



**CHEMICAL ADDITION REPORT - 310 CMR 22.15(4) Chemical Addition Reporting Requirements**

**I. PWS INFORMATION:**

PWSID#:  PWS Name:  PWS Town:   
 Treatment Facility Name:  Reporting Period → Month:  Year:

**II. DAILY REPORTING:**

Chemical Name<sup>1</sup>:  Purchased Strength (%):  Purchased Density<sup>2</sup>:   
 Manufacturer:  Product Name:

Reason for Adding Chemical:

Was each anti-siphon valve disassembled and inspected in the last 12 months?  Yes Date:   No

If no, explain:

Day	Treated Water (gallons)	Volume of Chemicals Used liters/day <input type="checkbox"/> gal/day <sup>3</sup> <input type="checkbox"/>	Chemical Dosage (lbs/day) <sup>3</sup>	Chemical Dosage (mg/L)	Water Quality Parameters, if applicable <sup>4</sup>					Comments: Note any equipment breakdown, changes in purchased product, or batch mixing day, etc.
					Residual (mg/L)	pH	Alk	Ortho(PO <sub>4</sub> ) (mg/L)	Other	
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**Total**

Notes: 1. A separate report is required for each chemical added for each facility.  
 2. (lbs/ft<sup>3</sup>) for dry chemicals; (lbs/gal.) for liquid chemicals.  
 3. Liquid fed system enter (L, or gal/day), dry fed system enter (lb/day)  
 4. Enter the appropriate parameter that is monitored just downstream of chemical addition.

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: \_\_\_\_\_

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.