



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

June 14, 2021

RANDOLPH-HOLBROOK JOINT WATER BOARD

50 North Franklin Street
Holbrook, MA 02343



Town of Randolph

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
Chemical Addition Reports
DBPR Compliance Report
May, 2021 Randolph/Holbrook
Joint Water System, PWS #424001

Gentlemen:

Enclosed please find all reports as referenced above for the month of May, 2021

As of this date, our lab, Analytical Balance has not sent the DCO/SUVA results. Another copy of Form G will be sent as soon as all Bacteria/HPC results are received.

Should there be any questions, please do not hesitate to call.

Sincerely,

A handwritten signature in cursive script 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: MAY Year: 2021

II. TURBIDITY PERFORMANCE CRITERIA

Table with 3 rows for Turbidity Performance Criteria. Row 1: Monthly Turbidity (95%) NTU Limit. Row 2: Total # of filtered water turbidity measurements for month (186). Row 3: Total # of filtered water turbidity measurements less than or equal to the specified limits (186). Row 4: Percentage of turbidity measurements meeting the limit (100).

Table for Max Day NTU Limit. Includes a table for recording date and turbidity value for any measurements exceeding the Max Day NTU. 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 for recording residual concentration (Cl2 mg/l) for 30 days. 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 recording date(s) residual < 0.2 mg/l, duration of low level, and date reported to DEP.

Table for Distribution System Disinfectant Residual Criteria. Includes a note: '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.' Includes a table for recording total # of HPC samples taken during month, # HPC sites > 500/mL, # HPC sites <= 500/mL, and a table for recording # of sites where Cl2 residual measurements were made, HPC samples were analyzed, no Cl2 residual was detected and no HPC sample was analyzed, no Cl2 residual was detected and HPC > 500 CFU/mL, and no Cl2 residual measurement was made and HPC > 500 CFU/mL. Includes a formula for V = (c+d+e)/(a+b) x 100 and a table for recording This Month % V, Previous Month % V, and Is V > 5% for 2 months? (Yes or No).

Signature: William Corbett, Chief Operator



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

SWTR
F

PWS INFORMATION:

PWSID#: 4244001 PWS Name: RANDOLPH-HALBROOK JOINT WATER PWS Town: RANDOLPH
 Treatment Plant Name: RANDOLPH WATER PLANT Reporting Period → Month: MAY 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
	.04	6	6	0
	.05	6	6	0
	.05	6	6	0
	.04	6	6	0
	.03	6	6	0
	.04	6	6	0
	.03	6	6	0
	.05	6	6	0
	.04	6	6	0
	.06	6	6	0
	.06	6	6	0
	.05	6	6	0
	.04	6	6	0
	.03	6	6	0
	.03	6	6	0
	.05	6	6	0
	.05	6	6	0
	.06	6	6	0
	.07	6	6	0
	.05	6	6	0
	.06	6	6	0
	.04	6	6	0
	.04	6	6	0
	.03	6	6	0
	.03	6	6	0
	.04	6	6	0
	.04	6	6	0
	.03	6	6	0
	.04	6	6	0
	.03	6	6	0
	.03	6	6	0
Totals		186	186	0

95% Turbidity Meeting 95% Limit
 B/A 100% EX
 (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 4th 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

PWS Authorized Signature: [Signature]
 Date: 6-1-2021 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-Hillbrook Joint Water PWS Town: Randolph
 Treatment Plant Name: Randolph Water Plant Reporting Period → Month: MAY Year: 2021
 Disinfectant¹: Chlorine Gas/Faster Eff. Sequence of Application: 1st 2nd 3rd 4th 5 6th

