



Massachusetts Department of Environmental Protection - Drinking Water Program
CT Determination for Ground Water Rule Systems

**GWR
CT2***

*GWR CT2 is only for PWSs that do not calculate CT on a daily basis and do not have a continuous chlorine residual analyzer.

I. PWS INFORMATION:

PWSID#: PWS Name: PWS Town:
 Treatment Plant Name¹: Reporting Period → Month: Year:
 Disinfectant: Water Temperature: 52° max (USGS Standard)
 DEP Approved Sample Location: pH⁶: 6.0-9.0
 Peak Hourly Flow² (gpm):

II. DAILY REPORTING: Measurements taken during peak hourly flow.

Day	Free Chlorine Residual ³ C (mg/L)	MassDEP Minimum Free Chlorine Residual Required to Achieve CT and 4-log treatment for viruses (mg/L) ⁴	Was the measured free chlorine residual "C" lower than the MassDEP minimum required free chlorine residual? ⁵	If "yes" was checked in the previous column, was the residual restored to the required concentration within 4 hours?
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
14			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
16			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
17			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Use a separate form for each treatment point.
- Peak hourly flow is the highest pumpage *hour* during the day, not the absolute peak flow at any instant. Enter peak hourly flow as reported on GWR Form D and approved by MassDEP.
- The residual disinfectant concentration "C" of the water must be measured each day during peak hourly flow, before or at the first customer, after the required contact time, and at the location approved by MassDEP.
- Enter the MassDEP approved minimum free chlorine residual required for your PWS to meet 4-log virus treatment; this number does not change.
- If any daily measurement is below the MassDEP required minimum free chlorine residual, you must take follow-up samples every four hours until the residual concentration is restored to the MassDEP required level or greater. **Failure to achieve the required CT within 4 hours is a Treatment Technique violation (Tier 2) and you must contact call your regional office within 24 hours.**
- pH must remain between 6.0 and 9.0; call the regional office immediately if pH is out of this range.

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: _____ Title: _____

Complete form daily. Submit to your DEP Regional Office within 10 days after the reporting month.