



Bacteriological Report

I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #: PWS Name: City/Town: Class: COM NTNC TNC

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted?(Y/N):
Analysis Lab MA Cert.#: Analysis Lab:

Original Report Resubmitted Report Confirmation Report (1)Reason for Resubmission Resample Reanalysis Report Correction (2)Collection Date of Original Sample:

TC Method	E.Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes: <input type="text"/>
1604	1604			

DEP APPROVED SAMPLE SITE INFORMATION ¹			TOTAL COLIFORM RESULT ^{4,5}	E.COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Approved SAMPLE LOCATION ¹					DATE	TIME	DATE	TIME		
RS	001	Friendly's 129 Main St	0	0	0.39		5/20/2014	09:10	5/20/2014	20:07	J. Patterson	E405H501
RS	002	Town Hall 350 Main St	0	0	1.14		5/20/2014	12:30	5/20/2014	20:07	J. Patterson	E405H502
RS	003	Webster Hubard Hospital 340 Thompson Rd	0	0	0.30		5/20/2014	11:40	5/20/2014	20:07	J. Patterson	E405H503
RS	004	Glass Guard 5 Cudworth Rd	0	0	0.41		5/20/2014	08:55	5/20/2014	20:07	J. Patterson	E405H504
RS	005	Robert Duteau Rewson Rd.	0	0	0.17		5/20/2014	11:20	5/20/2014	20:07	J. Patterson	E405H505
RS	006	St. Joseph School 47 Whitcomb St	0	0	0.80		5/20/2014	12:15	5/20/2014	20:30	J. Patterson	E405H506
PT	MULTI	#1 Pump Station Memorial Beach Fnsht Blend	0	0	1.48		5/20/2014	10:35	5/20/2014	20:30	J. Patterson	E405H507
PT	03G	#3 Pump Station Bigelow Road Entry	0	0	1.45		5/20/2014	08:20	5/20/2014	20:30	J. Patterson	E405H508
RW	03G	#3 Pump Station Bigelow Road-RAW	0	0			5/20/2014	08:25	5/20/2014	20:30	J. Patterson	E405H509
RS	007	Stand Pipe Park Road	0	0	0.89		5/20/2014	12:00	5/20/2014	20:30	J. Patterson	E405H5010
RS	008	Webster Nursing Home 745 School St	0	0	0.42		5/20/2014	12:45	5/20/2014	20:30	J. Patterson	E405H5011
RS	009	Lodge Restaurant 146-148 Gore Rd	0	0	0.37		5/20/2014	11:00	5/20/2014	20:30	J. Patterson	E405H5012

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan
² SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.
³ Sample Type: RS-Routine Distribution Sample,RO-Original Site Repeat,UR-Upstream Repeat,DR-Downstream Repeat,AR- Additional Repeat,RW-Raw Water,PT-Plant Tap,SS-Special Sample
⁴ Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(invalid) or TNCT-P(present).
⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

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.

Laboratory Authorized Signature and Date:  5/28/2014

DEP Review Status: Accepted Disapproved Review Comments:





Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By	
A	MULT1	Sta #1 Memorial Beach	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/27/2014	D. Bouchard	
B	RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/27/2014	D. Bouchard	
C	RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/27/2014	D. Bouchard	
D	RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/27/2014	D. Bouchard	
			If Resubmitted Report, list below					
			(1) Reason for Resubmission		(2) Collection Date of Original Sample			
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction					
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction					
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction					
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction					
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).								
A								
B								
C								
D								

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

	NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	0.39	10	0.050	SM4500-NO3-F	5/28/2014	E405N021
B	0.11	10	0.050	SM4500-NO3-F	5/28/2014	E405N022
C	1.1	10	0.050	SM4500-NO3-F	5/28/2014	E405N025
D	0.68	10	0.050	SM4500-NO3-F	5/28/2014	E405N026

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

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

Primary Lab Director Signature: 
 Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
A	03G	Sta #3 Bigelow Rd.	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/27/2014	D. Bouchard
B							
C							
D							
		If Resubmitted Report, list below					
		Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B							
C							
D							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).							
A							
B							
C							
D							

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

	NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	1.7	10	0.050	SM4500-NO3-F	5/28/2014	E405N027
B						
C						
D						

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

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Primary Lab Director Signature: 
 Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A MULT1	Sta #1 Memorial Beach	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	5/27/2014	D. Bouchard
B RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/27/2014	D. Bouchard
		If Resubmitted Report, list below		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES				
A				
B				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	0.36	1.2	0.3	0.051	200.7	5/30/2014	E405N02-1, E405N02-2
MANGANESE (mg/L)	0.10	0.28	0.05*	0.0020	200.7	5/30/2014	E405N02-1, E405N02-2
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

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

Primary Lab Director Signature: 

Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	RW-05G	Sta #1 Well #2	5/27/2014	D. Bouchard
B				
		<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished		
		If Resubmitted Report, list below		
		(1) Reason for Resubmission	(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
B				
SAMPLE NOTES				
A				
B				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.051	200.7	5/29/2014	E405N02-3
MANGANESE (mg/L)	0.22		0.05*	0.0020	200.7	5/29/2014	E405N02-3
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5 to 8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.