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

Day	Peak Hourly Flow ² (gpm)	Disinfectant Concentration ³ C (mg/L)	Disinfectant Contact Time ⁴ T (min.)	CT calc (= C x T)	pH ⁵	Water Temp ⁶ (°C)	CT ⁷ 99.9	Inactivation Ratio ⁸ (CT calc / CT 99.9)	Inactivation Ratio ⁹ < 1.0
1	2,400	1.71	50	85.5	5.90	8.9	11	7.8	<input type="checkbox"/> Yes
2	2,400	1.82	50	91	6.10	9.4	11	8.3	<input type="checkbox"/> Yes
3	2,400	1.76	50	88	6.05	9.4	11	8.0	<input type="checkbox"/> Yes
4	2,400	1.75	50	87.5	5.90	9.7	11	8.0	<input type="checkbox"/> Yes
5	2,400	1.53	50	76.5	5.95	10.2	11	7.0	<input type="checkbox"/> Yes
6	2,400	1.69	50	84.5	6.10	10.0	11	7.2	<input type="checkbox"/> Yes
7	2,400	1.65	50	82.5	6.05	9.7	11	7.5	<input type="checkbox"/> Yes
8	2,400	1.69	50	84.5	6.10	10.9	11	7.7	<input type="checkbox"/> Yes
9	2,400	1.67	50	83.5	6.00	11.2	11	7.6	<input type="checkbox"/> Yes
10	2,400	1.63	50	81.5	5.80	11.0	11	7.4	<input type="checkbox"/> Yes
11	2,400	1.84	50	92	5.90	11.9	11	8.4	<input type="checkbox"/> Yes
12	2,400	1.62	50	81	6.10	12.2	11	7.4	<input type="checkbox"/> Yes
13	2,400	1.50	50	75	6.00	12.3	11	6.8	<input type="checkbox"/> Yes
14	2,400	1.84	50	92	6.15	12.0	11	8.4	<input type="checkbox"/> Yes
15	2,400	1.70	50	85	5.90	11.8	11	7.8	<input type="checkbox"/> Yes
16	2,400	1.74	50	87	6.05	12.6	11	7.9	<input type="checkbox"/> Yes
17	2,400	1.69	50	84.5	6.10	12.7	11	7.7	<input type="checkbox"/> Yes
18	2,400	1.70	50	85	6.10	12.7	11	7.8	<input type="checkbox"/> Yes
19	2,400	1.65	50	82.5	5.85	13.0	11	7.9	<input type="checkbox"/> Yes
20	2,400	1.74	50	87	5.90	13.0	11	7.9	<input type="checkbox"/> Yes
21	2,400	1.71	50	85.5	5.95	13.3	11	7.8	<input type="checkbox"/> Yes
22	2,400	1.66	50	83	6.05	12.7	11	7.6	<input type="checkbox"/> Yes
23	2,400	1.65	50	82.5	6.00	12.9	11	7.5	<input type="checkbox"/> Yes
24	2,400	1.64	50	82	6.10	13.4	11	7.5	<input type="checkbox"/> Yes
25	2,400	1.71	50	85.5	6.05	13.2	11	7.8	<input type="checkbox"/> Yes
26	2,400	1.66	50	83	5.95	12.9	11	7.6	<input type="checkbox"/> Yes
27	2,400	1.65	50	82.5	6.10	12.8	11	7.5	<input type="checkbox"/> Yes
28	2,400	1.74	50	87	6.05	12.9	11	7.9	<input type="checkbox"/> Yes
29	2,400	1.74	50	87	5.90	13.0	11	7.9	<input type="checkbox"/> Yes
30	2,400	1.77	50	88.5	5.85	13.0	11	8.1	<input type="checkbox"/> Yes
31	2,400	1.68	50	84	6.15	13.2	11	7.6	<input type="checkbox"/> Yes

1. Use a separate form for each disinfectant/sampling point. Enter disinfectant and sequence position, e.g. "ozone/1st" or "ClO₂/3rd". If more than one disinfectant sampling point, you must also complete SWTR Form H and calculate the cumulative inactivation ratio SUM (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: William Cooley
 Date: 6-1-2021 Title: Chief Plant Operator



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

PWS Name ¹ :	RANDOLPH-HOLBROOK JW	Town ¹ :	RANDOLPH-Holbrook	PWSID ¹ :	424001
Treatment Plant Name ² :	RANDOLPH WATER PLANT	Treatment Plant ID# ² :	4244001-01T	Reporting Period ² :	MAY 2021 Month Year

II. Chemical & Operational Information

Chemical Name ⁴ :	POLYALUMINUM CHLORIDE	Purchased Strength ⁵ :	1.0	Target Range/min ¹² :	>14
Manufacturer ⁵ :	HOLLAND COMPANY	Purchased Density (lbs/gal) ⁹ :	10.3	Target Dose ¹³ :	2.18
Product Name ⁶ :	PCH-180	Dilution Factor or Mix Ratio ¹⁰ :	NA	Alarm Setting (low) ¹⁴ :	NA
Reason for Adding Chemical ⁷ :	COAGULATION	NSF Approved (Y/N) ¹¹ :	Y	Alarm Setting (high) ¹⁴ :	NA
		Date of last anti-siphon valve inspection/replacement ¹⁵ :			

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

Day	Treated Water ¹⁶ <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> MG	Measured Chemical Used		Calculated Chemical Used (lbs) ¹⁷	Chemical Dosage ¹⁸ (mg/L)	Parameters Measured*, Results, Units and Method ²⁰ - (G)rab or Continuous (A)nalyze ²¹			O&M Notes/Comments ²²
		Volume ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)			a. RAW Ph	b.	c.	
						DAILY AVG			
						<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	2.8	126		1,298	18	7.20			
2	2.7	128		1,318	19	7.10			
3	2.8	115		1,185	17	7.10			
4	2.8	105		1,082	15	7.15			
5	2.8	101		1,040	15	7.05			
6	2.8	99		1,020	14	7.15			
7	2.7	101		1,040	15	7.05			
8	2.8	110		1,133	16	7.05			
9	2.8	100		1,030	15	7.10			
10	2.8	111		1,143	16	7.10			
11	2.7	89		917	13	7.00			
12	2.8	89		917	13	7.00			
13	2.8	96		989	14	7.10			
14	2.7	113		1,164	17	7.10			
15	2.8	125		1,288	18	7.15			
16	2.8	122		1,257	17	7.10			
17	2.7	120		1,236	18	7.20			
18	2.8	110		1,133	16	7.20			
19	2.8	108		1,112	16	7.15			
20	2.8	110		1,133	16	7.15			
21	2.8	127		1,308	19	7.20			
22	2.8	110		1,133	16	7.10			
23	2.8	110		1,133	16	7.10			
24	3.0	130		1,339	18	7.05			
25	2.0	187		1,926	38	7.10			Plant Down: Basin Cleaning
26	3.7	167		1,720	18	7.20			
27	4.2	133		1,370	13	7.10			
28	3.1	117		1,205	15	7.10			
29	2.8	105		1,082	15	7.05			
30	2.8	134		1,380	20	7.10			
31	2.7	147		1,514	22	7.15			

