|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | **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 any sources that were on-line during collection). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis report (as appliable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Lab MA Cert. #:** | | | | |  | | | **Primary Lab Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | **Subcontracted?** **(Y/N)** | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Analysis Lab MA Cert. #:** | | | | |  | | | **Analysis Lab Name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTAMINANT | | Result | | | | **Result Qualifier** | | | | **MCL** | | **MDL** | | **MRL** | | | | | **Dilution**  **Factor** | | | | **Lab Method** | | | | | | **Date Analyzed** | | | | | | **Primary Lab**  **Sample ID#** | | | | |
| **Analysis Lab**  **Sample ID#** | | | | |
| **PERCHLORATE**  **µg/L** | |  | | | |  | | | | **2.0** | |  | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |
|  | | | | |
| **CONDUCTIVITY**  **umhos/cm** | |  | | | |  | | | | **----** | |  | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | |
|  | | | | |
| Conductivity must be reported when measuring with either EPA Method 314 or 314.1.  Perchlorate concentrations between the Method Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values (i.e. perchlorate is  positively present but tentatively quantified).  All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAB ANALYSIS COMMENTS | | | | | | | | | | | Result Qualifier | | | | | | | | | | Result Qualifier | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Compound** | **Result**  **(µg/L)** | | | | | | **MDL**  **(µg/L)** | | | | | **MRL**  **(µg/L)** | | | | | Spike  Concentration  **(µg/L)** | | | | | | | **Spike Recovery**  **(%)** | | | | **Lab Method** | | | | | | | | **Date Analyzed** | | | | |
| **Perchlorate (reanalysis)** |  | | | | | |  | | | | |  | | | | | **-----** | | | | | | | **-----** | | | |  | | | | | | | |  | | | | |
| **Perchlorate (spike)** |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | |  | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *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 | | | |