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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PWS Information - Refer to MassDEP “Chemical Addition Report Guidance and Instructions” for details.I. PWS INFORMATION: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PWS Name1:** | | | |  | | | | | **Town1:** | | |  | | | | | | **PWSID1:** | | |  | | | | |
| **Treatment Plant Name2:** | | | |  | | | | | **Treatment Plant ID#2:** | | |  | | | | | **Reporting Period3:** | |  | | | |  | | |
|  | | | |  | | | | |  | | |  | | | | |  | | **Month** | | | | **Year** | | |
| **II. Chemical & Operational Information** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Chemical Name4:** | | | |  | | | | | | **Purchased Strength8:** | | | | | |  | | **Target Range/min12:** | | | | | |  | |
| **Manufacturer5:** | | | |  | | | | | | **Purchased Density (lbs/gal)9:** | | | | | |  | | **Target Dose 13:** | | | | | |  | |
| **Product Name6:** | | | |  | | | | | | **Dilution Factor or Mix Ratio10:** | | | | | |  | | **Alarm Setting (low)14:** | | | | | |  | |
| **Reason for Adding Chemical7:** | | | |  | | | | | | **NSF Approved (Y/N)11:** | | | | | |  | | **Alarm Setting (high)14:** | | | | | |  | |
|  | | | |  | | | | | | **Date of last anti-siphon valve inspection/replacement15:** | | | | | | | | | | | | | |  | |
| **III. Daily Reporting**  **Note: Water quality data reported on C-ADD form may be considered for compliance purposes.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Day** | | **Treated**  **Water16**  **Gallons**  **MG** | **Measured**  **Chemical Used** | | | **Calculated Chemical Used**  **(lbs)18** |  | **Parameters Measured\*, Results, Units and**  **Method20 - (G)rab or Continuous (A)nalyzer21** | | | | | | | **O&M Notes/Comments22** | | | | | | | | | | |
|  | |  |  | | |  | **Chemical Dosage19**  **(mg/L)** | ***a.*** | | | ***b.*** | | ***c.*** | | PWS note any equipment breakdown, off-line status, changes in purchased product or batch mixing day, **measured parameters or dosages that are out of target range**, etc. | | | | | | | | | | |
|  | |  | **Volume17**  **(gal/day)** | | **Weight17**  **(lbs/day)** |  |  |  | | |  | |  | |  | | | | | | | | | | |
|  | |  |  | |  |  |  | **G** **A** | | | **G A** | | **G A** | |  | | | | | | | | | | |
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| 30 | |  |  | |  |  |  |  | | |  | |  | |  | | | | | | | | | | |
| 31 | |  |  | |  |  |  |  | | |  | |  | |  | | | | | | | | | | |
| **Total** | |  |  | |  | Indicate total # of days the residual was off-target for the month (from Section II) **Monthly Target Summary23:** | | | | | | | | | | | | | | | | | | |  |
| \*Describe result (daily average, min/max, instantaneous reading, grab, etc), sample location (entry-point, before/after filters, tanks, etc.) and instrumentation used (SCADA, chart recorder, test kit, bench, etc.)20: | | | | | | | | | | | | | | *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.* | | | | | | | | | | | |
| ***a.*** |  | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | **PWS Authorized Person - Signature & Date24:** | | | | | | | | | | | |
| ***b.*** |  | | | | | | | | | | | | |  | | | | | | | |  | | | |
| ***c.*** |  | | | | | | | | | | | | | **Print Name:** | | | | | | **Title:** | | | | | |