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

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

a.	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 & Date²⁴:
William Cookley 6-1-20-21
 Print Name: *William Cookley* Title: *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 ¹ :	RANDOLPH-HOLBROOK JOINT WATER	Town ¹ :	RANDOLPH-HOLBROOK	PWSID ¹ :	424001
Treatment Plant Name ² :	RANDOLPH WATER PLANT	Treatment Plant ID# ² :	4244001-011	Reporting Period ² :	MAY 2021 Month Year

II. Chemical & Operational Information

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

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

Day	Treated Water ¹⁶ <input type="checkbox"/> Gallons <input checked="" type="checkbox"/> MG	Measured Chemical Used		Calculated Chemical Used (lbs) ¹⁸	Chemical Dosage ¹⁹ (mg/L)	Parameters Measured ²⁰ , Results, Units and Method ²⁰ - (G) Grab or Continuous (A) Analyzer ²¹			O&M Notes/Comments ²²
		Volume ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)			a. FREE CL ₂ FINISHED DAILY AVE	b. FREE CL ₂ FINISHED DAILY MIN.	c.	
						<input checked="" type="checkbox"/> G <input type="checkbox"/> A	<input checked="" type="checkbox"/> G <input type="checkbox"/> A	<input type="checkbox"/> G <input type="checkbox"/> A	
1	2.8		59	2.5	1.80	1.71			
2	2.7		62	2.8	1.82	1.82			
3	2.8		64	2.7	1.86	1.76			
4	2.8		63	2.7	1.84	1.75			
5	2.8		61	2.6	1.79	1.53			
6	2.8		61	2.6	1.90	1.69			
7	2.7		68	3.0	1.84	1.65			
8	2.8		71	3.0	1.83	1.69			
9	2.8		71	3.0	1.83	1.67			
10	2.8		70	3.0	1.84	1.63			
11	2.7		70	3.1	1.96	1.84			
12	2.8		72	3.0	1.87	1.62			
13	2.8		67	2.9	1.83	1.50			
14	2.7		67	3.0	1.92	1.84			
15	2.8		70	3.0	1.83	1.70			
16	2.8		71	3.0	1.82	1.74			
17	2.7		69	3.1	1.83	1.69			
18	2.8		72	3.1	1.86	1.70			
19	2.8		77	3.3	1.78	1.65			
20	2.8		81	3.5	1.83	1.74			
21	2.8		82	3.5	1.82	1.71			
22	2.8		81	3.5	1.75	1.66			
23	2.8		87	3.7	1.88	1.65			
24	3.0		89	3.6	1.88	1.64			
25	2.0		53	3.2	1.87	1.71			Plant Down: Basin Cleaning
26	3.7		97	3.1	1.86	1.66			
27	4.2		81	2.3	1.78	1.65			
28	3.1		76	2.9	1.87	1.74			
29	2.8		69	3.0	1.89	1.74			
30	2.8		66	2.8	1.96	1.77			
31	2.7		75	3.3	1.98	1.68			

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

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

a. Daily Average, Free Chlorine, Finished Water, Grab Sample, Test Kit	I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge. PWS Authorized Person - Signature & Date ²⁴ : William Cooker 6-1-2021 Print Name: William Cooker Chief Plant Operator
b. Daily Minimum, Free Chlorine, Finished Water, Grab Sample, Test Kit	
c.	



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 ¹ :	RANDOLPH-HOLBROOK JW	Town ¹ :	RANDOLPH-HOLBROOK	PWSID ¹ :	424001
Treatment Plant Name ² :	RANDOLPH WATER PLANT	Treatment Plant ID# ² :	4244001-01T	Reporting Period ³ :	MAY 2021 Month Year

