="checkbox"/> PWS <input checked="" type="checkbox"/> Lab |            |            | Samples acidified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                         |                   |                 |
|---|------------|------------|--|-------------------------|-------------------|-----------------|
| TOC result (mg/L)   | MDL (mg/L) | Lab Method | Date Analyzed  | Analysis Lab MA Cert. # | Analysis Lab Name | Lab Sample ID # |
| A   | 4.92       | SM 5310B   | 02/03/2021   | M-RI002                 | ESS               | 55508-01        |
| B   | 3.05       | SM 5310B   | 02/03/2021   | M-RI002                 | ESS               | 55508-02        |

Surface water or GWUDI systems ≥ 500 persons

Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring.

Each source must maintain a running annual average source (raw) water TOC level of ≤ 4.0 mg/L (calculated quarterly).

TOC analysis does not require the use of a Massachusetts or EPA certified laboratory.

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

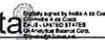
The time between collection of raw and treated (finished) water must not exceed the time it takes to move through the plant.

| Alkalinity analyzed by (check one): <input type="checkbox"/> PWS <input checked="" type="checkbox"/> Lab |            |            |               |                         |                    |                 |  |
|--|------------|------------|---------------|-------------------------|--------------------|-----------------|--|
| Alkalinity result (mg/L as CaCO <sub>3</sub> )   | MDL (mg/L) | Lab Method | Date Analyzed | Analysis Lab MA Cert. # | Analysis Lab Name  | Lab Sample ID # |  |
| A  | 24.0       | SM 2320B   | 02/02/2021    | M-MA022                 | Analytical Balance | 55508-01        |  |
| 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 notes: |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|
| A                 |  |  |  |  |  |  |
| 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.

Authorized Lab Signature/Date: 02/12/2021 Nellie A da Costa  p 1 of 1

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

|  |                 |                         |
|--|-----------------|-------------------------|
| DEP REVIEW STATUS (Initial & date)<br>Accepted _____ Disapproved _____ | Review comments | _____ WQTS data entered |
|--|-----------------|-------------------------|



Keith Nastasia  
 Randolph-Holbrook Joint Water Board  
 50 N. Franklin Street  
 Holbrook, MA 02343  
 COLLECTED BY: B. Cookerly  
 TIME: 9:00  
 LOCATION: Raw Water  
 Grab

REPORTED: 02/09/2021  
 ORDER #: G2155509  
 SAMPLE DATE: 2/1/2021  
 DATE RECEIVED: 2/1/2021  
 SAMPLE ID: Special  
 DESCRIPTION: DRINKING WATER

**CERTIFICATE OF ANALYSIS**

**RESULTS OF ANALYSIS**

| Parameter                       | Analytical Method | Date Analyzed | Units        | Det. Limit*                | MCL <sup>1</sup> / Rec. Limit <sup>2</sup> | Result       |
|---------------------------------|-------------------|---------------|--------------|----------------------------|--|--------------|
| <b>Test Parameters</b>          |                   |               |              | LAB-ID#: <u>2155509-01</u> |  |              |
| Carbon, Total Dissolved Organic | SM 5310B          | 02/03/2021    | mg/L         | 0.500                      | ---  | <b>4.83</b>  |
| SUVA                            | Calculation       | 02/05/2021    | # per 100 mL | 0                          | 0  | <b>0.017</b> |
| UV 254                          | SM 5910B          | 02/05/2021    | Abs/cm       | 0.002                      | -----                                      | <b>0.084</b> |

Unless otherwise noted, all analyses were conducted by Analytical Balance Corp. (M-MA022). DOC and UV254 analyzed by subcontract lab M-RI002.



