|  |
| --- |
| 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** |  |
| 1 |       |       |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |       |       |
| 21 |       |       |       |       |       |       |       |       |       |
| 22 |       |       |       |       |       |       |       |       |       |
| 23 |       |       |       |       |       |       |       |       |       |
| 24 |       |       |       |       |       |       |       |       |       |
| 25 |       |       |       |       |       |       |       |       |       |
| 26 |       |       |       |       |       |       |       |       |       |
| 27 |       |       |       |       |       |       |       |       |       |
| 28 |       |       |       |       |       |       |       |       |       |
| 29 |       |       |       |       |       |       |       |       |       |
| 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:**      |