II. Chemical & Operational Information

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

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

Day	Treated Water ¹⁸		Measured Chemical Used		Calculated Chemical Used (lbs) ¹⁵	Chemical Dosage ¹⁹ (mg/L)	Parameters Measured ⁸ , Results, Units and Method ²⁰ - (G)rab or Continuous (A)nalyzer ²¹			O&M Notes/Comments ²²
	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> MG	Volume ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)	a. Finished Ph <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	2.6		100		4.6	7.00				
2	2.4		100	5.0	7.15					
3	2.6		100	4.6	7.10					
4	2.5		100	4.8	7.10					
5	2.4		100	5.0	7.15					
6	2.4		100	5.0	7.10					
7	2.4		100	5.0	7.15					
8	2.5		100	4.8	7.10					
9	2.6		100	4.6	7.10					
10	2.5		100	4.8	7.00					
11	2.5		100	4.8	7.05					
12	2.6		100	4.6	7.20					
13	2.6		100	4.6	7.15					
14	2.6		100	4.6	7.15					
15	2.8		100	4.3	7.05					
16	2.8		100	4.3	7.05					
17	2.7		100	4.4	7.00					
18	2.8		100	4.3	7.05					
19	2.8		100	4.3	7.10					
20	2.6		100	4.6	7.15					
21	2.8		100	4.3	7.10					
22	2.8		100	4.3	7.10					
23	2.8		100	4.3	7.00					
24	3.0		100	4.0	7.05					
25	2.0		75	4.5	7.15				Plant Down: Basin Cleaning	
26	3.2		100	3.8	7.10					
27	3.4		100	3.5	7.00					
28	2.9		100	4.1	7.00					
29	2.6		100	4.6	7.10					
30	2.3		100	5.2	7.20					
31	2.4		100	5.0	7.15					

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

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

a. 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 & Date²⁴:

William Cooney 6-1-2021

Print Name: William Cooney Title: Chief Plant Operator



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

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

II. Chemical & Operational Information

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

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

Day	Treated Water ¹⁶		Measured Chemical Used		Calculated Chemical Used (lbs) ¹⁸	Chemical Dosage ¹⁹ (mg/L)	Parameters Measured ²⁰ , Results, Units and Method ²⁰ - (G)rab or Continuous (A)nalyzer ²¹			O&M Notes/Comments ²²
	<input type="checkbox"/> Gallons <input checked="" type="checkbox"/> MG	Volume ¹⁷ (gal/day)	Weight ¹⁷ (lbs/day)	Chemical Dosage ¹⁹ (mg/L)			a. <i>FINISHED PA</i>	b.	c.	
1		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.00</i>			
2		<i>2.4</i>	<i>50</i>			<i>2.5</i>	<i>7.15</i>			
3		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.10</i>			
4		<i>2.5</i>	<i>50</i>			<i>2.4</i>	<i>7.10</i>			
5		<i>2.4</i>	<i>50</i>			<i>2.5</i>	<i>7.15</i>			
6		<i>2.4</i>	<i>50</i>			<i>2.5</i>	<i>7.10</i>			
7		<i>2.4</i>	<i>50</i>			<i>2.5</i>	<i>7.15</i>			
8		<i>2.5</i>	<i>50</i>			<i>2.4</i>	<i>7.10</i>			
9		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.10</i>			
10		<i>2.5</i>	<i>50</i>			<i>2.4</i>	<i>7.00</i>			
11		<i>2.5</i>	<i>50</i>			<i>2.4</i>	<i>7.05</i>			
12		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.20</i>			
13		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.15</i>			
14		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.15</i>			
15		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.05</i>			
16		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.00</i>			
17		<i>2.7</i>	<i>50</i>			<i>2.2</i>	<i>7.05</i>			
18		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.10</i>			
19		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.15</i>			
20		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.10</i>			
21		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.10</i>			
22		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.00</i>			
23		<i>2.8</i>	<i>50</i>			<i>2.1</i>	<i>7.05</i>			
24		<i>3.0</i>	<i>50</i>			<i>2.0</i>	<i>7.15</i>			
25		<i>1.9</i>	<i>35</i>			<i>2.1</i>	<i>7.10</i>			<i>Plant Down: Basin Cleanout</i>
26		<i>3.2</i>	<i>50</i>			<i>1.9</i>	<i>7.00</i>			
27		<i>3.4</i>	<i>50</i>			<i>1.8</i>	<i>7.00</i>			
28		<i>2.9</i>	<i>50</i>			<i>2.1</i>	<i>7.10</i>			
29		<i>2.6</i>	<i>50</i>			<i>2.3</i>	<i>7.20</i>			
30		<i>2.3</i>	<i>50</i>			<i>2.6</i>	<i>7.20</i>			
31		<i>2.4</i>	<i>50</i>			<i>2.5</i>	<i>7.15</i>			

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

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

a. *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 & Date²⁴:
William Cooney 6-1-2021

Print Name: *William Cooney* Title: *Chief Plant Operator*



Total Organic Carbon (TOC) Report

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

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected		Collected By
		<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Date	Time	
A 01S	Great Pond WTP - Raw Water	<input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw	05/03/2021	10:00	Paul Hennessey
B 10300	Combined Filter Effluent - Raw Water	<input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (F)inished	05/03/2021	10:00	Paul Hennessey

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
A <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES -- (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).
 A
 B

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted?(Y/N)

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

TOC Result (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
A 4.56	0.500	5310B	05/05/2021	M-RI002	ESS Laboratory	2105042-01
B 2.66	0.500	5310B	05/05/2021	M-RI002	ESS Laboratory	2105042-02

Surface or GWUDI systems >= 500 persons.
 Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring.
 Each source must maintain a running annual average source (raw) water TOC level of ≤ 4.0 mg/L (calculated quarterly).
 TOC analysis does not require the use of a Massachusetts or EPA certified laboratory.
 Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative of normal operating conditions and influent water quality.