**CERTIFICATE OF ANALYSIS**

Keith Nastasia  
 Randolph-Holbrook Joint Water Board  
 50 N. Franklin Street  
 Holbrook, MA 02343

COLLECTED BY: B. Cookerly  
 TIME: 9:00  
 LOCATION: Combined Filter Effluent  
 Grab

REPORTED: 02/09/2021  
 ORDER #: G2155509  
 SAMPLE DATE: 2/1/2021  
 DATE RECEIVED: 2/1/2021  
 SAMPLE ID: Special  
 DESCRIPTION: DRINKING WATER

**RESULTS OF ANALYSIS**

| Parameter                       | Analytical Method | Date Analyzed | Units        | Det. Limit*                | MCL <sup>1</sup> / Rec. Limit <sup>2</sup> | Result       |
|---------------------------------|-------------------|---------------|--------------|----------------------------|--|--------------|
| <b>Test Parameters</b>          |                   |               |              | LAB-ID#: <u>2155509-02</u> |  |              |
| Carbon, Total Dissolved Organic | SM 5310B          | 02/03/2021    | mg/L         | 0.500                      | ---  | <b>3.09</b>  |
| SUVA                            | Calculation       | 02/05/2021    | # per 100 mL | 0                          | 0  | <b>0.013</b> |
| UV 254                          | SM 5910B          | 02/02/2021    | Abs/cm       | 0.002                      | -----                                      | <b>0.041</b> |

Unless otherwise noted, all analyses were conducted by Analytical Balance Corp. (M-MA022). DOC and UV254 analyzed by subcontract lab M-RI002.

NA = Not Applicable  
 ND = Not Detected  
 '<' = Less Than  
 '\*' = Detection Limit

Approved By: Amanda Cronin / Date  
Digitally signed by Amanda Cronin  
 CN=Amanda Cronin  
 O=Analytical Balance Corp.  
 E=amanda@h2otest.net

- MCL = Maximum Contaminant Level as adopted by the Commonwealth of Massachusetts and represents the maximum acceptable level in drinking water.
- Recommended limits are suggested levels of materials allowed in water. These may be for aesthetic reasons rather than for human health.
- Currently there are no limits (recommended or mandated) for this parameter. This is merely presented for guidance.
- If present, coliform values (in parentheses) are defined as estimated numbers.



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

CI

**I. PWS INFORMATION:**

PWS ID #: **4133000** PWS Name: **TOWN OF HOLBROOK** City/Town: **HOLBROOK** Class:  COM  NTNC  TNC

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

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

**Notes:**

| DEP Sample Type <sup>1,4</sup> | DEP Location Code # <sup>1</sup> | DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup> |   | CHLORINE RESULT <sup>2</sup> (mg/L) | COLLECTION AND ANALYSIS <sup>3</sup> : |       | COLLECTED AND ANALYZED BY: |
|--------------------------------|----------------------------------|---|---|-------------------------------------|--|-------|----------------------------|
|                                |                                  | DEP Approved SAMPLE LOCATION <sup>1</sup>         | DEP Approved SAMPLE LOCATION <sup>1</sup> |                                     | DATE                                   | TIME  |                            |
| RS                             | 001                              | TOWN HALL   | TOWN HALL                                 | 1.62                                | 2/1/2021                               | 07:07 | T. Duggan                  |
| RS                             | 004                              | COTTAGE VARIETY                                   | COTTAGE VARIETY                           | 1.78                                | 2/1/2021                               | 08:05 | T. Duggan                  |
| RS                             | 008E                             | STEWARTS POWER EQUIPMENT                          | STEWARTS POWER EQUIPMENT                  | .03                                 | 2/1/2021                               | 09:25 | T. Duggan                  |
| RS                             | 006                              | COMMUNITY CENTER                                  | COMMUNITY CENTER                          | 1.08                                | 2/1/2021                               | 09:25 | T. Duggan                  |
| RS                             | 001                              | TOWN HALL   | TOWN HALL                                 | .31                                 | 2/8/2021                               | 07:07 | T. Duggan                  |
| RS                             | 004                              | COTTAGE VARIETY                                   | COTTAGE VARIETY                           | .13                                 | 2/8/2021                               | 08:02 | T. Duggan                  |
| RS                             | 008E                             | STEWARTS POWER EQUIPMENT                          | STEWARTS POWER EQUIPMENT                  | .05                                 | 2/8/2021                               | 09:00 | T. Duggan                  |
| RS                             | 006                              | COMMUNITY CENTER                                  | COMMUNITY CENTER                          | .54                                 | 2/8/2021                               | 08:38 | T. Duggan                  |
| RS                             | 001                              | TOWN HALL   | TOWN HALL                                 | 1.30                                | 2/17/2021                              | 07:07 | T. Duggan                  |
| RS                             | 004                              | COTTAGE VARIETY                                   | COTTAGE VARIETY                           | 1.51                                | 2/17/2021                              | 08:55 | T. Duggan                  |
| RS                             | 008E                             | STEWARTS POWER EQUIPMENT                          | STEWARTS POWER EQUIPMENT                  | .06                                 | 2/17/2021                              | 07:35 | T. Duggan                  |
| RS                             | 006                              | COMMUNITY CENTER                                  | COMMUNITY CENTER                          | .96                                 | 2/17/2021                              | 07:38 | T. Duggan                  |
| RS                             | 001                              | TOWN HALL   | TOWN HALL                                 | 1.39                                | 2/22/2021                              | 07:08 | T. Duggan                  |
| RS                             | 004                              | COTTAGE VARIETY                                   | COTTAGE VARIETY                           | 1.51                                | 2/22/2021                              | 08:01 | T. Duggan                  |
| RS                             | 008E                             | STEWARTS POWER EQUIPMENT                          | STEWARTS POWER EQUIPMENT                  | .32                                 | 2/22/2021                              | 08:35 | T. Duggan                  |
| RS                             | 006                              | COMMUNITY CENTER                                  | COMMUNITY CENTER                          | .41                                 | 2/22/2021                              | 07:34 | T. Duggan                  |
|                                |                                  |   |   |                                     |  |       |                            |
|                                |                                  |   |   |                                     |  |       |                            |
|                                |                                  |   |   |                                     |  |       |                            |
|                                |                                  |   |   |                                     |  |       |                            |

