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| I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PWS ID #:** | | | |  | | | | | |  | | | | **City / Town:** | | | | | | | |  | | | | | | | | | | | |
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| **PWS Name:** | | | |  | | | | | | | | | | | | | | | | | |  | | **PWS Class:** | | | | **COM**  **NTNC**  **TNC** | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEP LOCATION**  **(LOC) ID#** | | | | | **DEP Location Name** | | | | | | | | | | | | | | | | | | **Date Collected** | | | Collected By | | | | | | | |
| **A** | |  | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| **B** | |  | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
| **C** | |  | | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |
|  | | **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** | | RS  SS | | | Original  Resubmitted  Confirmation | | | | | | | | | | Resample  Reanalysis  Report Correction | | | | | | | | | | |  | | | | | | | |
| **B** | | RS  SS | | | Original  Resubmitted  Confirmation | | | | | | | | | | Resample  Reanalysis  Report Correction | | | | | | | | | | |  | | | | | | | |
| **C** | | RS  SS | | | Original  Resubmitted  Confirmation | | | | | | | | | | Resample  Reanalysis  Report Correction | | | | | | | | | | |  | | | | | | | |
|  | | **SAMPLE COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II. ANALYTICAL LABORATORY INFORMATION:** Attach copy of subcontracted analysis report (as applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\*Primary Lab MA Cert. #:** | | | | | | | |  | | | | **Primary Lab Name:** | | | | | |  | | | | | | | | | | | **Subcontracted?** **(Y/N)** | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **\*Analysis Lab MA Cert. #:** | | | | | | | |  | | | | **Analysis Lab Name:** | | | | | |  | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Analysis Performed by (Name):** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Analyzed by (check one): | | | | | | PWS or  Lab | | | | | | | Chlorine Dioxide analysis does not require the use of a Massachusetts certified laboratory.  **\*** Indicates fields required only when a Massachusetts certified lab performs analysis. | | | | | | | | | | | | | | | | | | | | |
| CHLORINE DIOXIDEResult (mg/L) | | | **Result Qualifier** | | | | **MRDL**  **(mg/L)** | | | | **MDL**  **(mg/L)** | | **MRL**  **(mg/L)** | | | | | **Dilution Factor** | | **Lab Method** | | | | | **Date Analyzed** | | | | | **Sample ID#** | | | |
| **Time Analyzed** | | | | | **\*Analysis Lab Sample ID#** | | | |
| **A** |  | |  | | | | **0.8** | | | |  | |  | | | | |  | |  | | | | |  | | | | |  | | | |
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| **B** |  | |  | | | | **0.8** | | | |  | |  | | | | |  | |  | | | | |  | | | | |  | | | |
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| **C** |  | |  | | | | **0.8** | | | |  | |  | | | | |  | |  | | | | |  | | | | |  | | | |
|  | | | | |  | | | |
| For any daily chlorine dioxide sample that exceeds the MRDL, the supplier shall take three chlorine dioxide distribution samples (3-Sample Set) the following day, in addition to the sample required at the entrance to the distribution system. If one (or more) of the three samples taken in the distribution system exceed the MRDL, the supplier is in acute violation of the MRDL and shall take immediate corrective action to lower the level of chlorine dioxide below the MRDL and notify the public (Tier 1) and MassDEP within 24 hours. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | LAB ANALYSIS COMMENTS | | | | | | | | | | | | | | | | Result Qualifier | | | | Result Qualifier Description | | | | | | | | | | | | |
| **A** |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
| **B** |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
| **C** |  | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | |
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| *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.* | | | | | | | | | | | | | | | | **PWS Authorized Signature:** | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
| **Date:** | | | | | | | | | | |  | | | | | | |
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| *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)  Accepted \_\_\_\_\_\_\_\_\_\_\_  Disapproved \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Review Comments | | | | |  | | | | | | | | | | | | WQTS Data Entered | | |