Alkalinity Analyzed by (check one): PWS or Lab

Alkalinity Result (mg/L as CaCO3)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
A 21.2	4.0	2320B	05/17/2021	M-MA022	Analytical Balance	2105042-01
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.
 Primary Certified Operator or Primary Lab Director Signature: *Laurel Stoddard*
 Date: 6/8/2021

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.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



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>5-3-2021</u>	<u>Paul A. Hamner</u>
SAMPLE NOTES:			

II. COMPLIANCE CALCULATIONS

Month	# of Paired Samples	A: % Removal of TOC ¹	B: Required % Removal of TOC ²	Met Alternative Compliance Criteria	Alternative Criteria Result(s) ³ (See Below)	A ÷ B ⁴
6-20	1	37	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.06
7-20	1	40	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.14
8-20	1	31	35	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TWSUVA	1.00
9-20	1	35	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.00
10-20	1	33	35	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TWSUVA	1.00
11-20	1	32	35	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TWSUVA	1.00
12-20	1	42	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.20
1-21	1	43	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.23
2-21	1	38	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.09
3-21	1	38	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.09
4-21	1	35	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.00
5-21	1	42	35	<input type="checkbox"/> YES <input type="checkbox"/> NO		1.20
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
Sum of Past 12 Months:						13.01
Compliance Value (Sum of Past 12 Months/ 12):						1.08

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: Matthew Costello
 Date: 6-12-2021

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.

¹ Percent Removal: (1 - (Treated Water TOC ÷ Raw Water TOC)) x 100. If > 1 paired sample sets in any month report the average of all individual percent TOC removals (Example: % TOC Removal = (Average of Set 1 + Average of Set 2) ÷ 2).

² From table at 310-CMR 22.07E(10)(b)2.

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

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

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

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

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



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

SWTR

(Page 2 of 2)

DAILY REPORTING

Day	Filter Number: 1		Filter Number: 2		Filter Number: 3		Filter Number: 4	
	3Max Day NTU	4Max after 4 Hours NTU	3Max Day NTU	4Max after 4 Hours NTU	3Max Day NTU	4Max after 4 Hours NTU	3Max Day NTU	4Max after 4 Hours NTU
1	0.0283	—	0.0274	—	0.0306	—	Offline	Offline
2	0.0315	0.0319	0.0303	0.0307	0.0290	0.0271		
3	0.0327	0.0296	0.0298	0.0301	0.0387	0.0326		
4	0.0296	—	0.1837	—	0.0334	—		
5	0.0322	0.0322	0.0325	0.0305	0.0324	0.0327		
6	0.0326	0.0317	0.0334	0.0330	0.0393	0.0366		
7	0.0321	0.0310	0.0327	—	0.0355	—		
8	0.0304	—	0.0301	0.0305	0.0320	0.0325		
9	0.0306	0.0308	0.0309	0.0296	0.0425	0.0330		
10	0.0340	0.0330	0.0295	—	0.0488	—		
11	0.0329	—	0.0335	0.0327	0.0534	0.0348		
12	0.0348	0.0352	0.0349	0.0351	0.0373	0.0369		
13	0.0359	0.0366	0.0344	0.0270	0.0361	—		
14	0.0274	—	0.0276	—	0.0288	0.0290		
15	0.0296	0.0277	0.0306	0.0252	0.0341	0.0318		
16	0.0320	0.0290	0.0304	0.0327	0.0559	—		
17	0.0311	—	0.0324	—	0.0432	0.0303	✓	✓
18	0.0321	0.0325	0.0311	0.0307	0.0544	0.0309	0.0830	0.0834
19	0.0335	0.0337	0.0325	0.0315	0.0809	0.0347	0.0827	—
20	0.0331	—	0.0321	—	0.0398	—	0.0442	0.0435
21	0.0369	0.0368	0.0350	0.0364	0.0360	0.0361	0.0385	0.0398
22	0.0348	0.0337	0.0349	0.0324	0.0370	0.0338	0.0434	0.0401
23	0.0864	0.0339	0.0376	0.0334	0.0407	0.0355	0.0463	0.0441
24	0.0407	0.0397	0.0382	0.0359	0.0411	0.0356	0.0514	0.0387
25	0.0436	0.0305	0.0341	0.0289	0.0448	0.0305	0.0711	0.0673
26	0.0477	0.0334	0.0365	—	0.0467	—	0.0717	—
27	0.0372	—	0.0365	0.0342	0.0398	0.0359	0.0469	0.0443
28	0.0416	0.0420	0.0377	0.0386	0.0555	0.0381	0.0462	0.0464
29	0.0346	0.0330	0.0343	—	0.0376	—	0.0464	—
30	0.0330	—	0.0365	0.0365	0.0351	0.0362	0.0408	0.0390
31	0.0251	0.0252	0.0306	0.0244	0.0262	0.0261	0.0344	0.0341

Back
On line
5/13/21
5PM

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

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

PWS Authorized Signature: William Baker
 Date: 6-12-2021 Title: Chief Plant Operator



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

SWTR

(Page 2 of 2)

