|  |
| --- |
| 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\*Please note all samples are considered representative of finished water if there is no treatment applied | **Date Collected** | **Collected By** |
|  |  | [ ]  (**M**)ultiple[ ]  (**S**)ingle | [ ]  (**R**)aw[ ]  (**F**)inished |       |       |
| **Routine or Special Sample** | **Original, Resubmitted or** **Confirmation Report** | **If Resubmitted Report, list below:** |
| **(1) Reason for Resubmission** | **(2) Collection Date of Original Sample**  |
| [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
| **SAMPLE COMMENTS** – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection). |
|       |
|  |
| **II. ANALYTICAL LABORATORY INFORMATION:** Include copy of subcontracted lab analysis report (as applicable) |
|  |
| **Primary Lab MA Cert. #:** |  | **Primary Lab Name:** |  | **Subcontracted?** **(Y/N)** |     |
|  |
| **Contaminant** | **Result****(mg/L)** | **Result** **Qualifier** | **MCL****(mg/L)** | **MDL****(mg/L)** | **MRL****(mg/L)** | **Dilution Factor** | **Lab Method** | **Date Analyzed** | **Analysis Lab** **MA Cert #** | **Analysis Lab Sample ID#** | **Primary Lab Sample ID#** |
| **ANTIMONY** |  |       | **0.006** |       |       |       |       |       |       |       |       |
| **ARSENIC** |  |       | **0.010** |       |       |       |       |       |       |       |       |
| **BARIUM** |  |       | **2** |       |       |       |       |       |       |       |       |
| **BERYLLIUM** |  |       | **0.004** |       |       |       |       |       |       |       |       |
| **CADMIUM** |  |       | **0.005** |       |       |       |       |       |       |       |       |
| **CHROMIUM** |  |       | **0.1** |       |       |       |       |       |       |       |       |
| **CYANIDE** |  |       | **0.2** |       |       |       |       |       |       |       |       |
| **FLUORIDE1** |  |       | **4.0** |       |       |       |       |       |       |       |       |
| **MERCURY2** |  |       | **0.002** |       |       |       |       |       |       |       |       |
| **NICKEL** |  |       | ***0.1\**** |       |       |       |       |       |       |       |       |
| **SELENIUM** |  |       | **0.05** |       |       |       |       |       |       |       |       |
| **SODIUM** |  |       | ***20\**** |       |       |       |       |       |       |       |       |
| **THALLIUM** |  |       | **0.002** |       |       |       |       |       |       |       |       |
| **1**Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16. **2**Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MassDEP.\*No current MCL, however MassDEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant. |
|  |
| Was this Sample composited by the Lab? | COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (e.g. 1004000-01G), up to five individual sources per sample. |
| Yes [ ]  |  |

|  |  |  |
| --- | --- | --- |
| LAB ANALYSIS COMMENTS | Result Qualifier(s) | Result Qualifier Description(s) |
|  |       |       |
|  |       |       |
|  |       |       |

|  |
| --- |
|  |
| *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 |