

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

Public Notice Certification

Make sure to send your MassDEP Drinking Water Program regional office and local Board of Health a copy of each type of notice and a certification that you have met all the public notice requirements **within ten days** after issuing an initial or repeat notice (310 CMR 22.15(3)(b)). When you certify, you are also stating that you will meet future requirements for notifying new units and customers of the violation.

PWSID#:	4318070	City/Town:	4318070
PWS Name:	Catch of the Day	Class:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Community
For Violation(s) or Event(s):	<input checked="" type="checkbox"/> Revised Total Coliform Rule <input type="checkbox"/> MCL/MRDL Violation <input type="checkbox"/> Ground Water Rule: Fecal Indicator Detection <input type="checkbox"/> Treatment Technique Violation <input type="checkbox"/> Other: _____		
Contaminant Detected:	Occurring On (dates):		
The Public Water system indicated above hereby affirms that public notice has been provided to consumers in accordance with 310 CMR 22.16 including: delivery, content, format requirements, notification deadlines and that the Public Water system will meet future requirements for notifying new billing units and new customers of the violation. At least two methods of delivery must be used.			
Consultation with MassDEP on (date):	Submitted NON Responses to Isabel Collins (DEP) on 12/17/2020		
Notice Distributed by: (List primary methods)	Peter Hall PWS Owner	On (dates):	12/22/2020
Notice Distributed by: (List additional methods)	Posted on Main Office Door	On (dates):	START DATE : 12/22/2020 END DATE : 12/31/2020
<i>I certify under penalty 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 of my knowledge and belief.</i>			
	John Aprea		01/05/2021
	Name (print)	Signature of Owner/Operator	Date

Copies of the Public Notice(s) and the Public Notice Certification form were sent to the following (check all that apply):	
<input type="checkbox"/>	MassDEP Drinking Water Program: Western Regional Office (WERO), 436 Dwight St. 5 th Floor, Springfield, MA 01103
<input type="checkbox"/>	MassDEP Drinking Water Program: Central Regional Office (CERO), 8 New Bond St., Worcester, MA 01606
<input type="checkbox"/>	MassDEP Drinking Water Program: Northeast Regional Office (NERO), 205B Lowell St., Wilmington, MA 01887
<input checked="" type="checkbox"/>	MassDEP Drinking Water Program: Southeast Regional Office (SERO), 20 Riverside Drive, Lakeville, MA 02347
<input type="checkbox"/>	Local Board of Health

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

DRINKING WATER NOTICE

**Total Coliform Bacteria/ Revised Total Coliform Rule (RTCR)
Monitoring/Reporting/Notification Requirements
Not Met for:**

PWS ID#: 4318070

PWS Name: Catch of the Day

Enforcement #: 00010226

We violated monitoring and/or reporting requirements of the drinking water regulations. Even though this was not an emergency, as our customers, you have a right to know what happened and what we are doing/did to correct this situation.

We are required to monitor your drinking water for specific man-made and naturally occurring contaminants on a regular basis. Results of regular monitoring are an indicator of whether or not our drinking water meets health standards. During the monitoring period(s) listed below we did not monitor and/or did not complete all monitoring for the contaminant(s) listed below and therefore cannot be sure of the quality of our drinking water during that time. OR our PWS did not Report the results to MassDEP within the required time frame.

In addition, we Failed to Notify the Department of Environmental Protection (MassDEP) of this/these monitoring and/or reporting violation/s.

*Please share this information with all people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.**

WHAT THIS MEANS:

There is nothing you need to do at this time. You do not need to boil your water or take other actions.

The table below lists the Monitoring period(s) we did not properly test for, and/or report, and/or Notify MassDEP of the failure/s to conduct Total Coliform Bacteriological monitoring for the Revised Total Coliform Rule (RTCR). PWS CHECK THE APPROPRIATE BOXES depending on the situation & your NONCSA Response.

Monitoring Period & Frequency/# Samples	Failed to Monitor or Complete Monitoring	Failed to Report Results	Failed to Notify MassDEP of these violations
May 2020 (one sample per month)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEPS WE ARE TAKING:

Our system is taking the following corrective actions:

- We are notifying our customers of the violation(s) by providing this public notice to you as well as submitting a copy of this public notice to the DEP and the local board of health.
- Sample Collection (check appropriate boxes):
 - We have scheduled to **IMMEDIATELY** collect and analyze sample(s) for the contaminants listed above and will submit copies of the sampling results to the MassDEP upon completion. Sampling has been scheduled for: _____.
 - We have already collected and analyzed sample(s) for the contaminants listed above and have submitted the sampling results to the MassDEP. These contaminant(s) were COLLECTED AFTER the required monitoring period(s). Sample/s were collected on: _____ [date].
 - We collected samples within the required monitoring period, but the results were REPORTED AFTER the required time frame; results have been be/are being reported to MassDEP on: _____ [date].
- If our system has two or more monitoring and reporting violations within the last 12 months, we are required to submit a plan to the DEP detailing the specific actions that we will take to prevent further noncompliance.
- We will continue to collect samples for all contaminants according to our most recent sampling schedule.
- Other Corrective Actions Taken: **New Seasonal Start up Procedures have been implemented to ensure PWS System complies with MassDEP regulations**

CONTACT INFORMATION:

For more information or questions regarding this notice, please contact:

Responsible Party Name: John Aprea _____ **at Phone #:** (888) 377-7678

Date Public Notice Distributed: _____

If POSTED, must remain posted for a minimum of 7 days, provide START and END dates: _____