|  |
| --- |
| 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** | **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**  |
| **A** |       |
| **B** |       |
| **C** |       |
|  |
| **II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis report (as applicable)** |
|  |
| **Primary Lab MA Cert. #:** |  | **Primary Lab Name:** |  | **Subcontracted?** **(Y/N)** |     |
|  |
| **Analysis Lab MA Cert. #:** |  | **Analysis Lab Name:** |  |  |  |
|  |
| CHLORITEResult (mg/L) | **Result Qualifier** | **MCL****(mg/L)** | **Lab****MDL****(mg/L)** | **Lab****MRL****(mg/L)** | **Dilution Factor** | **Lab Method** | **Date Analyzed** | **Primary Lab Sample ID#** |
| **Analysis Lab Sample ID#** |
| **A** |  |       | 1.0\* |       |       |       |       |       |       |
|       |
| **B** |  |       | 1.0\* |       |       |       |       |       |       |
|       |
| **C** |  |       | 1.0\* |       |       |       |       |       |       |
|       |
|  |
| \* The Chlorite MCL is violated if the average of any three-sample sets exceed 1.0 mg/L. |
|  |
|  | LAB ANALYSIS COMMENTS | Result Qualifier | Result Qualifier Description |
| **A** |       |       |       |
| **B** |       |       |       |
| **C** |       |       |       |
|  |
| *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)[ ]  Accepted \_\_\_\_\_\_\_\_\_\_\_ [ ]  Disapproved \_\_\_\_\_\_\_\_\_\_\_ | Review Comments |  | [ ]  WQTS Data Entered |