DAILY REPORTING

Day	Filter Number: 5		Filter Number: 6		Filter Number: 7		Filter Number: 8	
	³ Max Day NTU	⁴ Max after 4 Hours NTU	³ Max Day NTU	⁴ Max after 4 Hours NTU	³ Max Day NTU	⁴ Max after 4 Hours NTU	³ Max Day NTU	⁴ Max after 4 Hours NTU
1	0.0296	0.0290	0.0304	0.0304	0.0382	0.0379	0.0333	0.0333
2	0.0297	0.0290	0.0362	0.0303	0.0373	—	0.0327	—
3	0.0373	—	0.0364	—	0.0437	0.0372	0.0380	0.0304
4	0.0332	0.0332	0.0321	0.0311	0.0396	0.0396	0.0368	0.0345
5	0.0333	0.0333	0.0325	0.0325	0.0386	—	0.0333	—
6	0.0328	—	0.0355	—	0.0408	0.0400	0.0351	0.0335
7	0.0363	0.0363	0.0344	0.0344	0.0420	0.0415	0.0374	0.0374
8	0.0335	0.0335	0.0315	0.0315	0.0404	0.0404	0.0316	—
9	0.0346	0.0346	0.0304	—	0.0410	—	0.0374	0.0342
10	0.0346	—	0.0332	0.0332	0.0463	0.0412	0.0357	0.0357
11	0.0360	0.0360	0.0358	0.0358	0.0444	0.0441	0.0351	—
12	0.0380	0.0378	0.0363	—	0.0448	—	0.0389	0.0388
13	0.0374	—	0.0387	0.0384	0.0463	0.0463	0.0379	0.0379
14	0.0281	0.0281	0.0295	0.0270	0.0358	0.0354	0.0297	—
15	0.0341	0.0315	0.0429	—	0.0381	—	0.0325	0.0308
16	0.0341	—	0.0351	0.0346	0.0419	0.0417	0.0331	0.0318
17	0.0342	0.0308	0.0350	0.0303	0.0438	0.0438	0.0367	0.0363
18	0.0349	0.0304	0.0357	0.0357	0.0443	—	0.0369	—
19	0.0336	—	0.0567	—	0.0584	0.0459	0.0391	0.0388
20	0.0383	0.0382	0.0396	0.0389	0.0443	0.0443	0.0384	0.0380
21	0.0340	0.0327	0.0360	0.0343	0.0397	0.0396	0.0383	0.0372
22	0.0389	0.0378	0.0412	0.0395	0.0466	0.0466	0.0368	—
23	0.0445	0.0437	0.0393	—	0.0512	—	0.0415	0.0415
24	0.0440	0.0344	0.0457	0.0457	0.0450	0.0449	0.0450	0.0419
25	0.0378	—	0.0415	0.0402	0.0599	0.0376	0.0380	0.0338
26	0.0521	0.0312	0.0757	0.0385	0.0754	0.0404	0.0570	0.0377
27	0.0413	0.0401	0.0458	0.0451	0.0471	0.0469	0.0392	—
28	0.0412	—	0.0455	—	0.0467	—	0.0457	0.0457
29	0.0406	0.0406	0.0408	0.0398	0.0395	0.0394	0.0374	0.0360
30	0.0335	0.0269	0.0367	0.0297	0.0362	0.0304	0.0350	—
31	0.0273	0.0272	0.0287	—	0.0299	—	0.0289	0.0286

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

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

PWS Authorized Signature: William Cook
 Date: 6-12-2021 Title: Chief Plant Operator



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 APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
DEP Sample Type ⁴	DEP Approved Sample Location ¹		DATE	TIME	
RS 001	TOWN HALL	1.08	5/3/2021	07:08	T. Duggan
RS 004	COTTAGE VARIETY	1.27	5/3/2021	08:02	T. Duggan
RS 008E	STEWARTS POWER EQUIPMENT	.13	5/3/2021	09:18	T. Duggan
RS 006	COMMUNITY CENTER	.38	5/3/2021	07:36	T. Duggan
RS 001	TOWN HALL	1.00	5/10/2021	07:08	T. Duggan
RS 004	COTTAGE VARIETY	1.17	5/10/2021	08:02	T. Duggan
RS 008E	STEWARTS POWER EQUIPMENT	.05	5/10/2021	09:01	T. Duggan
RS 006	COMMUNITY CENTER	.23	5/10/2021	07:31	T. Duggan
RS 001	TOWN HALL	.98	5/17/2021	07:08	T. Duggan
RS 004	COTTAGE VARIETY	1.05	5/17/2021	08:10	T. Duggan
RS 008E	STEWARTS POWER EQUIPMENT	.03	5/17/2021	09:00	T. Duggan
RS 006	COMMUNITY CENTER	.30	5/17/2021	07:45	T. Duggan
RS 001	TOWN HALL	.94	5/24/2021	07:08	T. Duggan
RS 004	COTTAGE VARIETY	.83	5/24/2021	08:00	T. Duggan
RS 008E	STEWARTS POWER EQUIPMENT	.01	5/24/2021	08:45	T. Duggan
RS 006	COMMUNITY CENTER	.53	5/24/2021	07:35	T. Duggan

¹ DEP Sample Type, Location Code¹, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.

