

**MASSACHUSETTS DEP/DRINKING WATER PROGRAM
CHLORINE/CHLORAMINES REPORT**

CI

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

1. PWS ID #: 2. City/Town: 3. PWS Name: 4. PWS Class: COM NTN:

Notes:

II. LABORATORY ANALYTICAL INFORMATION: Please refer to your DEP Coliform Sampling Plan for Approved Sampling Locations and Location IDs

Analyzed By: Lab Cert #:
 Subcontracted? (Y/N) Sub. Lab Name: Sub Cert #:

Notes:

DEP APPROVED SAMPLE SITE (1)		COLLECTION (1)		COLLECTED BY (2)	FREE, TOTAL OR COMBINED CHLORINE	RESULT mg/L (MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	LAB SAMPLE ID #
DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)						
001	THOMPSON C.C.	07/15/14	10:50	M. Dauphinee	TOTAL	0.01	4500-Cl G	07/15/14	N/A
003	HOOD SCHOOL	07/15/14	11:55	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/15/14	N/A
004	C.V.S.	07/15/14	9:30	M. Dauphinee	TOTAL	0.01	4500-Cl G	07/15/14	N/A
005	HILLVIEW C.C.	07/15/14	12:40	M. Dauphinee	TOTAL	0.08	4500-Cl G	07/15/14	N/A
006	TEMPLE OIL	07/15/14	8:40	M. Dauphinee	TOTAL	0.08	4500-Cl G	07/15/14	N/A
007	NR HIGH SCHOOL	07/15/14	10:15	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/15/14	N/A
008	SWAN POND TANK	07/15/14	11:20	M. Dauphinee	TOTAL	0.06	4500-Cl G	07/15/14	N/A

(1) Samples shall be taken at the same routine sample distribution site and at the same time as Total Coliform.

(2) If measured in the field list the field analyst.

Primary Certified Operator or Laboratory Director Signature and Date: Mark E Clark 8.7.14

III. DBPR COMPLIANCE REPORTING:

Average Result of all Samples from Month mg/L: Quarterly Average mg/L = Average of three monthly averages:

Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages:

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

Primary Certified Operator or Laboratory Director Signature and Date: Mark E Clark 8.7.14

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

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

Accepted:	Disapproved:	Data Entered into WQTS:	Comments:
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DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)						
001	THOMPSON C.C.	07/08/14	10:50	M. Dauphinee	TOTAL	0.08	4500-Cl G	07/08/14	N/A
003	HOOD SCHOOL	07/08/14	11:50	M. Dauphinee	TOTAL	0.04	4500-Cl G	07/08/14	N/A
004	C.V.S.	07/08/14	9:30	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/08/14	N/A
005	HILLVIEW C.C.	07/08/14	12:30	M. Dauphinee	TOTAL	0.02	4500-Cl G	07/08/14	N/A
006	TEMPLE OIL	07/08/14	8:40	M. Dauphinee	TOTAL	0.12	4500-Cl G	07/08/14	N/A
007	NR HIGH SCHOOL	07/08/14	10:10	M. Dauphinee	TOTAL	0.03	4500-Cl G	07/08/14	N/A
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DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)						
001	THOMPSON C.C.	07/01/14	10:35	M. Dauphinee	TOTAL	0.02	4500-Cl G	07/01/14	N/A
003	HOOD SCHOOL	07/01/14	11:40	M. Dauphinee	TOTAL	0.01	4500-Cl G	07/01/14	N/A
004	C.V.S.	07/01/14	9:30	M. Dauphinee	TOTAL	0.01	4500-Cl G	07/01/14	N/A
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