



# Perchlorate 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	Station 1, Well #1 RAW	<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"/>	8/12/2014	J. Patterson

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:

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-1
CONDUCTIVITY	240	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-1

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)**

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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		



## Perchlorate 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	Station 1, Well #2 RAW	<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"/>	8/12/2014	J. Patterson
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:

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-2
CONDUCTIVITY	360	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-2

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Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

## LAB SAMPLE NOTES

## Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



# Perchlorate 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	Station 1, Well #3 RAW	<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"/>	8/12/2014 J. Patterson

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:

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-3
CONDUCTIVITY	330	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-3

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.  
 Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).  
 All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)**

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature:   
 Date:

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



## Perchlorate 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	Station 1, Well #4 RAW	<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"/>	8/12/2014	J. Patterson
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:

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-4
CONDUCTIVITY	1000	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-4

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All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

## LAB SAMPLE NOTES

## Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature: 

Date:

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



# Perchlorate 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	Station 1, Well #5 RAW	<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"/>	8/12/2014	J. Patterson
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			

**II. ANALYTICAL LABORATORY INFORMATION**

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

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-5
CONDUCTIVITY	570	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-5

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 All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)**

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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 Date:

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DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
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# Perchlorate 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
MULTI	Station 1, Memorial Beach FINISHED Blend	<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"/>	8/12/2014	J. Patterson

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:

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-6
CONDUCTIVITY	380	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-6

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 All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)**

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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 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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# Perchlorate 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	Station 3 Bigelow Road FINISHED	<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"/>	8/12/2014 J. Patterson

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:

CONTAMINANT	Result	Units	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	08/15/2014	E408A94-7
CONDUCTIVITY	370	umhos/cm	---	1.0	2.0	120.1	08/14/2014	E408A94-7

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 Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Limit (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).  
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LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method)**

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (µg/L)	Lab Method	Date Analyzed
Perchlorate (reanalysis)							
Perchlorate (spike)							

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Primary Lab Director Signature:   
 Date:

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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 #: 2316000

City / Town: Webster, MA

PWS Name: Webster Water Department

PWS Class: COM  NTNC  TNC 

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	RW-04G	Station 1, Well #1 RAW <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	J. Patterson
B	RW-05G	Station 1, Well #2 RAW <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	J. Patterson
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample
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. #: M-CT008

Primary Lab Name: Premier Laboratory

Subcontract? (Y/N)

N

Analysis Lab MA Cert. #: M-CT008

Analysis Lab Name: Premier Laboratory

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	0.46	ND	0.3	0.051	200.7	8/14/2014	E408A94-1, E408A94-2
MANGANESE (mg/L)	0.26	0.26	0.05*	0.0020	200.7	8/14/2014	E408A94-1, E408A94-2
ALKALINITY (mg/L as CaCO <sub>3</sub> )	23	25	none	1.0	SM2320B	8/14/2014	E408A94-1, E408A94-2
CALCIUM (mg/L)	13	22	none	0.051	200.7	8/14/2014	E408A94-1, E408A94-2
MAGNESIUM (mg/L)	2.0	3.6	none	0.051	200.7	8/14/2014	E408A94-1, E408A94-2
HARDNESS (mg/L as CaCO <sub>3</sub> )	42	70	none	0.35	SM2340B	8/14/2014	E408A94-1, E408A94-2
POTASSIUM (mg/L)	2.3	3.2	none	0.20	200.7	8/14/2014	E408A94-1, E408A94-2
TURBIDITY (NTU)	0.29	ND	none	0.10	SM2130B	8/12/2014	E408A94-1, E408A94-2
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	8/14/2014	E408A94-1, E408A94-2
CHLORIDE (mg/L)	54	80	250	2.0	SM4500-CL-D	8/13/2014	E408A94-1, E408A94-2
COLOR (C.U)	0	0	15		SM2120B	8/12/2014	E408A94-1, E408A94-2
COPPER (mg/L)	0.013	0.018	1	0.0020	200.7	8/14/2014	E408A94-1, E408A94-2
ODOR (T.O.N)	1	1	3		SM2150B	8/12/2014	E408A94-1, E408A94-2
pH	6.6	6.3	6.5 to 8.5		SM 4500-H+B	8/12/2014	E408A94-1, E408A94-2
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	8/14/2014	E408A94-1, E408A94-2
SULFATE (mg/L)	5.2	8.1	250	5.0	SM4500-SO4-E	8/13/2014	E408A94-1, E408A94-2
TDS (mg/L)	150	110	500	10	SM2540C	8/12/2014	E408A94-1, E408A94-2
ZINC (mg/L)	0.0067	0.018	5	0.0020	200.7	8/14/2014	E408A94-1, E408A94-2