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

<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.

<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).

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

<sup>5</sup> All **DISTRIBUTION** samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:** Total # of Samples Collected for Month<sup>5</sup>: **66** Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): **1.30**

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: *William Corbett* 3-5-2021

DEP Review Status:  Accepted  Disapproved  Review Comments:



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

CI

**I. PWS INFORMATION:**

PWS ID #: 4244000 PWS Name: RANDOLPH WATER DEPARTMENT City/Town: RANDOLPH Class: COM  NTNC  TNC   
 II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Chlorine Analytical Method: SM 4500-Cl:  D  E  F  G  H  I ASTM D1253-86   
 Notes: Weekly samples taken in the distribution system

| DEP Sample Type | DEP Location Code # <sup>1</sup> | DEP Approved SAMPLE LOCATION <sup>1</sup> | CHLORINE RESULT <sup>2</sup> (mg/L) | COLLECTION AND ANALYSIS <sup>3</sup> : |          | COLLECTED AND ANALYZED BY: |
|-----------------|----------------------------------|---|-------------------------------------|--|----------|----------------------------|
|                 |                                  |   |                                     | DATE                                   | TIME     |                            |
| RS              | 003                              | TOWER HILL SCHOOL - ADAMS STREET          | 1.69                                | 2-1-21                                 | 10:15 AM | A. PIERRE-LOUIS            |
| RS              | 004                              | JFK SCHOOL - 20 HURLEY DRIVE              | 1.81                                |  | 7:30 AM  |                            |
| RS              | 005                              | MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE   | 1.74                                |  | 9:00 AM  |                            |
| RS              | 006                              | COMFORT INN - 1374 NORTH MAIN STREET      | 1.82                                |  | 11:00 AM |                            |
| RS              | 008                              | COMMUNITY MIDDLE SCHOOL - HIGH STREET     | 1.70                                |  | 10:45 AM |                            |
| RS              | 011                              | MOBIL STATION - 93 MAZZEO DRIVE           | 1.76                                |  | 10:00 AM |                            |
| RS              | 012                              | 7-11 FOOD SHOP - 675 NORTH STREET         | 1.49                                |  | 8:00 AM  |                            |
| RS              | 014 A                            | ENTERPRISE - 249 NORTH MAI STREET         | NO ACCESS                           | DUE                                    | TO       | COVID-19                   |
| RS              | 014E                             | AKP AUTO - 317 NORTH MAIN STREET          | 1.67                                |  | 8:15 AM  |                            |
| RS              |                                  | OAK GROVE STANDPIPE                       | 1.33                                |  | 9:30 AM  |                            |
| RS              |                                  | SOUTH MAIN STREET STANDPIPE               | 1.53                                |  | 8:45 AM  |                            |

