



## DISINFECTION BYPRODUCTS RULE (DBPR) VIOLATION RESPONSE AND COMPLIANCE SCHEDULE APPROVAL (CSA) FORM

M.G.L. c. 21A, §16, 310 CMR 5.00

**Failure to complete and return this form, and failure to take the actions required to return to compliance, could result in serious legal consequences.**

**INSTRUCTIONS:** By **September 4, 2023**, please complete and submit this form and supporting documentation to MassDEP at the address specified at the bottom of this form to obtain MassDEP approval of your system's proposed plan for returning to compliance with the requirements cited in your Notice of Noncompliance (NON).

### **A** General Information

Housatonic Water Works Company  
80 Maple Ave Ste 1  
Great Barrington, MA 01230

CITY/TOWN: Great Barrington  
PWS ID #: 1113003  
CLASS: COM  
ENF DOC#: 00015564

### **B** Corrective Actions required under M.G.L. c. 111, §§ 159-160 and 310 CMR 22.00

PWS: Please check *all* boxes below that apply.

#### **DISINFECTANT BYPRODUCTS - MAXIMUM CONTAMINANT LEVEL**

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My system violated the maximum contaminant level (MCL) for the disinfection byproduct(s) and monitoring period(s) identified in the NON. Violation of the MCL requires Tier 2 **public notice** in accordance with 310 CMR 22.16(3). I have completed Section C below to address the MCL violation(s) cited in the NON.

#### **REPEAT VIOLATOR**

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My system has committed two or more Disinfection Byproducts Rule violations within the last 12 months. I have completed Section C to explain what my system will do to prevent future noncompliance.

### **C** Request for Compliance Plan Approval

PWS: For each violation cited in the NON, please select **Option 1** or **Option 2** below by checking the appropriate box.

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#### **OPTION 1: MassDEP Approval of Pre-determined Compliance Plan**

For each violation, I understand that, by selecting Option 1, my system's Compliance Plan for that violation will be deemed approved upon MassDEP's receipt of this completed form.

PWS: Select the schedule and approval options below for violations checked off in Section B above.

## **DISINFECTANT BYPRODUCTS - MAXIMUM CONTAMINANT LEVEL**

<input type="checkbox"/>	My system has taken immediate action to reduce the levels of the contaminant identified in the NON at the location(s) specified in the NON and other hydraulically similar locations within the distribution system. My system has previously provided memos on immediate and short term actions for HAA MCLs.
<input type="checkbox"/>	<p>My system has submitted an engineering report prepared by a third party consultant in accordance with an October 4, 2022 Administrative Consent Order which identifies potential causes for Disinfection Byproduct formation in my sources, treatment plant and distribution system and shall include a plan to address the causes, and an alternatives analysis that itself includes a feasibility evaluation, effectiveness determination, cost estimate, and implementation schedule for each recommended action.</p> <p>My system will implement the recommended actions set forth in the reports as approved by MassDEP in accordance with the schedule as approved by MassDEP.</p> <p>Massachusetts Drinking Water Regulation 310 CMR 22.07E(4)(b), identifies the best technology, Treatment Techniques, or other means available for achieving compliance with the Maximum Contaminant Levels for TTHM and HAA5 identified in 310 CMR 22.07E(1), and that Disinfection Byproduct Best Available Technology for consecutive systems serving greater than ten thousand people includes improved distribution system and storage tank management to reduce residence time, plus the use of chloramines for disinfectant residual maintenance.</p>

## **REPEAT VIOLATOR**

<input type="checkbox"/>	My system has prepared a proposed plan detailing the specific actions that my system intends to take to prevent future noncompliance with Disinfection Byproducts Rule requirements. I have attached a copy of this plan.
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## **PUBLIC NOTICE AND CONSUMER CONFIDENCE REPORT**

<input type="checkbox"/>	<p><b>My system provided public notice of each violation that requires Tier 2 public notice in accordance with 310 CMR 22.16 (3) and submitted to the local Board of Health and MassDEP a certification that it has fully complied with the public notice regulations in accordance with 310 CMR 22.15(3)(b). My system provided the public notices on these dates _____ and _____ and _____.</b> My system and has provided/will provide certification of these actions to MassDEP.</p> <p>My system will repeat the <b>public notice</b> and certification every three months as long as the violation(s) persist(s) unless MassDEP determines in writing that appropriate circumstances warrant a different repeat frequency.</p>
<input type="checkbox"/>	<p><b>My system will include in its next Consumer Confidence Report (CCR) the following information: the information on each MCL, treatment technique or MRDL violation required by 310 CMR 22.16A(4)(k).</b></p>

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## **OPTION 2: PWS's Proposed Compliance Plan for Approval**

For each violation, **I understand that, by selecting Option 2, the following is applicable:**

- My Proposed Compliance Plan must be submitted with this Violation Response Compliance Schedule Form by the date specified in Section D of the NON.
- My Proposed Compliance Plan must include a schedule for coming into compliance with each violation cited in the NON for which the system is required to complete Section C and did not select an Option 1 pre-determined compliance plan.
- At a minimum, my Proposed Compliance Plan must address all applicable elements listed in Option 1.

- If my system is a repeat violator, my Proposed Compliance Plan must also include the actions that the system intends to take to prevent future noncompliance.
- MassDEP will notify me by e-mail whether my system's proposed Compliance Plan is approved or whether it must be revised and resubmitted to MassDEP.
- My Proposed Compliance Plan must be implemented as approved.

**D**

***Water Commissioner, Owner, Owner Representative or Other Responsible Party***

I certify that I am duly authorized to complete and submit this form on behalf of the public water system identified above and that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I understand that MassDEP may assess civil administrative penalties in accordance with M.G.L. c. 21A, §16, and 310 CMR 5.00 on any Supplier of Water that fails to comply with the provisions and schedule set forth in a MassDEP-approved Compliance Plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**Please return this form and all attachments to:**

**MassDEP/DWP  
436 Dwight Street  
Springfield, MA 01103**