\* 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: 9/5/2014

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) <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 #: 2316000

City / Town: Webster, MA

PWS Name: Webster Water Department

PWS Class:

COM NTNC TNC 

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	RW-06G	Station 1, Well #3 RAW <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	J. Patterson
B	RW-07G	Station 1, Well #4 RAW <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	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. #: M-CT008

Primary Lab Name: Premier Laboratory

Subcontract? (Y/N)

N

Analysis Lab MA Cert. #: M-CT008

Analysis Lab Name: Premier Laboratory

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND	0.66	0.3	0.051	200.7	8/14/2014	E408A94-3, E408A94-4
MANGANESE (mg/L)	0.021	0.069	0.05*	0.0020	200.7	8/14/2014	E408A94-3, E408A94-4
ALKALINITY (mg/L as CaCO <sub>3</sub> )	23	23	none	1.0	SM2320B	8/14/2014	E408A94-3, E408A94-4
CALCIUM (mg/L)	17	24	none	0.051	200.7	8/14/2014	E408A94-3, E408A94-4
MAGNESIUM (mg/L)	2.8	3.8	none	0.051	200.7	8/14/2014	E408A94-3, E408A94-4
HARDNESS (mg/L as CaCO <sub>3</sub> )	53	76	none	0.35	SM2340B	8/14/2014	E408A94-3, E408A94-4
POTASSIUM (mg/L)	3.0	4.0	none	0.20	200.7	8/14/2014	E408A94-3, E408A94-4
TURBIDITY (NTU)	ND	5.4	none	0.10	SM2130B	8/12/2014	E408A94-3, E408A94-4
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	8/14/2014	E408A94-3, E408A94-4
CHLORIDE (mg/L)	78	280	250	2.0	SM4500-CL-D	8/13/2014	E408A94-3, E408A94-4
COLOR (C.U)	0	5	15		SM2120B	8/12/2014	E408A94-3, E408A94-4
COPPER (mg/L)	0.015	0.014	1	0.0020	200.7	8/14/2014	E408A94-3, E408A94-4
ODOR (T.O.N)	1	1	3		SM2150B	8/12/2014	E408A94-3, E408A94-4
pH	6.3	6.1	6.5 to 8.5		SM 4500-H+B	8/12/2014	E408A94-3, E408A94-4
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	8/14/2014	E408A94-3, E408A94-4
SULFATE (mg/L)	8.2	11	250	5.0	SM4500-SO4-E	8/13/2014	E408A94-3, E408A94-4
TDS (mg/L)	180	510	500	10	SM2540C	8/12/2014	E408A94-3, E408A94-4
ZINC (mg/L)	0.0079	0.012	5	0.0020	200.7	8/14/2014	E408A94-3, E408A94-4
* 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: 9/5/2014

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) <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-08G	Station 1, Well #5 RAW <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	J. Patterson
B	MULTI	Station 1, Memorial Beach FINISHED Blend <input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	8/12/2014	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	
<b>SAMPLE NOTES</b>				
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	0.24	0.3	0.051	200.7	8/14/2014	E408A94-5, E408A94-6
MANGANESE (mg/L)	0.0041	0.11	0.05*	0.0020	200.7	8/14/2014	E408A94-5, E408A94-6
ALKALINITY (mg/L as CaCO <sub>3</sub> )	25	46	none	1.0	SM2320B	8/14/2014	E408A94-5, E408A94-6
CALCIUM (mg/L)	16	17	none	0.051	200.7	8/14/2014	E408A94-5, E408A94-6
MAGNESIUM (mg/L)	2.5	2.7	none	0.051	200.7	8/14/2014	E408A94-5, E408A94-6
HARDNESS (mg/L as CaCO <sub>3</sub> )	51	54	none	0.35	SM2340B	8/14/2014	E408A94-5, E408A94-6
POTASSIUM (mg/L)	3.5	2.9	none	0.20	200.7	8/14/2014	E408A94-5, E408A94-6
TURBIDITY (NTU)	ND	0.78	none	0.10	SM2130B	8/12/2014	E408A94-5, E408A94-6
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	8/14/2014	E408A94-5, E408A94-6
CHLORIDE (mg/L)	140	74	250	4.0	SM4500-CL-D	8/13/2014	E408A94-5, E408A94-6
COLOR (C.U)	0	0	15		SM2120B	8/12/2014	E408A94-5, E408A94-6
COPPER (mg/L)	0.023	0.0069	1	0.0020	200.7	8/14/2014	E408A94-5, E408A94-6
ODOR (T.O.N)	1	1	3		SM2150B	8/12/2014	E408A94-5, E408A94-6
pH	6.1	6.8	6.5 to 8.5		SM 4500-H+B	8/12/2014	E408A94-5, E408A94-6
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	8/14/2014	E408A94-5, E408A94-6
SULFATE (mg/L)	12	8.0	250	5.0	SM4500-SO4-E	8/13/2014	E408A94-5, E408A94-6
TDS (mg/L)	300	180	500	10	SM2540C	8/12/2014	E408A94-5, E408A94-6
ZINC (mg/L)	0.025	0.0046	5	0.0020	200.7	8/14/2014	E408A94-5, E408A94-6

