

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
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Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

Town of Webster Water Dept.
38 Hill Street
PO Box 793
Webster, MA 01570
Attn: Doran Crouse

Report Number: E508B71
Project: Webster Water Department

Received Date: 08/11/2015
Report Date: 08/19/2015

Copies Sent To:

Commonwealth of Massachusetts
DEP / Central Regional Office
8 New Bond Street
Worcester, MA 01606



David Dickinson
Technical Director



CT DPH #PH-0465
NH ELAP #2020

EPA #CT00008
NY ELAP #11549

MA DEP #M-CT008
PA DEP #68-04413

MD #349
RI DOH #LAO00346

ME DHHS #CT0050
VA #460279

VT DOH #VT11549



101-000000471049

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ANALYTICAL DATA REPORT

prepared for:

Commonwealth of Massachusetts
DEP / Central Regional Office
8 New Bond Street
Worcester, MA 01606
Attn: Linda Erricola

Report Number: E508B71
Project: Webster Water Department

Received Date: 08/11/2015
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Town of Webster Water Dept.
38 Hill Street
PO Box 793
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Technical Director



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MD #349
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Report No: E508B71
Client: Webster Water Department
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CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received nine samples from Webster Water Department on 08/11/2015. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Client Reported Chlorine

SM4500-Cl-G

Haloacetic Acids⁵ by 552 in DW

552.2[552.2]

Mass Secondary Standards in DW

200.7[3000], SM 4500-H+B, SM2120B, SM2130B,
SM2150B, SM2320B, SM2340B[3000], SM2540C,
SM4500-CL-D, SM4500-SO4-E

Trihalomethanes by 524.2 in DW

524.2

Client Reported WQP

150.1, 170.1

Iron & Manganese by ICP by 200.7

200.7[3000]

Perchlorate by 314 in DW

120.1, 314.0

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None



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
MULT 1	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"/>	8/11/2015	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	08/14/2015	E508B71-1
CONDUCTIVITY	550	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-1

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-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"/>	8/11/2015	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).

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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	08/14/2015	E508B71-2
CONDUCTIVITY	320	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-2

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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)							

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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
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"/>	8/11/2015	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	08/14/2015	E508B71-3
CONDUCTIVITY	450	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-3

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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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Perchlorate Report

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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"/>	8/11/2015	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).

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 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	08/14/2015	E508B71-4
CONDUCTIVITY	480	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-4

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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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Perchlorate Report

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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"/>	8/11/2015	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	08/14/2015	E508B71-5
CONDUCTIVITY	1000	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-5

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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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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"/>	8/11/2015	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	08/14/2015	E508B71-6
CONDUCTIVITY	1400	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-6

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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)							

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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
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"/>	8/11/2015	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	08/14/2015	E508B71-7
CONDUCTIVITY	410	umhos/cm	---	1.0	2.0	120.1	08/12/2015	E508B71-7

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

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A MULT 1	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	8/11/2015	J. Patterson
B 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	8/11/2015	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	

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)	0.34	0.68	0.3	0.051	200.7	8/12/2015	E508B71-1, E508B71-2
MANGANESE (mg/L)	0.17	0.40	0.05*	0.0020	200.7	8/12/2015	E508B71-1, E508B71-2
ALKALINITY (mg/L as CaCO ₃)	57	23	none	1.0	SM2320B	8/12/2015	E508B71-1, E508B71-2
CALCIUM (mg/L)	21	17	none	0.051	200.7	8/12/2015	E508B71-1, E508B71-2
MAGNESIUM (mg/L)	3.3	2.5	none	0.051	200.7	8/12/2015	E508B71-1, E508B71-2
HARDNESS (mg/L as CaCO ₃)	66	52	none	0.35	SM2340B	8/12/2015	E508B71-1, E508B71-2
POTASSIUM (mg/L)	3.4	2.6	none	0.20	200.7	8/12/2015	E508B71-1, E508B71-2
TURBIDITY (NTU)	1.5	1.4	none	0.10	SM2130B	8/11/2015	E508B71-1, E508B71-2
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	8/12/2015	E508B71-1, E508B71-2
CHLORIDE (mg/L)	120	76	250	4.0	SM4500-CL-D	8/11/2015	E508B71-1, E508B71-2
COLOR (C.U)	5	5	15		SM2120B	8/11/2015	E508B71-1, E508B71-2
COPPER (mg/L)	0.0048	0.014	1	0.0020	200.7	8/12/2015	E508B71-1, E508B71-2
ODOR (T.O.N)	1	1	3		SM2150B	8/11/2015	E508B71-1, E508B71-2
pH	7.9	6.4	6.5 to 8.5		SM 4500-H+B	8/11/2015	E508B71-1, E508B71-2
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	8/12/2015	E508B71-1, E508B71-2
SULFATE (mg/L)	11	6.9	250	5.0	SM4500-SO4-E	8/12/2015	E508B71-1, E508B71-2
TDS (mg/L)	270	180	500	10	SM2540C	8/12/2015	E508B71-1, E508B71-2
ZINC (mg/L)	0.024	0.021	5	0.0051	200.7	8/18/2015	E508B71-1, E508B71-2

