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| I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PWS ID #:** | |  | | | |  | | | | | **City / Town:** | | | | | | |  | | | | | | | | | | | | | |
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| **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 sample collection). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **II. ANALYTICAL LABORATORY INFORMATION:** Attach copy of subcontracted lab analysis report (as applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Primary Lab MA Cert. #:** | | | |  | | | **Primary Lab Name:** | | | | | | |  | | | | | | | | | | | | **Subcontracted?** **(Y/N)** | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was this sample composited by the Lab? | | | | COMPOSITE SAMPLE NOTESList the composited source by DEP Source Code (e.g. 1004000-01G) and dates collected, up to four consecutive quarterly samples per single entry point. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| LAB ANALYSIS COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Contaminant** | | | **RESULT** | | **Std Dev**  **(+/-)** | | | **MCL** | | **MDL** | | | | | **Lab Method** | | | **Date Analyzed** | | | | | **Analysis Lab**  **Sample ID#** | | | | | **Analysis Lab MA Cert#** | | |
| **GROSS ALPHA**  **(pCi/L)** | | |  | |  | | |  | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| **URANIUM – *activity***  **(pCi/L)** | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| Report Uraniumresult and MDL in **pCi/L** as analyzed, otherwise use formula to calculate [Uranium μg/L x 0.67 = Uranium pCi/L]. Check this box if result is calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ADJUSTED GROSS ALPHA (pCi/L)** | | |  | | ---- | | | **15** | | The MCL for *Adjusted* *Gross Alpha* (Gross Alpha minus Uranium) is 15 pCi/L.  A gross alpha measurement may be substituted for the uranium analysis, if the gross alpha result is equal to or less than 15 pCi/L. If gross alpha exceeds 15 pCi/L, uranium must also be measured. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **URANIUM – *mass***  **(μg/L)** | | |  | |  | | | **30** | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| Report Uraniumresult and MDL in **μg/L** as analyzed, otherwise use formula to calculate [Uranium pCi/L / 0.67 = Uranium μg/L]. Check this box if result is calculated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RADIUM-226**  **(pCi/L)** | | |  | |  | | |  | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| **RADIUM-228**  **(pCi/L)** | | |  | |  | | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| **COMBINED RADIUM (pCi/L)** | | |  | | ---- | | | **5** | | The MCL for *Combined Radium* (Radium-226 plus Radium-228) is 5 pCi/L.  A gross alpha measurement may be substituted for the Radium-226 analysis if the gross alpha result is equal to or less than 5 pCi/L. If gross alpha exceeds 5 pCi/L, Radium-226 must also be measured. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **GROSS BETA**  **(pCi/L)** | | |  | |  | | | **\*** | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| \*The MCL for gross beta is 4 mrem/year. If gross beta exceeds 50 pCi/L, analysis of the sample for Photon Activity shall be performed to identify the major radioactive constituents. Gross Beta testing is optional, unless specifically required by DEP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RADON**  **(pCi/L)** | | |  | |  | | | **\*\*** | |  | | | | |  | | |  | | | | |  | | | | |  | | |
| \*\*Radon testing is optional, unless specifically required by DEP. The MA guideline for Radon is 10,000 pCi/L. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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.* | | | | | | | | | **Primary Lab Director Signature:** | | | | | | | | | | | |  | | | | | | | | | |
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| **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 | |