\* 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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## 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 03G	Station 3 Bigelow Road FINISHED	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	8/12/2014	J. Patterson
B				

	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				

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	8/14/2014	E408A94-7
MANGANESE (mg/L)	0.014		0.05*	0.0020	200.7	8/14/2014	E408A94-7
ALKALINITY (mg/L as CaCO <sub>3</sub> )	63		none	1.0	SM2320B	8/14/2014	E408A94-7
CALCIUM (mg/L)	23		none	0.051	200.7	8/14/2014	E408A94-7
MAGNESIUM (mg/L)	3.7		none	0.051	200.7	8/14/2014	E408A94-7
HARDNESS (mg/L as CaCO <sub>3</sub> )	73		none	0.35	SM2340B	8/14/2014	E408A94-7
POTASSIUM (mg/L)	3.4		none	0.20	200.7	8/14/2014	E408A94-7
TURBIDITY (NTU)	0.74		none	0.10	SM2130B	8/12/2014	E408A94-7
ALUMINUM (mg/L)	ND		0.2	0.051	200.7	8/14/2014	E408A94-7
CHLORIDE (mg/L)	58		250	2.0	SM4500-CL-D	8/13/2014	E408A94-7
COLOR (C.U)	0		15		SM2120B	8/12/2014	E408A94-7
COPPER (mg/L)	0.22		1	0.0020	200.7	8/14/2014	E408A94-7
ODOR (T.O.N)	1		3		SM2150B	8/12/2014	E408A94-7
pH	6.9		6.5 to 8.5		SM 4500-H+B	8/12/2014	E408A94-7
SILVER (mg/L)	ND		0.10	0.0020	200.7	8/14/2014	E408A94-7
SULFATE (mg/L)	9.7		250	5.0	SM4500-SO4-E	8/15/2014	E408A94-7
TDS (mg/L)	180		500	10	SM2540C	8/15/2014	E408A94-7
ZINC (mg/L)	0.020		5	0.0020	200.7	8/14/2014	E408A94-7

\* 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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## 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 350 Main Street - Town Hall	Yes <input checked="" type="checkbox"/>	8/12/2014	J. Patterson
B	DBP2 340 Thompson Road - Hubbard Reg. Hospital	Yes <input checked="" type="checkbox"/>	8/12/2014	J. Patterson
C	DBP3 5 Cudworth Rd - Glass Guard Corp	Yes <input checked="" type="checkbox"/>	8/12/2014	J. Patterson
D	DBP4 745 School St. - Webster Nursing Home	Yes <input checked="" type="checkbox"/>	8/12/2014	J. Patterson

	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

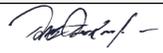
Primary Lab MA Cert. #:  Primary Lab Name:  Subcontract? (Y/N)   
 Analysis Lab MA Cert. #:  Analysis Lab Name:

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
TOTAL THMs	80	-----	16	17	9.7	14
Bromoform		0.50	3.4	3.8	2.4	3.6
Chloroform		0.50	1.7	1.9	0.98	1.4
Bromodichloromethane		0.50	4.0	4.1	2.2	3.0
Dibromochloromethane		0.50	6.9	7.2	4.1	5.9
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			8/14/2014	8/14/2014	8/14/2014	8/14/2014
Lab Sample ID#			E408A94-8	E408A94-9	E408A94-10	E408A94-11
Surrogate #1:	Bromofluorobenzene		117%	114%	118%	114%
Surrogate #2:	1,2-Dichlorobenzene-d4		116%	113%	118%	115%

\*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) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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## 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 350 Main Street - Town Hall	8/12/2014	J. Patterson
B	DBP2 340 Thompson Road - Hubbard Reg. Hospital	8/12/2014	J. Patterson
C	DBP3 5 Cudworth Rd - Glass Guard Corp	8/12/2014	J. Patterson
D	DBP4 745 School St. - Webster Nursing Home	8/12/2014	J. Patterson