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

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

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

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

III. COMPLIANCE REPORTING: Total # of Samples Collected for Month⁶: **66** Average Chlorine Result of All Samples For Month⁶ (mg/L): **0.98**

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* 6-12-2021

DEP Review Status: Accepted Disapproved Review Comments:



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

CJ

I. PWS INFORMATION:

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

DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESUL. (mg/L)	COLLECTION AND ANALYSIS ²		COLLECTED AND ANALYZED BY:
DEP Sample Type ³	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS	TOWER HILL SCHOOL - ADAMS STREET	1.36	5/3/21	10:15 AM	A. PIERRE - LOUIS
RS	JFK SCHOOL - 20 HURLEY DRIVE	1.29		8:00 AM	
RS	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE	0.89		9:30 AM	
RS	COMFORT INN - 1374 NORTH MAIN STREET	1.53		11:10 AM	
RS	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.20		10:35 AM	
RS	MOBIL STATION - 93 MAZZEO DRIVE	1.17		9:50 AM	
RS	7-11 FOOD SHOP - 675 NORTH STREET	0.81		9:00 AM	
RS	ENTERPRISE - 249 NORTH MAI STREET	NO ACCESS	DUE TO	COVERED	
RS	CHANE AVE - 317 NORTH MAIN STREET	1.37	"	8:30 AM	
RS	OAK GROVE STANDPIPE	0.87		7:30 AM	
RS	SOUTH MAIN STREET STANDPIPE	0.99		9:15 AM	

¹ DEP Sample Type, Location Code¹, and DEP Approved Sample Site Location must correspond to the same information on your DEP Total Coliform Sampling Plan.
² SWTR systems: HPC must be collected at distribution sites with zero chlorine residual and results reported on the DEP Bacteriological Monthly Report form and on the appropriate SWTR Form.
³ Collection and Analysis: Chlorine residual shall be measured in the field (immediately upon collection) at the same time and location in the distribution system as total coliforms are sampled. Record ND values as 0 (zero).
 Sample Type: RS-Routine Distribution Sample, RC-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, or SS-Special Sample (as determined by DEP).
 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 Month⁴: 66 Average Chlorine Result of All Samples For Month⁵ (mg/L): 0.98
 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 6-12-2021

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 DEPR monitoring plan to help complete this section.

Type Measured: Free Chlorine Total Chlorine Combined Chlorine
 Notes: Weekly samples taken in the distribution system

Analytical Method: SM 4500-Cl: D E F G H I ASTM D1253-86

DEP Sample Type	DEP Location Code #	DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³		COLLECTED AND ANALYZED BY:
		DEP Approved SAMPLE LOCATION ⁴	DEP Approved SAMPLE LOCATION ⁴		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.32	5-10-21	11:00 AM	A. PIERRE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.30		7:45 AM	
RS	005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE		1.08		9:15 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.48		11:45 AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET		1.29		10:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.17		9:45 AM	
RS	012	7-11 FOOD SHOP - 675 NORTH STREET		1.24		8:45 AM	
RS	014 A	ENTERPRISE - 249 NORTH MAJ STREET		NO ACCESS DUE TO COVER - 19			
RS		AXX WYS - 317 NORTH MAIN ST.		1.35		8:15 AM	
RS		OAK GROVE STANDPIPE		.88		10:15 AM	
RS		SOUTH MAIN STREET STANDPIPE		.73		9:00 AM	

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

III. COMPLIANCE REPORTING:

Total # of Samples Collected for Month⁵: 66 Average Chlorine Result of All Samples For Month⁶ (mg/L): 0.98
 In accordance with 910 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 6-12-2021

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
 Notes: Weekly samples taken in the distribution system Analytical Method: SM 4500-Cl: D E F G H I ASTM D1253-86

DEP Sample Type	DEP Location Code #	DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³ :		COLLECTED AND ANALYZED BY:
		Approved SAMPLE LOCATION ¹	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET		1.02	5-17-21	10:30AM	A. PIERRE-LOUIS
RS	004	JFK SCHOOL - 20 HURLEY DRIVE		1.05		8:15AM	
RS	005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE		.90		9:15AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET		1.50		11:30AM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET		1.07		11:00AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE		1.06		9:45AM	
RS	012	7-11 FOOD SHOP - 675 NORTH STREET		.75		8:45AM	
RS	014 A	ENTERPRISE - 249 NORTH MAI STREET		NO ACCESS	DUE TO	COULD - 101	
RS	016	ARR AUTO - 317 NORTH MAIN ST		1.20		9:45AM	
RS	017	OAK GROVE STANDPIPE		.81		11:45 AM	
RS	017	SOUTH MAIN STREET STANDPIPE		.66		9:00AM	

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

III. COMPLIANCE REPORTING: Total # of Samples Collected for Month⁵: 106 Average Chlorine Result of All Samples For Month⁶ (mg/L): 0.98
 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 this 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] 6-12-2021
 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 DEPR monitoring plan to help complete this section.
 Type Measured: Free Chlorine Total Chlorine Combined Chlorine Analytical Method: SM 4500-Cl: D E F G H I ASTM D1253-86
 Notes: Weekly samples taken in the distribution system

