

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
Phone: 860-774-6814
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: E502111
Project: Webster Water Department

Received Date: 02/03/2015
Report Date: 02/10/2015

Copies Sent To:

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



Premier Laboratory, Inc
Authorized Signature



CT DPH #PH-0465
NJ DEP #CT007

EPA #CT00008
NY ELAP #11549

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

ME DHHS #CT0050
RI DOH #LAO00300

NH ELAP #2020
VT DOH #VT11549



101-000000449006

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
Phone: 860-774-6814
Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

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

Report Number: E502111
Project: Webster Water Department

Received Date: 02/03/2015
Report Date: 02/10/2015

Copies Sent To:

Town of Webster Water Dept.
38 Hill Street
PO Box 793
Webster, MA 01570



Premier Laboratory, Inc
Authorized Signature



CT DPH #PH-0465
NJ DEP #CT007

EPA #CT00008
NY ELAP #11549

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

ME DHHS #CT0050
RI DOH #LAO00300

NH ELAP #2020
VT DOH #VT11549



101-000000449006

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
Phone: 860-774-6814
Toll-Free: 800-334-0103

Report No: E502111
Client: Webster Water Department
Project: Webster Water Department

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

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.

Premier Laboratory received four samples from Webster Water Department on 02/03/2015. 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]

Client Reported WQP

150.1, 170.1

Trihalomethanes by 524.2 in DW

524.2

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None



Total Trihalomethanes Report

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

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	DBP1 Town Hall- 350 Main Street	Yes <input checked="" type="checkbox"/>	2/3/2015	J. Patterson
B	DBP2 Webster Hubbard Hospital- 340 Thompson Road	Yes <input checked="" type="checkbox"/>	2/3/2015	J. Patterson
C	DBP3 Guardian Industries - 5 Cudworth Road	Yes <input checked="" type="checkbox"/>	2/3/2015	J. Patterson
D	DBP4 Webster Nursing Home- 745 School Street	Yes <input checked="" type="checkbox"/>	2/3/2015	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	
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	-----	12	14	12	12
Bromoform		0.50	2.1	2.5	2.2	2.2
Chloroform		0.50	1.2	1.7	1.3	1.2
Bromodichloromethane		0.50	3.2	4.1	3.4	3.1
Dibromochloromethane		0.50	5.0	6.0	5.2	5.0
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			2/4/2015	2/4/2015	2/4/2015	2/4/2015
Lab Sample ID#			E502111-1	E502111-2	E502111-3	E502111-4
Surrogate #1:	Bromofluorobenzene		101%	103%	99%	100%
Surrogate #2:	1,2-Dichlorobenzene-d4		102%	103%	102%	101%

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

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 

Date:

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

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



Haloacetic Acids Report

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

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

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A	DBP1 Town Hall- 350 Main Street	2/3/2015	J. Patterson
B	DBP2 Webster Hubbard Hospital- 340 Thompson Road	2/3/2015	J. Patterson
C	DBP3 Guardian Industries - 5 Cudworth Road	2/3/2015	J. Patterson
D	DBP4 Webster Nursing Home- 745 School Street	2/3/2015	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	
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES	
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

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

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	2.0	5.0	1.9	2.0
MONOCHLOROACETIC ACID		1.0	ND	ND	ND	ND
DICHLOROACETIC ACID		0.50	0.52	2.2	0.52	0.53
TRICHLOROACETIC ACID		0.50	ND	ND	ND	ND
MONOBROMOACETIC ACID		0.50	ND	ND	ND	ND
DIBROMOACETIC ACID		0.50	1.5	2.8	1.4	1.5
Lab Method			552.2	552.2	552.2	552.2
Date Extracted (551.1 only)			2/6/2015	2/6/2015	2/6/2015	2/6/2015
Date Analyzed			2/6/2015	2/6/2015	2/6/2015	2/6/2015
Lab Sample ID#			E502111-1	E502111-2	E502111-3	E502111-4
Surrogate #1:	2,3-Dibromopropionic acid		85%	71%	72%	73%

*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		