LAB SAMPLE NOTES	
A	
B	

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

Primary Lab Director Signature:

Date:

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 2316000 City / Town: Webster, MA

PWS Name: Webster Water Department PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
MULT1	Sta #1 Memorial Beach	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D. Bouchard
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Premier Laboratory, Inc Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Premier Laboratory, Inc

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-1	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
RW-04G	Sta #1 Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D. Bouchard
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-2	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

PWS ID #: 2316000

Lab Sample ID #: E405N02-2

Table with 4 columns: CAS#, UNREGULATED VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists various VOCs like CHLOROFORM, BROMODICHLOROMETHANE, etc.

Table with 4 columns: CAS#, ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists additional VOCs like TETRAHYDROFURAN, TERT-BUTYL ALCOHOL, etc.

Check this box if attaching lab report to show additional VOC results/contaminants tested.

Required
* DEP ORSG limit established

Table with 2 columns: Surrogate Name, % Recovery (70 - 130%). Rows include 1,2-Dichlorobenzene-d4 and Bromofluorobenzene.

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

Primary Lab Directory Signature:

Handwritten signature

Date: 6/2/2014

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)
Review Comments
WQTS Data Entered



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D. Bouchard
Routine or Special Sample		If Resubmitted, list below				
Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-3	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D. Bouchard

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-4	

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-07G	Sta #1 Well #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D. Bouchard

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-5	

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
RW-08G	Sta #1 Well #5	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D. Bouchard

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-6	

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Volatile Organic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
03G	Sta #3 Bigelow Rd.	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	5/27/2014	D.Bouchard

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		05/30/2014	E405N02-7	

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5.0	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5.0	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7.0	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5.0	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5.0	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200.0	0.50
75-01-4	VINYL CHLORIDE	ND	2.0	0.50
108-90-7	MONOCHLOROBENZENE	ND	100.0	0.50
95-50-1	O-DICHLOROBENZENE	ND	600.0	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70.0	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
100-41-4	ETHYLBENZENE	ND	700.0	0.50
100-42-5	STYRENE	ND	100.0	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5.0	0.50
108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70.0	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5.0	0.50



Nitrate Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
A	RW-05G	Sta #1 Well #2	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/29/2014	J. Patterson
B	RW-06G	Sta #1 Well #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/29/2014	J. Patterson
C							
D							
			If Resubmitted Report, list below				
			(1) Reason for Resubmission		(2) Collection Date of Original Sample		
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
C							
D							
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).							
A							
B							
C							
D							

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

	NITRATE Result (m/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	0.35	10	0.050	SM4500-NO3-F	5/30/2014	E405Q161
B	0.47	10	0.050	SM4500-NO3-F	5/30/2014	E405Q162
C						
D						

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL OF 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

A	
B	
C	
D	

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

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Secondary Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	RW-05G	Sta #1 Well #2 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/29/2014	J. Patterson
B	RW-06G	Sta #1 Well #3 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	5/29/2014	J. Patterson
If Resubmitted Report, list below				
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
SAMPLE NOTES				
A				
B				

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)			0.3				
MANGANESE (mg/L)			0.05*				
ALKALINITY (mg/L as CaCO ₃)			none				
CALCIUM (mg/L)			none				
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH	6.03	5.99	6.5 to 8.5		150.1	5/29/2014	E405Q16-1, E405Q16-2
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				
* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.							
LAB SAMPLE NOTES							
A							
B							

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

Primary Lab Director Signature:

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Bacteriological Report

I. PWS INFORMATION: Refer to your MassDEP Coliform Sampling Plan to help complete the PWS Information and MassDEP Approved Sample Site Information sections below.

PWS ID #: PWS Name: City/Town: Class: COM NTNC TNC

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: Primary Lab Name: Subcontracted?(Y/N):

Analysis Lab MA Cert.#: Analysis Lab:

Original Report Resubmitted Report Confirmation Report (1) Reason for Resubmission Resample Reanalysis Report Correction (2) Collection Date of Original Sample:

Total Coliform (TC) Method	E. Coli (EC) Method	Enterococci (ET) Method	Fecal Coliform (FC) Method	HPC Method	Lab Sample Notes
1604	1604				