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:**

Total # of Samples Collected for Month<sup>5</sup>: 66 Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): 1.30  
 In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

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

Primary Certified Operator Signature and Date: William Coakley 3-5-2021

DEP Review Status:  Accepted  Disapproved  Review Comments:



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

CI

**I. PWS INFORMATION:**

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

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

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

Notes: Weekly samples taken in the distribution system

| DEP Sample Type <sup>1,4</sup> | DEP Location Code # <sup>1</sup> | DEP Approved Sample Location <sup>1</sup> | CHLORINE RESULT <sup>2</sup> (mg/L) | COLLECTION AND ANALYSIS <sup>3</sup> : |             | COLLECTED AND ANALYZED BY: |
|--------------------------------|----------------------------------|---|-------------------------------------|--|-------------|----------------------------|
|                                |                                  |   |                                     | DATE                                   | TIME        |                            |
| RS                             | 003                              | TOWER HILL SCHOOL - ADAMS STREET          | 1.45                                | 2-3-21                                 | 10:00AM     | D. PIERRE-LOUIS            |
| RS                             | 004                              | JFK SCHOOL - 20 HURLEY DRIVE              | 1.57                                |  | 8:00AM      |                            |
| RS                             | 005                              | MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE   | 1.43                                |  | 9:15AM      |                            |
| RS                             | 006                              | COMFORT INN - 1374 NORTH MAIN STREET      | 1.68                                |  | 10:45AM     |                            |
| RS                             | 008                              | COMMUNITY MIDDLE SCHOOL - HIGH STREET     | 1.57                                |  | 10:30AM     |                            |
| RS                             | 011                              | MOBIL STATION - 93 MAZZEO DRIVE           | 1.45                                |  | 9:30AM      |                            |
| RS                             | 012                              | 7-11 FOOD SHOP - 675 NORTH STREET         | 1.27                                |  | 8:30AM      |                            |
| RS                             | 014 A                            | ENTERPRISE - 249 NORTH MAI STREET         | NO ACCESS                           | Due                                    | TO COVID-19 |                            |
| RS                             |                                  | OLYMPIA AUTO - 317 NORTH MAIN ST          | 1.59                                |  | 11:30AM     |                            |
| RS                             |                                  | OAK GROVE STANDPIPE                       | 1.30                                |  | 11:45AM     |                            |
| RS                             |                                  | SOUTH MAIN STREET STANDPIPE               | 1.29                                |  | 8:45AM      |                            |

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:**

Total # of Samples Collected for Month: 66

Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): 1.30

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

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

Primary Certified Operator Signature and Date: William Cokerly 3-5-2021

DEP Review Status:  Accepted  Disapproved  Review Comments:



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

CI

**I. PWS INFORMATION:**

PWS ID #: 4244000 PWS Name: RANDOLPH WATER DEPARTMENT City/Town: RANDOLPH Class: COM  NTNC  TNC   
 II. ANALYTICAL INFORMATION: Refer to your MassDEP Coliform Sampling Plan and/or DBPR monitoring plan to help complete this section.  
 Type Measured:  Free Chlorine  Total Chlorine  Combined Chlorine Analytical Method: SM 4500-Cl:  D  E  F  G  H  I ASTM D1253-86   
 Notes: Weekly samples taken in the distribution system