* 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:

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-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	8/11/2015	J. Patterson
B	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	8/11/2015	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. #: 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	ND	0.3	0.051	200.7	8/12/2015	E508B71-3, E508B71-4
MANGANESE (mg/L)	0.22	0.0085	0.05*	0.0020	200.7	8/12/2015	E508B71-3, E508B71-4
ALKALINITY (mg/L as CaCO ₃)	26	21	none	1.0	SM2320B	8/12/2015	E508B71-3, E508B71-4
CALCIUM (mg/L)	24	20	none	0.051	200.7	8/12/2015	E508B71-3, E508B71-4
MAGNESIUM (mg/L)	3.9	3.4	none	0.051	200.7	8/12/2015	E508B71-3, E508B71-4
HARDNESS (mg/L as CaCO ₃)	76	65	none	0.35	SM2340B	8/12/2015	E508B71-3, E508B71-4
POTASSIUM (mg/L)	3.6	3.6	none	0.20	200.7	8/12/2015	E508B71-3, E508B71-4
TURBIDITY (NTU)	ND	0.21	none	0.10	SM2130B	8/11/2015	E508B71-3, E508B71-4
ALUMINUM (mg/L)	ND	ND	0.2	0.051	200.7	8/12/2015	E508B71-3, E508B71-4
CHLORIDE (mg/L)	110	100	250	4.0	SM4500-CL-D	8/11/2015	E508B71-3, E508B71-4
COLOR (C.U)	0	0	15		SM2120B	8/11/2015	E508B71-3, E508B71-4
COPPER (mg/L)	0.016	0.038	1	0.0020	200.7	8/12/2015	E508B71-3, E508B71-4
ODOR (T.O.N)	1	1	3		SM2150B	8/11/2015	E508B71-3, E508B71-4
pH	6.2	6.2	6.5 to 8.5		SM 4500-H+B	8/11/2015	E508B71-3, E508B71-4
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	8/12/2015	E508B71-3, E508B71-4
SULFATE (mg/L)	11	11	250	5.0	SM4500-SO4-E	8/12/2015	E508B71-3, E508B71-4
TDS (mg/L)	260	270	500	10	SM2540C	8/12/2015	E508B71-3, E508B71-4
ZINC (mg/L)	0.024	0.032	5	0.0051	200.7	8/18/2015	E508B71-3, E508B71-4

* 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:

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-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	8/11/2015	J. Patterson
B	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	8/11/2015	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)	0.60	ND	0.3	0.050	200.7	8/18/2015	E508B71-5, E508B71-6
MANGANESE (mg/L)	0.020	0.0045	0.05*	0.0020	200.7	8/18/2015	E508B71-5, E508B71-6
ALKALINITY (mg/L as CaCO ₃)	23	13	none	1.0	SM2320B	8/12/2015	E508B71-5, E508B71-6
CALCIUM (mg/L)	24	39	none	0.050	200.7	8/18/2015	E508B71-5, E508B71-6
MAGNESIUM (mg/L)	3.4	5.9	none	0.050	200.7	8/18/2015	E508B71-5, E508B71-6
HARDNESS (mg/L as CaCO ₃)	74	120	none	0.34	SM2340B	8/18/2015	E508B71-5, E508B71-6
POTASSIUM (mg/L)	3.4	6.3	none	0.20	200.7	8/18/2015	E508B71-5, E508B71-6
TURBIDITY (NTU)	7.0	0.21	none	0.10	SM2130B	8/11/2015	E508B71-5, E508B71-6
ALUMINUM (mg/L)	ND	ND	0.2	0.050	200.7	8/18/2015	E508B71-5, E508B71-6
CHLORIDE (mg/L)	300	400	250	8.0	SM4500-CL-D	8/11/2015	E508B71-5, E508B71-6
COLOR (C.U)	15	0	15		SM2120B	8/11/2015	E508B71-5, E508B71-6
COPPER (mg/L)	0.025	0.036	1	0.0020	200.7	8/18/2015	E508B71-5, E508B71-6
ODOR (T.O.N)	1	1	3		SM2150B	8/11/2015	E508B71-5, E508B71-6
pH	6.1	6.0	6.5 to 8.5		SM 4500-H+B	8/11/2015	E508B71-5, E508B71-6
SILVER (mg/L)	ND	ND	0.10	0.0020	200.7	8/18/2015	E508B71-5, E508B71-6
SULFATE (mg/L)	12	16	250	5.0	SM4500-SO4-E	8/12/2015	E508B71-5, E508B71-6
TDS (mg/L)	540	760	500	10	SM2540C	8/12/2015	E508B71-5, E508B71-6
ZINC (mg/L)	0.031	0.055	5	0.0050	200.7	8/18/2015	E508B71-5, E508B71-6

* 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	8/11/2015	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)	0.073		0.3	0.050	200.7	8/18/2015	E508B71-7
MANGANESE (mg/L)	0.27		0.05*	0.0020	200.7	8/18/2015	E508B71-7
ALKALINITY (mg/L as CaCO ₃)	72		none	1.0	SM2320B	8/12/2015	E508B71-7
CALCIUM (mg/L)	24		none	0.050	200.7	8/18/2015	E508B71-7
MAGNESIUM (mg/L)	3.7		none	0.050	200.7	8/18/2015	E508B71-7
HARDNESS (mg/L as CaCO ₃)	74		none	0.34	SM2340B	8/18/2015	E508B71-7
POTASSIUM (mg/L)	3.2		none	0.20	200.7	8/18/2015	E508B71-7
TURBIDITY (NTU)	4.4		none	0.10	SM2130B	8/11/2015	E508B71-7
ALUMINUM (mg/L)	ND		0.2	0.050	200.7	8/18/2015	E508B71-7
CHLORIDE (mg/L)	75		250	2.0	SM4500-CL-D	8/11/2015	E508B71-7
COLOR (C.U)	15		15		SM2120B	8/11/2015	E508B71-7
COPPER (mg/L)	0.12		1	0.0020	200.7	8/18/2015	E508B71-7
ODOR (T.O.N)	1		3		SM2150B	8/11/2015	E508B71-7
pH	8.4		6.5 to 8.5		SM 4500-H+B	8/11/2015	E508B71-7
SILVER (mg/L)	ND		0.10	0.0020	200.7	8/18/2015	E508B71-7
SULFATE (mg/L)	9.1		250	5.0	SM4500-SO4-E	8/12/2015	E508B71-7
TDS (mg/L)	210		500	10	SM2540C	8/12/2015	E508B71-7
ZINC (mg/L)	0.021		5	0.0050	200.7	8/18/2015	E508B71-7

* 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"/>	8/11/2015	J. Patterson
B	DBP2 340 Thompson Road - Hubbard Reg. Hospital	Yes <input checked="" type="checkbox"/>	8/11/2015	J. Patterson
C				
D				

	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				
D				

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	-----	11	26		
Bromoform		0.50	3.4	5.6		
Chloroform		0.50	0.86	2.9		
Bromodichloromethane		0.50	2.3	6.6		
Dibromochloromethane		0.50	4.8	11		
Lab Method			524.2	524.2		
Date Extracted (551.1 only)						
Date Analyzed			8/12/2015	8/12/2015		
Lab Sample ID#			E508B71-8	E508B71-9		
Surrogate #1:	Bromofluorobenzene		93%	96%		
Surrogate #2:	1,2-Dichlorobenzene-d4		95%	82%		

*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 350 Main Street - Town Hall	8/11/2015	J. Patterson
B	DBP2 340 Thompson Road - Hubbard Reg. Hospital	8/11/2015	J. Patterson
C			
D			