MassDEP Approved Sample Site Information ¹			TC ^{4,5} Result	EC ^{4,5} Result	ET ^{4,5} Result	FC ^{2B,4} Result	Chlorine Result ^{2A} mg/L	HPC Result ^{2A} # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type ^{1,3}	Location Code # ¹	Approved SAMPLE LOCATION ¹							DATE	TIME	DATE	TIME		
RS	001	Friendly's 129 Main St	0	0			0.51		5/6/2014	08:15	5/6/2014	21:10	D. Bouchard	E4054621
RS	002	Town Hall 350 Main St	0	0			0.45		5/6/2014	10:00	5/6/2014	21:10	D. Bouchard	E4054622
RS	003	Webster Hubard Hospital 340 Thomps	TNTC-P	0			0.13		5/6/2014	10:40	5/6/2014	21:10	D. Bouchard	E4054623
RS	004	Glass Guard 5 Cudworth Rd	0	0			0.57		5/6/2014	09:00	5/6/2014	21:10	D. Bouchard	E4054624
RS	005	Robert Duteau Rewson Rd.	0	0			0.16		5/6/2014	08:45	5/6/2014	21:10	D. Bouchard	E4054625
RS	006	St. Joseph School 47 Whitcomb St	0	0			0.18		5/6/2014	09:45	5/6/2014	21:48	D. Bouchard	E4054626
PT	MULTI	#1 Pump Station Memorial Beach Fnsl	0	0			0.23		5/6/2014	10:20	5/6/2014	21:48	D. Bouchard	E4054627
PT	03G	#3 Pump Station Bigelow Road Entry	0	0			0.61		5/6/2014	07:55	5/6/2014	21:48	D. Bouchard	E4054628
RW	03G	#3 Pump Station Bigelow Road-RAW	0	0					5/6/2014	08:00	5/6/2014	21:48	D. Bouchard	E4054629
RS	007	Stand Pipe Park Road	0	0			0.17		5/6/2014	09:30	5/6/2014	21:48	D. Bouchard	E40546210
RS	008	Webster Nursing Home 745 School St	2	0			0.12		5/6/2014	11:00	5/6/2014	21:48	D. Bouchard	E40546211
RS	009	Lodge Restaurant 146-148 Gore Rd	0	0			0.11		5/6/2014	08:30	5/6/2014	21:48	D. Bouchard	E40546212

¹ Sample Type, Location Code#, and Approved Sample Location must correspond to the sample information on your MassDEP Coliform Sampling Plan .

^{2A} SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample sit ^{2A} Fecal reporting is for unfiltered SWTR sources only.

³ Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR- Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample

⁴ Report as #/100mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present). Notify MassDEP of any E. coli or enterococci positive results by the end of the business day.

⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for total coliform-positive or invalid samples and E.coli or enterococci-positive raw water samples.

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.

Laboratory Authorized Signature and Date:  5/8/2014

DEP Review Status: Accepted Disapproved Review Comments: _____





Total Trihalomethanes Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	DBP1 Town Hall- 350 Main Street	Yes <input checked="" type="checkbox"/>	5/9/2014	D. Bouchard
B	DBP3 Glass Guard- 5 Cudworth Road	Yes <input checked="" type="checkbox"/>	5/9/2014	D. Bouchard
C	DBP2 Hubbard Hospital- 340 Thompson Road	Yes <input checked="" type="checkbox"/>	5/9/2014	D. Bouchard
D	DBP4 Webster Nursing Home- 745 School Street	Yes <input checked="" type="checkbox"/>	5/9/2014	D. Bouchard

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
TOTAL THMs	80	-----	8.4	5.5	9.4	9.1
Bromoform		0.50	1.4	1.2	2.4	1.4
Chloroform		0.50	1.2	0.57	0.84	1.3
Bromodichloromethane		0.50	2.2	1.2	2.0	2.5
Dibromochloromethane		0.50	3.6	2.5	4.2	3.9
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			5/14/2014	5/14/2014	5/14/2014	5/14/2014
Lab Sample ID#			E405791-1	E405791-2	E405791-3	E405791-4
Surrogate #1:	Bromofluorobenzene		104%	104%	103%	102%
Surrogate #2:	1,2-Dichlorobenzene-d4		94%	100%	100%	92%

*Report result as a number Greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
A	
B	
C	
D	

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

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Haloacetic Acids Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A	DBP1 Town Hall- 350 Main Street	5/9/2014	D. Bouchard
B	DBP3 Glass Guard- 5 Cudworth Road	5/9/2014	D. Bouchard
C	DBP2 Hubbard Hospital- 340 Thompson Road	5/9/2014	D. Bouchard
D	DBP4 Webster Nursing Home- 745 School Street	5/9/2014	D. Bouchard

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	2.4	0.99	0.57	2.1
MONOCHLOROACETIC ACID		1.0	ND	ND	ND	ND
DICHLOROACETIC ACID		0.50	0.60	ND	ND	0.52
TRICHLOROACETIC ACID		0.50	0.60	ND	ND	0.59
MONOBROMOACETIC ACID		0.50	ND	ND	ND	ND
DIBROMOACETIC ACID		0.50	1.2	0.99	0.57	1.0
Lab Method			552.2	552.2	552.2	552.2
Date Extracted (551.1 only)			5/13/2014	5/13/2014	5/13/2014	5/13/2014
Date Analyzed			5/14/2014	5/14/2014	5/14/2014	5/14/2014
Lab Sample ID#			E405791-1	E405791-2	E405791-3	E405791-4
Surrogate #1:	2,3-Dibromopropionic acid		87%	75%	88%	97%

*Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
A	
B	
C	
D	

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

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		