| DEP Sample Type <sup>1,4</sup> | DEP Location Code # <sup>1</sup> | DEP Approved Sample Location <sup>1</sup>              | CHLORINE RESULT <sup>2</sup> (mg/L) | COLLECTION AND ANALYSIS <sup>3</sup> : |       | COLLECTED AND ANALYZED BY: |
|--------------------------------|----------------------------------|--|-------------------------------------|--|-------|----------------------------|
|                                |                                  |  |                                     | DATE                                   | TIME  |                            |
| RS                             | 003                              | TOWER HILL SCHOOL - ADAMS STREET                       | 1.30                                | 2-17-21                                | 8:30  |                            |
| RS                             | 004                              | JFK SCHOOL - 20 HURLEY DRIVE                           | 1.34                                |  | 10:15 |                            |
| RS                             | 005                              | MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE                | 1.28                                |  | 10:45 |                            |
| RS                             | 006                              | COMFORT INN - 1374 NORTH MAIN STREET                   | 1.30                                |  | 9:30  |                            |
| RS                             | 008                              | COMMUNITY MIDDLE SCHOOL - HIGH STREET                  | 1.30                                |  | 9:10  |                            |
| RS                             | 011                              | MOBIL STATION - 93 MAZZEO DRIVE                        | 1.16                                |  | 8:45  | RS                         |
| RS                             | 012                              | 7-11 FOOD SHOP - 675 NORTH STREET                      | 1.12                                |  | 8:10  |                            |
| RS                             | 014 A                            | ENTERPRISE - 249 NORTH MAI STREET                      | NO ACCESS                           | DUE TO COVERED                         | -19   |                            |
| RS                             |                                  | ONE APT AUTO-317 NORTH MAIN STREET OAK GROVE STANDPIPE | 1.40                                |  | 10:00 |                            |
| RS                             |                                  |  | 1.17                                |  | 2:00  |                            |
| RS                             |                                  | SOUTH MAIN STREET STANDPIPE                            | 1.14                                |  | 2:15  |                            |

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:** Total # of Samples Collected for Month<sup>5</sup>: 66 Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): 1.30  
 In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.  
 I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.  
 Primary Certified Operator Signature and Date: [Signature] 2-16-21  
 DEP Review Status:  Accepted  Disapproved Review Comments: 3-5-2021



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

CI

**I. PWS INFORMATION:**

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

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

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

Notes:  Weekly samples taken in the distribution system

| DEP Sample Type | DEP Location Code # | DEP Approved Sample Location <sup>1</sup> | CHLORINE RESULT <sup>2</sup> (mg/L) | COLLECTION AND ANALYSIS <sup>3</sup> : |            | COLLECTED AND ANALYZED BY: |
|-----------------|---------------------|---|-------------------------------------|--|------------|----------------------------|
|                 |                     |   |                                     | DATE                                   | TIME       |                            |
| RS              | 003                 | TOWER HILL SCHOOL - ADAMS STREET          | 1.57                                | 2-22-21                                | 9:45AM     | A. PIERRE-LEVIS            |
| RS              | 004                 | JFK SCHOOL - 20 HURLEY DRIVE              | 1.41                                |  | 8:00 AM    |                            |
| RS              | 005                 | MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE   | 1.32                                |  | 9:00 AM    |                            |
| RS              | 006                 | COMFORT INN - 1374 NORTH MAIN STREET      | 1.69                                |  | 11:15 AM   |                            |
| RS              | 008                 | COMMUNITY MIDDLE SCHOOL - HIGH STREET     | 1.67                                |  | 11:00 AM   |                            |
| RS              | 011                 | MOBIL STATION - 93 MAZZEO DRIVE           | 1.49                                |  | 9:30 AM    |                            |
| RS              | 012                 | 7-11 FOOD SHOP - 675 NORTH STREET         | 1.31                                |  | 8:30 AM    |                            |
| RS              | 014 A               | ENTERPRISE - 249 NORTH MAI STREET         | NO ACCESS                           | DUE TO                                 | COVER - 19 |                            |
| RS              | 014E                | EXP AUTO-317 NORTH MAEN STREET            | 1.64                                |  | 7:30 AM    |                            |
| RS              |                     | OAK GROVE STANDPIPE                       | 1.29                                |  | 10:45 AM   |                            |
| RS              |                     | SOUTH MAIN STREET STANDPIPE               | 1.23                                |  | 8:45 AM    | ✓                          |

**III. COMPLIANCE REPORTING:** Total # of Samples Collected for Month<sup>5</sup>: 66 Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): 1.30

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Types: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required. If you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

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

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

Primary Certified Operator Signature and Date: William Corbett 3-5-2021

DEP Review Status:  Accepted  Disapproved  Review Comments:



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

CI

**I. PWS INFORMATION:**

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

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

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

Notes: Weekly samples taken in the distribution system

| DEP Sample Type <sup>1,4</sup> | DEP Location Code # <sup>1</sup> | DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup> |   | CHLORINE RESULT <sup>2</sup> (mg/L) | COLLECTION AND ANALYSIS <sup>3</sup> : |            | COLLECTED AND ANALYZED BY: |
|--------------------------------|----------------------------------|---|---|-------------------------------------|--|------------|----------------------------|
|                                |                                  | DEP Approved SAMPLE LOCATION <sup>1</sup>         | DEP Approved SAMPLE LOCATION <sup>1</sup> |                                     | DATE                                   | TIME       |                            |
| RS                             | 003                              | TOWER HILL SCHOOL - ADAMS STREET                  |   | 1.52                                | 2-24-20                                | 10:30 AM   | A. PIERRE - LOUIS          |
| RS                             | 004                              | JFK SCHOOL - 20 HURLEY DRIVE                      |   | 1.52                                |  | 8:30 AM    |                            |
| RS                             | 005                              | MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE           |   | 1.24                                |  | 9:15 AM    |                            |
| RS                             | 006                              | COMFORT INN - 1374 NORTH MAIN STREET              |   | 1.61                                |  | 11:30 AM   |                            |
| RS                             | 008                              | COMMUNITY MIDDLE SCHOOL - HIGH STREET             |   | 1.45 AM                             |  | 11:00 AM   |                            |
| RS                             | 011                              | MOBIL STATION - 93 MAZZEO DRIVE                   |   | 1.66                                |  | 9:45 AM    |                            |
| RS                             | 012                              | 7-11 FOOD SHOP - 675 NORTH STREET                 |   | 1.19                                |  | 8:45 AM    |                            |
| RS                             | 014 A                            | ENTERPRISE - 249 NORTH MAI STREET                 |   | NO ACCESS DUE                       | TO                                     | COVID - 19 |                            |
| RS                             | 014 B                            | AKP AVE - 317 NORTH MAIN STREET                   |   | 1.59                                |  | 8:00 AM    |                            |
| RS                             |                                  | OAK GROVE STANDPIPE                               |   | 1.27                                |  | 10:00 AM   |                            |
| RS                             |                                  | SOUTH MAIN STREET STANDPIPE                       |   | 1.08                                |  | 9:00 AM    |                            |

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.  
<sup>2</sup> SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.  
<sup>3</sup> Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).  
<sup>4</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).  
<sup>5</sup> All DISTRIBUTION samples taken and analyzed shall be included in determining compliance, even if that number is greater than the minimum required, if you collect repeat coliform samples within the distribution system during the month, you must also measure for a detectable chlorine residual at the repeat sites and include these samples. DO NOT include raw water (RW) or plant tap (PT) chlorine residual samples in your calculations.

**III. COMPLIANCE REPORTING:**

Total # of Samples Collected for Month<sup>5</sup>: 66 Average Chlorine Result of All Samples For Month<sup>5</sup> (mg/L): 1.30  
 In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

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

Primary Certified Operator Signature and Date: [Signature] 3-5-2021

DEP Review Status:  Accepted  Disapproved  Review Comments:



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Disinfection Byproducts Rule Compliance Report**

DBPR

**I. PWS INFORMATION:** Please refer to your DBPR Monitoring Plan to help complete this form.

PWS ID #: 4244001 City/Town: RANDOLPH  
 PWS Name: RANDOLPH-HOLBROOK JOINT WATER PWS Class: COM  NTNC  TNC   
 Monitoring Period (YEAR): 2021 Monitoring Period (QUARTER):  Q1 (Jan-Mar)  Q2 (Apr-Jun)  Q3 (Jul-Sep)  Q4 (Oct-Dec)

**II. FOR SYSTEMS USING CHLORINATION:**

**A. Trihalomethanes (TTHM)**  
 Total Number of TTHM Samples: \_\_\_\_\_ Quarterly Average: \_\_\_\_\_ µg/L  
 Was the Running Annual Average MCL (80 µg/L) exceeded? Yes  No  Running Annual Average: \_\_\_\_\_ µg/L