	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				
D				

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	3.5		
MONOCHLOROACETIC ACID		1.0	ND	ND		
DICHLOROACETIC ACID		0.50	ND	0.82		
TRICHLOROACETIC ACID		0.50	ND	ND		
MONOBROMOACETIC ACID		0.50	ND	ND		
DIBROMOACETIC ACID		0.50	2.4	2.7		
Lab Method			552.2	552.2		
Date Extracted (551.1 only)			8/13/2015	8/13/2015		
Date Analyzed			8/14/2015	8/14/2015		
Lab Sample ID#			E508B71-8	E508B71-9		
Surrogate #1:	2,3-Dibromopropionic acid		112%	87%		

*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: Dayville
 PWS Name: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E508B71-1B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/11/2015	
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. #: 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	8/14/2015	158944901
CONDUCTIVITY	550	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944901

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: 8/17/2015

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 _____		



Perchlorate Report

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: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E508B71-2B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/11/2015	
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. #: 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	8/14/2015	158944902
CONDUCTIVITY	320	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944902

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: 8/17/2015

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: Dayville
 PWS Name: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E508B71-3B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/11/2015	
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. #: 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	8/14/2015	158944903
CONDUCTIVITY	450	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944903

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: 8/12/2015

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: Dayville
PWS Name: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
	E508B71-4B	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/11/2015	
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. #: 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	8/14/2015	158944904
CONDUCTIVITY	480	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944904

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.
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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: 8/17/2015

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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: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E508B71-5B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/11/2015	
Routine or Special Sample	Original or Resubmitted Report	If resubmitted Report, list below:		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
		<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. #: 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	8/14/2015	158944905
CONDUCTIVITY	1,000	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944905

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

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Primary Lab Director Signature: [Signature]
Date: 8/17/2015

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<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: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
	E508B71-6B	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/11/2015	
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. #: 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	8/14/2015	158944906
CONDUCTIVITY	1,400	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944906

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

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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)							

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Primary Lab Director Signature: [Signature]
 Date: 8/17/2015

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Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

CIO₄

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: Microbac Laboratory, LLC PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
	E508B71-7B	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	8/11/2015	
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. #: 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	8/14/2015	158944907
CONDUCTIVITY	410	umhos/cm	--	1.0	2.0	EPA 120.1	8/12/2015	158944907

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LAB SAMPLE NOTES

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

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Primary Lab Director Signature: [Signature]
 Date: 8/17/2015

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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 _____		

Webster Water Department
 38 Hill Street
 Webster, MA 01570
 (508) 949-3861

PWS I.D. #2316000 Community

Is the Source treated? yes/no Was the sample collected after treatment? yes/no



8/11/2015
 Date Collected

Sampler (Signature)

Joe Patterson

Sampler (Printed)

Location ID	Sample Type	Sample Location	Time	Analysis							Chlorine Residue
				Secondary Cont	Perchlorate	HAAT/THM	Fe / Mn	Temp	pH		
PT	Multi	Memorial Beach Sta #1 Multi	9:40	X	X		X	14.5	7.79	0.99	
RW	04G	Sta #1 Well #1	10:10	X	X		X	14.2	5.95	RAW	
RW	05G	Sta #1 Well #2	10:35	X	X			13.8	5.89	RAW	
RW	06G	Sta #1 Well #3	10:55	X	X			14.4	5.82	RAW	
RW	07G	Sta #1 Well #4	11:15	X	X			14.1	5.55	RAW	
RW	08G	Sta #1 Well #5	11:35	X	X			13.1	5.67	RAW	
PT	Finished	Sta #3 Bigelow Rd. (Finished) (03G)	1:10	X	X			16.0	8.09	0.91	
DPB1		Town Hall - 350 Main St.	2:10			X		19.3	7.58	0.61	
DPB2		Hubbard Hosp. - 340 Thompson Rd.	1:30			X		20.3	7.76	0.24	

CUSTODY TRANSFER		DATE	TIME
RECEIVED BY:		8-11-15	2:30
RELINQUISHED BY:		8-11-15	14:34
RECEIVED BY:		8-11-15	15:35
RELINQUISHED BY:		8-11-15	15:35

Premier Laboratory, Inc.

Phone: 1-800-334-0103 Fax: 860-774-2689

ES08B71

