	ION: Please refer to your DEP W		ing Schedule to	help complete this sec	ction				
1. PWS ID #: 3213000 2. City/Town: North Reading 3. PWS Name: North Reading Water Department 4. PWS Class: COM X NTNC									
Notes:								beneate-old	
II. LABORATORY	ANALYTICAL INFORMATION	: Please refer to yo	ur DEP Colifor	rm Sampling Plan for A	approved Sampling	Locations and	Location IDs	FYEREN	
Analyzed By: Samples analyed by collector listed below.							Lab Cert #:	N/A	
Subcontracted? (Y/N) N Sub. Lab Name: N/A						ĺ	Sub Cert #:	N/A	
Notes:						1			
DEP APPROVED SAMPLE SITE (1) COLLECTION (I) DEP LOCATION ID SAMPLE LOCATION (I) DATE (I) TIME (I) COLLECTED BY (2) OR COMBINED						RESULT mg/L			LAB
	SAIVILLE LOCATION (1)	DATE (I)	TIME (1)	COLLECTED BY (2)	OR COMBINED CHLORINE	(MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	SAMPLE ID#
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-CI G	2/4/2020	N/A
004	C.V.S.	2/4/2020	9:50	M. Dauphinee	TOTAL	0.09	4500-CI 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-CI G	2/4/2020	N/A
008	SWAN POND TANK	2/4/2020	12:30	M. Dauphinee	TOTAL	0.31	4500-CI G	2/4/2020	N/A
(1) Samples shall be to	aken at the same routine sample d	istribution site and a	at the same time	e as Total Coliform.					
	field list the field analyst. ified Operator or Laboratory D	irector Signature :	and Date:	Mark 2	(mle		3/10/20		
III. DBPR COMPLIA	NCE REPORTING:	THE BALL OF THE						was one to	
	Samples from Month mg/L:	0.3	Ouarterl	ly Average mg/L = Ave	erage of three mont	hly averages:		.37	
Running Annual Aver	age mg/L = Average of this quarte	er and three prior co	nsecutive quar	terly averages:	0.31	Ť		.57	
I certify under per	nalty of law that I am the person authorize	ed to fill out this form an	nd the information	contained herein is true, acc	curate and complete to	the best of my know	vledge and belief.		
Attention: Mail TWO	ified Operator or Laboratory D copies of this report to your DEF	Regional Office wi	and Date:	Marle E	Clark	A .1 .	3/10/20	70 W 10 10 10 10 10 10 10 10 10 10 10 10 10	
FOR DEP/DWP USE ONL	Y: PLEASE INITIAL AND DATE AS COM	APLETED	iaimi 30 days 01	receipt of results and t	no later than 10 day	s after the end	of the reporting	period.	
Accepted:	Disapproved:		d into WQTS:	Con	nments:				

I. PWS INFORMAT	TON: Please refer to your DEP W	ater Quality Sampl	ing Schedule to	help complete this sec	ction				
1. PWS ID # : 32	2. City/Town: N	orth Reading	3. PWS Na	me: North Reading	Water Departm	ent 4.	PWS Class: CO	OM X	NTNC
Notes:			·. 		·				
II. LABORATORY	ANALYTICAL INFORMATION	: Please refer to yo	ur DEP Colifor	m Sampling Plan for A	opproved Sampling	Locations and	Location IDs		Maria de la composición della
	Samples analyed by collector				the state out the		Lab Cert #:	N/A	
Subcontracted? (Y/N) N Sub. Lab Name: N/A						1	Sub Cert #:		
Notes:						1			
	DEP APPROVED SAMPLE SITE (1) COLLECTION (1) FREE, TOTAL					RESULT mg/L			LAB
DEP LOCATION ID	SAMPLE LOCATION (I)	DATE (1)	TIME (1)	COLLECTED BY (2)	OR COMBINED CHLORINE	(MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	SAMPLE ID#
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
						_			
	aken at the same routine sample d	istribution site and	at the same time	e as Total Coliform.					
	field list the field analyst. tified Operator or Laboratory D	irector Signature	and Date:	Made of	Clark		3/10/20		
III. DBPR COMPLIA	NCE REPORTING:								
Average Result of all	Samples from Month mg/L:	0.3	Quarterl	y Average mg/L = Ave	erage of three mont	hly averages:	0	.37	
Running Annual Aver	rage mg/L = Average of this quarte	er and three prior co	onsecutive quar	terly averages:	0.31				
l certify under per Primary Cert	nalty of law that I am the person authorize ified Operator or Laboratory D	ed to fill out this form at	nd the information	contained herein is true, acc		the best of my know			
	copies of this report to your DEF			freceint of results and	no later than 10 day	ve after the and	3/10/20	maniad	I SALE
FOR DEP/DWP USE ONL	Y: PLEASE INITIAL AND DATE AS COM	MPLETED		1200pt of results that	m mon man iv da	ys arest the elki	or me reborning	, period.	
Accepted:	Disapproved:	Data Entere	d into WQTS:	Con	nments:				