	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
<b>TOTAL HAA5</b>	<b>60</b>	-----	3.1	1.7	1.6	1.8
MONOCHLOROACETIC ACID		1.0	ND	ND	ND	ND
DICHLOROACETIC ACID		0.50	0.89	ND	ND	ND
TRICHLOROACETIC ACID		0.50	ND	ND	ND	ND
MONOBROMOACETIC ACID		0.50	ND	ND	ND	ND
DIBROMOACETIC ACID		0.50	2.2	1.7	1.6	1.8
Lab Method			552.2	552.2	552.2	552.2
Date Extracted (551.1 only)			8/14/2014	8/14/2014	8/14/2014	8/14/2014
Date Analyzed			8/15/2014	8/15/2014	8/15/2014	8/15/2014
Lab Sample ID#			E408A94-8	E408A94-9	E408A94-10	E408A94-11
Surrogate #1:	2,3-Dibromopropionic acid		83%	74%	73%	102%

\*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		



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Perchlorate Report**

CIO 4

**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
	E408A94-1B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
<b>SAMPLE NOTES</b> - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

**II. ANALYTICAL LABORATORY INFORMATION:**

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267813
CONDUCTIVITY	240	umhos/cm	-	1.0	2.0	EPA 120.1	8/14/2014	148267813

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

**LAB SAMPLE NOTES**

**Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)**

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: \_\_\_\_\_

*[Handwritten Signature]*  
 8/22/2014

If not submitting these 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 and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Perchlorate Report**

CIO 4

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
	E408A94-2B	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267814
CONDUCTIVITY	360	umhos/cm	-	1.0	2.0	EPA 120.1	8/14/2014	148267814

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: 8/27/2014

If not submitting these 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 and Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Perchlorate Report**

CIO 4

**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
	E408A94-3B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

**II. ANALYTICAL LABORATORY INFORMATION:**

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267815
CONDUCTIVITY	330	umhos/cm	-	1.0	2.0	EPA 120.1	8/14/2014	148267815

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e., perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)**

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: 8/27/2014

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



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Perchlorate Report**

CIO 4

**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
	E408A94-4B	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
<b>SAMPLE NOTES</b> - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

**II. ANALYTICAL LABORATORY INFORMATION:**

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267816
CONDUCTIVITY	1,000	umhos/cm	--	1.0	2.0	EPA 120.1	8/14/2014	148267816

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

**LAB SAMPLE NOTES**

**Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)**

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: \_\_\_\_\_

*Jongmin Lee*  
 8/27/2014

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



Massachusetts Department of Environmental Protection - Drinking Water Program  
Perchlorate Report

CIO 4

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
	E408A94-5B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267817
CONDUCTIVITY	570	umhos/cm	-	1.0	2.0	EPA 120.1	8/14/2014	148267817

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: *[Signature]*

Date: 8/27/2014

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



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Perchlorate Report**

CIO 4

**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
	E408A94-6B	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)					

**II. ANALYTICAL LABORATORY INFORMATION:**

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267818
CONDUCTIVITY	380	umhos/cm	--	1.0	2.0	EPA 120.1	8/14/2014	148267818

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

**Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)**

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: \_\_\_\_\_

*[Handwritten Signature]*  
 8/27/2014

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



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Perchlorate Report**

CIO 4

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

**PWS ID #:** \_\_\_\_\_ **City / Town:** Dayville  
**PWS Name:** Premier Laboratory, LLC **PWS Class:** COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
	E408A94-7B	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/12/2014	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, 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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
<b>SAMPLE NOTES</b> - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection.)					

**II. ANALYTICAL LABORATORY INFORMATION:**

**Primary Lab MA Cert. #:** M-MA009 **Primary Lab Name:** Barnstable County Health Laboratory **Subcontracted? (Y/N)** N  
**Analysis Lab MA Cert. #:** \_\_\_\_\_ **Analysis Lab Name:** \_\_\_\_\_

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	ug/L	2.0	0.050	1.0	EPA 314.0	8/15/2014	148267819
CONDUCTIVITY	370	umhos/cm	-	1.0	2.0	EPA 120.1	8/14/2014	148267819

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values. (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 ug/L and 2.0 ug/L must be tested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

**LAB SAMPLE NOTES**

**Reanalysis and Spike Recovery (required for results between 0.8ug/L and 2.0 ug/L or samples subject to pretreatment in method EPA 314.0)**

Compound	Result (ug/L)	MDL (ug/L)	MRL (ug/L)	Spike Concentration (ug/L)	Spike Recovery %	Lab Method	Date Analyzed
Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: 8/27/2014

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