**B. Haloacetic Acids (HAA5)**  
 Total Number of HAA5 Samples: \_\_\_\_\_ Quarterly Average: \_\_\_\_\_ µg/L  
 Was the Running Annual Average MCL (60 µg/L) exceeded? Yes  No  Running Annual Average: \_\_\_\_\_ µg/L

**C. Chlorine/Chloramines**  
 Total Number of Samples: Month 1: 66 Monthly Averages: 1.37 mg/L  
 Month 2: 66 (report all 3 months per quarter) 1.30 mg/L  
 Month 3: \_\_\_\_\_ mg/L Quarterly Average: 1.34 mg/L  
 Was the Running Annual Average MRDL (4.0 mg/L) exceeded? Yes  No  Running Annual Average: 1.14 mg/L

**D. Total Organic Carbon - raw (TOC)** (Required for SW or GWUDI Plant Name: \_\_\_\_\_  
 systems >499 seeking or approved to reduce TTHM/HAA5 monitoring.) (Attach additional sheet(s) to report more than 1 plant)  
 Total Number of Samples: Month 1: \_\_\_\_\_ Monthly Averages: \_\_\_\_\_ mg/L  
 Month 2: \_\_\_\_\_ (report all 3 months per quarter) \_\_\_\_\_ mg/L Quarterly Average: \_\_\_\_\_ mg/L  
 Month 3: \_\_\_\_\_ mg/L  
 Was the (4.0 mg/L) threshold exceeded? Yes  No  Running Annual Average: \_\_\_\_\_ mg/L

**III. FOR SYSTEMS USING OZONATION:** Attach additional sheet(s) to report more than 1 plant.

**E. Bromate (treated)** Plant Name: \_\_\_\_\_  
 Total Number of Samples: Month 1: \_\_\_\_\_ Monthly Averages: \_\_\_\_\_ mg/L  
 Month 2: \_\_\_\_\_ (report all 3 months per quarter) \_\_\_\_\_ mg/L Quarterly Average: \_\_\_\_\_ mg/L  
 Month 3: \_\_\_\_\_ mg/L  
 Was the Running Annual Average MCL (0.010 ug/l) exceeded? Yes  No  Running Annual Average: \_\_\_\_\_ mg/L

**F. Bromide (raw)** Plant Name: \_\_\_\_\_  
 Required for systems seeking or approved to reduce Bromate monitoring  
 Total Number of Samples: Month 1: \_\_\_\_\_ Monthly Averages: \_\_\_\_\_ mg/L  
 Month 2: \_\_\_\_\_ (report all 3 months per quarter) \_\_\_\_\_ mg/L Quarterly Average: \_\_\_\_\_ mg/L  
 Month 3: \_\_\_\_\_ mg/L  
 Was the (0.05 mg/l) threshold exceeded? Yes  No  Running Annual Average: \_\_\_\_\_ mg/L

**IV. FOR SYSTEMS USING CHLORINE DIOXIDE:** Report compliance information on our Chlorine/Chlorine Dioxide (Daily Samples) Report.

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: William Coakley Date: 3-5-2021

| DEFINITIONS              |  |
|--------------------------|--|
| MONTHLY AVERAGE:         | Monthly average = average of all results within the current month.   |
| QUARTERLY AVERAGE:       | Quarterly Average = average result of all locations sampled during monitoring period   |
| RUNNING ANNUAL AVERAGE:  | Running Annual Average = Average of 4 quarters. Average of this quarter and three prior consecutive quarterly averages (for systems on quarterly monitoring) |
| TOTAL NUMBER OF SAMPLES: | Total number of samples collected during the monitoring period.  |

NOTE: Record and calculate all ND or <MDL results as the number zero (0).

Submit one copy of this form each quarter to your DEP regional office (by Jan 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup>, and Oct 10<sup>th</sup> of each year)

DEP REVIEW STATUS (Initial & Date) \_\_\_\_\_ Review Comments \_\_\_\_\_  
 Accepted \_\_\_\_\_  Disapproved \_\_\_\_\_