I. PWS INFORMAT	TION: Please refer to your DEP W	ater Quality Sampl	ing Schedule to	help complete this sec	ction				
	213000 2. City/Town: N			ame: North Reading		ent 4.	PWS Class: Co	OM X	NTNC
Notes:					-				
II. LABORATORY	ANALYTICAL INFORMATION	: Please refer to vo	ur DEP Colifor	m Samuling Plan for A	parayed Compline	Looptions and	Location IDs		Net et ale
Analyzed By:	Samples analyed by collector	listed below.	ar DEF CONFO	m Samping i tan 101 P	rpproved Sampinig		Lab Cert #:	N/A	
Subcontracted? (Y/N) N Sub. Lab Name: N/A						1	Sub Cert #:	N/A	
Notes:	/					J	Sub Cert #:	LIV/A	
DEP APPROVED SAMPLE SITE (1) COLLECTION (1) FREE, TOTAL						RESULT mg/L			LAB
DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (1)	COLLECTED BY (2)	OR COMBINED CHLORINE	(MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	SAMPLE ID#
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-CI G	2/18/2020	N/A
006	TEMPLE OIL	2/18/2020	9:15	M. Dauphinee	TOTAL	0.17	4500-CI 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
	taken at the same routine sample d	istribution site and	at the same time	e as Total Coliform.					
	field list the field analyst. tified Operator or Laboratory D	lirantor Signaturo	and Datas	Malez	10 10				
			and Date:	100000	Chile		3/10/20		
III. DBPR COMPLIA	Samples from Month mg/L:	0.2							Lings
	rage mg/L = Average of this quarte	0.3	Quarterl	$V_{\text{Average mg/L}} = Ave$		hly averages:	0	.37	
I certify under per	nalty of law that I am the person authorize	ed to fill out this form a	onsecutive quar	contained herein is true, acc	0.31	the heat of way love	uladaa mud balist		
Primary Cert	illied Operator or Laboratory D	irector Signature :	and Date:	Marile 7	LAN. LO.		3/10/20		
Attention: Mail TWO	copies of this report to your DEP	Regional Office w	ithin 30 days of	f receipt of results and	no later than 10 day	ys after the end	of the reporting	period.	g 11 (+8)
FOR DEP/DWP USE ONL	Y: PLEASE INITIAL AND DATE AS COM	APLETED							
Accepted:	Disapproved:	Data Entere	d into WQTS:	Con	nments:				

I. PWS INFORMAT	TION: Please refer to your DEP \	Water Quality Sampl	ling Schedule t	o help complete this see	ction				
	213000 2. City/Town: N			ame: North Reading		ent 4.	PWS Class: Co	ow[x]	NTNC
Notes:			,	3				×	
II. LABORATORY	ANALYTICAL INFORMATION	N: Please refer to yo	ur DEP Colifo	rm Sampling Plan for A	Approved Sampling	I ocations and	Longtion ID:		
Analyzed By:	Samples analyed by collector	listed below.	The Control	ounping than for z	тррготей запіршів	Cocations and	Lab Cert #:	N/A	
Subcontracted? (Y/N) N Sub. Lab Name: N/A						1	Sub Cert #:	N/A	
Notes:	· ———	L				1	Sub Cert #.	IN/A	
DEP APPR	OVED SAMPLE SITE (1)	COLLECTION (1) FREE, TOTAL				RESULT mg/L			LAB
DEP LOCATION ID	SAMPLE LOCATION (1)	DATE (1)	TIME (I)	COLLECTED BY (2)	OR COMBINED CHLORINE	(MRDL = 4.0 mg/L)	ANALYTICAL METHOD	DATE ANALYZED	SAMPLE ID#
001	THOMPSON C.C.				TOTAL		4500-CI G	1/0/1900	N/A
003	HOOD SCHOOL	2/25/2020	11:25	M. Dauphinee	TOTAL	0.40	4500-CI G	2/25/2020	N/A
004	C.V.S.				TOTAL		4500-CI 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 t	taken at the same routine sample of	distribution site and	at the same tim	e as Total Coliform.					
	field list the field analyst. tified Operator or Laboratory I	Ninesten Glenet	1.75	11 11 4	10				
		Director Signature	and Date:	Mall o	Clark		3/10/20		
III. DBPR COMPLIA									
	Samples from Month mg/L:	0.3	Quarter	ly Average mg/L = Ave		hly averages:	0	.37	
I certify under per	rage mg/L = Average of this quart nalty of law that I am the person authorize	er and three prior co	nsecutive quar	terly averages:	0.31		1.1		
Primary Cert	illed Operator or Laboratory L	Director Signature :	and Date:	Man 10, 7	(bull-		3/10/20		
Attention: Mail TWC	copies of this report to your DE	P Regional Office w	ithin 30 days o	f receipt of results and	no later than 10 da	ys after the end	of the reporting	period.	
FOR DEP/DWP USE ONL	Y: PLEASE INITIAL AND DATE AS CO	MPLETED						,	
Accepted:	Disapproved:	Data Entere	d into WQTS:	Con	nments:				