Massachusetts Department of Environmental Protection - Drinking Water Program **TT**

# DBPR TT Compliance Report

## I. PWS INFORMATION:

**PWS ID #:** _____ **City / Town:** _____

**PWS Name:** _____ **PWS Class:** **COM** ☐ **NTNC** ☐ **TNC** ☐

| DEP LOCATION (LOC) ID# | DEP Location Name | Date Collected | Collected By |
|---|---|---|---|
| | | | |

**SAMPLE NOTES**

## II. COMPLIANCE CALCULATIONS:

| Month (mm/yy) | # 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] |
|---|---|---|---|---|---|---|
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | ☐ YES ☐ NO | | |
| | | | | **Sum of Past 12 Months:** | | |
| | | | | **Compliance Value (Sum of Past 12 Months/ 12):** | | |

*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:** _____

*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 $CaC0_3$) | 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) ☐ Accepted _____ ☐ Disapproved _____ | Review Comments | |
|---|---|---|