



Total Trihalomethanes Report

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

PWS ID #:	<input type="text"/>	City / Town:	<input type="text"/>
PWS Name:	<input type="text"/>	PWS Class:	COM <input type="checkbox"/> NTNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A		Yes <input type="checkbox"/>		
B		Yes <input type="checkbox"/>		
C		Yes <input type="checkbox"/>		
D		Yes <input type="checkbox"/>		
	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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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. #:	<input type="text"/>	Primary Lab Name:	<input type="text"/>	Subcontracted? (Y/N)	<input type="text"/>
Analysis Lab MA Cert. #:	<input type="text"/>	Analysis Lab Name:	<input type="text"/>		

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL THMs	80	-----				
Bromoform						
Chloroform						
Bromodichloromethane						
Dibromochloromethane						
Lab Method						
Date Extracted (551.1 only)						
Date Analyzed						
Lab Sample ID#						
Surrogate #1:			%	%	%	%
Surrogate #2:			%	%	%	%

¹ 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:

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

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