DEP APPROVED SAMPLE SITE INFORMATION ¹		CHLORINE RESULT ² (mg/L)	COLLECTION AND ANALYSIS ³		COLLECTED AND ANALYZED BY:
DEP Sample Location Code # ⁴	DEP Approved SAMPLE LOCATION ¹		DATE	TIME	
RS 003	TOWER HILL SCHOOL - ADAMS STREET	1.25	5-24-21	7:30 AM	A-PIERRE-LOUIS
RS 004	JFK SCHOOL - 20 HURLEY DRIVE	1.19		8:00 AM	
RS 005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE	.72		9:30 AM	
RS 006	COMFORT INN - 1374 NORTH MAIN STREET	1.62		11:15 AM	
RS 008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.35		10:45 AM	
RS 011	MOBIL STATION - 93 MAZZEO DRIVE	.95		10:00 AM	
RS 012	7-11 FOOD SHOP - 675 NORTH STREET	.71		9:00 AM	
RS 014 A	ENTERPRISE - 249 NORTH MAI STREET	NO ACCESS DUE	10	COLLECTED 19	
RS 016	AXX AUTO - 317 NORTH MAIN STREET OAK GROVE STANDPIPE	1.30 .76		8:30 AM 10:30 AM	
RS 017	SOUTH MAIN STREET STANDPIPE	.74		9:15 AM	

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

III. COMPLIANCE REPORTING: Total # of Samples Collected for Month⁵: 66 Average Chlorine Result of All Samples For Month⁵ (mg/L): 0.98
 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] Date: 5-24-21
 DEP Review Status: Accepted Disapproved Review Comments:



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

CI

I. PWS INFORMATION:

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

DEP Sample Type ¹	DEP Location Code # ²	DEP Approved Sample Location ³	CHLORINE RESULT ⁴ (mg/L)	COLLECTION AND ANALYSIS ⁵		COLLECTED AND ANALYZED BY:
				DATE	TIME	
RS	003	TOWER HILL SCHOOL - ADAMS STREET	1.99	5-26-91	8:45 AM	A. VERRILLI
RS	004	JFK SCHOOL - 20 HURLEY DRIVE	.99		8:00 AM	
RS	005	MARTIN E. YOUNG SCHOOL - COURTNEY DRIVE	.62		10:15 AM	
RS	006	COMFORT INN - 1374 NORTH MAIN STREET	1.62		12:00 PM	
RS	008	COMMUNITY MIDDLE SCHOOL - HIGH STREET	1.53		11:30 AM	
RS	011	MOBIL STATION - 93 MAZZEO DRIVE	.97		9:45 AM	
RS	012	7-11 FOOD SHOP - 675 NORTH STREET	.84		7:30 AM	
RS	014 A	ENTERPRISE - 249 NORTH MAI STREET	NO RECORD	DVE 70	8:15 AM	
RS		OAK GROVE STANDPIPE	1.49		11:15 AM	
RS		SOUTH MAIN STREET STANDPIPE	.62		10:30 AM	

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

III. COMPLIANCE REPORTING: Total # of Samples Collected for Month⁶: **66** Average Chlorine Result of All Samples For Month⁶ (mg/L): **0.98**
 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 (eBEP) 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 Wolek* 6-12-2021
 DEP Review Status: Accepted Disapproved Review Comments:



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

DBPR

DRWS INFORMATION - Please refer to your DBPR Monitoring Plan to help complete this form.

PWS ID #: 4244001 City/Town: RANDOLPH
 PWS Name: RANDOLPH HARBOR 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)

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:	<u>66</u> <u>APRIL</u>	Monthly Averages: (report all 3 months per quarter)	<u>1.03</u> mg/L	Quarterly Average:	<u>1.03</u> mg/L
	Month 2:	<u>66</u> <u>MAY</u>		<u>0.98</u> mg/L		
	Month 3:	<u>66</u> <u>JUNE</u>		_____ 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: (report all 3 months per quarter)	_____ mg/L	Quarterly Average:	_____ mg/L
	Month 2:	_____		_____ mg/L		
	Month 3:	_____		_____ mg/L		

 Was the (4.0 mg/L) threshold exceeded? Yes No Running Annual Average: _____ mg/L

FOR SYSTEMS USING OZONATION

E. Bromate (treated) Plant Name: _____

Total Number of Samples:	Month 1:	_____	Monthly Averages: (report all 3 months per quarter)	_____ mg/L	Quarterly Average:	_____ mg/L
	Month 2:	_____		_____ 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: (report all 3 months per quarter)	_____ mg/L	Quarterly Average:	_____ mg/L
	Month 2:	_____		_____ mg/L		
	Month 3:	_____		_____ mg/L		

 Was the (0.05 mg/l) threshold exceeded? Yes No Running Annual Average: _____ mg/L

FOR SYSTEMS USING CHLORINE DIOXIDE

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

Primary Certified Operator Signature: [Signature] Date: 6-12-2021

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 10th, April 10th, July 10th, and Oct 10th of each year).

DEP REVIEW STATUS (Initial & Date) _____ Review Comments: _____