

# 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 ☒ NTNC ☐

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.	2/4/2020	1:00	M. Dauphinee	TOTAL	0.04	4500-Cl G	2/4/2020	N/A
003	HOOD SCHOOL	2/4/2020	11:10	M. Dauphinee	TOTAL	0.53	4500-Cl G	2/4/2020	N/A
004	C.V.S.	2/4/2020	9:50	M. Dauphinee	TOTAL	0.09	4500-Cl G	2/4/2020	N/A
005	HILLVIEW C.C.	2/4/2020	10:35	M. Dauphinee	TOTAL	0.51	4500-Cl G	2/4/2020	N/A
006	TEMPLE OIL	2/4/2020	9:10	M. Dauphinee	TOTAL	0.21	4500-Cl G	2/4/2020	N/A
007	NR HIGH SCHOOL	2/4/2020	11:50	M. Dauphinee	TOTAL	0.38	4500-Cl G	2/4/2020	N/A
008	SWAN POND TANK	2/4/2020	12:30	M. Dauphinee	TOTAL	0.31	4500-Cl G	2/4/2020	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*

3/10/20

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*

3/10/20

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.

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Accepted:  Disapproved:  Data Entered into WQTS:  Comments:

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## CHLORINE/CHLORAMINES REPORT

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**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 ☒ NTNC ☐

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.	2/11/2020	1:00	M. Dauphinee	TOTAL	0.09	4500-Cl G	2/11/2020	N/A
003	HOOD SCHOOL	2/11/2020	11:10	M. Dauphinee	TOTAL	0.57	4500-Cl G	2/11/2020	N/A
004	C.V.S.	2/11/2020	9:45	M. Dauphinee	TOTAL	0.09	4500-Cl G	2/11/2020	N/A
005	HILLVIEW C.C.	2/11/2020	10:35	M. Dauphinee	TOTAL	0.63	4500-Cl G	2/11/2020	N/A
006	TEMPLE OIL	2/11/2020	9:05	M. Dauphinee	TOTAL	0.21	4500-Cl G	2/11/2020	N/A
007	NR HIGH SCHOOL	2/11/2020	11:50	M. Dauphinee	TOTAL	0.41	4500-Cl G	2/11/2020	N/A
008	SWAN POND TANK	2/11/2020	12:25	M. Dauphinee	TOTAL	0.33	4500-Cl G	2/11/2020	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. Clout*

3/10/20

**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. Clout*

3/10/20

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## 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 ☒ NTNC ☐

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.	2/18/2020	1:05	M. Dauphinee	TOTAL	0.07	4500-Cl G	2/18/2020	N/A
003	HOOD SCHOOL	2/18/2020	11:10	M. Dauphinee	TOTAL	0.26	4500-Cl G	2/18/2020	N/A
004	C.V.S.	2/18/2020	9:50	M. Dauphinee	TOTAL	0.07	4500-Cl G	2/18/2020	N/A
005	HILLVIEW C.C.	2/18/2020	10:35	M. Dauphinee	TOTAL	0.45	4500-Cl G	2/18/2020	N/A
006	TEMPLE OIL	2/18/2020	9:15	M. Dauphinee	TOTAL	0.17	4500-Cl G	2/18/2020	N/A
007	NR HIGH SCHOOL	2/18/2020	11:50	M. Dauphinee	TOTAL	0.31	4500-Cl G	2/18/2020	N/A
008	SWAN POND TANK	2/18/2020	12:25	M. Dauphinee	TOTAL	0.28	4500-Cl G	2/18/2020	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 Z. Clark 3/10/20

### 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 Z. Clark 3/10/20

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# 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 #: 3213000      2. City/Town: North Reading      3. PWS Name: North Reading Water Department      4. PWS Class: COM ☒ NTNC ☐

Notes: \_\_\_\_\_

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

Analyzed By: Samples analyzed by collector listed below.      Lab Cert #: N/A  
 Subcontracted? (Y/N) ☒ N      Sub. Lab Name: N/A      Sub Cert #: N/A

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.				TOTAL		4500-Cl G	1/0/1900	N/A
003	HOOD SCHOOL	2/25/2020	11:25	M. Dauphinee	TOTAL	0.40	4500-Cl G	2/25/2020	N/A
004	C.V.S.				TOTAL		4500-Cl G	1/0/1900	N/A
005	HILLVIEW C.C.	2/25/2020	10:45	M. Dauphinee	TOTAL	0.45	4500-Cl G	2/25/2020	N/A
006	TEMPLE OIL				TOTAL		4500-Cl G	1/0/1900	N/A
007	NR HIGH SCHOOL	2/25/2020	12:15	M. Dauphinee	TOTAL	0.29	4500-Cl G	2/25/2020	N/A
008	SWAN POND TANK				TOTAL		4500-Cl G	1/0/1900	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: Maria E. Clark      3/10/20

### III. DBPR COMPLIANCE REPORTING:

Average Result of all Samples from Month mg/L: 0.3      Quarterly Average mg/L = Average of three monthly averages: 0.37

Running Annual Average mg/L = Average of this quarter and three prior consecutive quarterly averages: 0.31

*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: Maria E. Clark      3/10/20

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Accepted: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Data Entered into WQTS: \_\_\_\_\_ Comments: \_\_\_\_\_