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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** | | | | | | |
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| **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 analysis report(s) (as applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Primary Lab MA Cert. #:** | | | | |  | | **Primary Lab Name:** | | | | | |  | | | | | | | | | | | **Subcontracted?** **(Y/N)** | | |  | | |
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| **Analytical Methods**  **(List All)** | | | | **Date Extracted** | | | | **Date Analyzed** | | **Analysis Lab**  **MA Cert#** | | | | | **Analysis Lab Name** | | | | | | **Analysis Lab**  **Sample ID#** | | | | | **Primary Lab**  **Sample ID#** | |
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| Was this Sample composited by the Lab? | | | COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (e.g. 1004000-01G), up to five individual sources. | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **LAB ANALYSIS COMMENTS -** Information on matrix spike/method blank sample information is on file at our office. | | | | | | | | | **Result Qualifier** | | | | | | | **Result Qualifier Description** | | | | | | | | | | | | |
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| CAS # | **SOC Regulated Contaminants** | **Result**  **μg/L** | **Result**  **Qualifier** | **MCL**  **μg/L** | **MDL μg/L** | **MRL μg/L** | **Dilution Factor** | **Analytical Method** |
| 1563-66-2 | **CARBOFURAN** |  |  | **40** |  |  |  |  |
| 23135-22-0 | **OXAMYL (VYDATE)** |  |  | **200** |  |  |  |  |
| 94-75-7 | **2,4-D** |  |  | **70** |  |  |  |  |
| 93-72-1 | **2,4,5-TP (SILVEX)** |  |  | **50** |  |  |  |  |
| 75-99-0 | **DALAPON** |  |  | **200** |  |  |  |  |
| 88-85-7 | **DINOSEB** |  |  | **7** |  |  |  |  |
| 1918-02-1 | **PICLORAM** |  |  | **500** |  |  |  |  |
| 87-86-5 | **PENTACHLOROPHENOL** |  |  | **1** |  |  |  |  |
| 15972-60-8 | **ALACHLOR** |  |  | **2** |  |  |  |  |
| 1912-24-9 | **ATRAZINE** |  |  | **3** |  |  |  |  |
| 72-20-8 | **ENDRIN** |  |  | **2** |  |  |  |  |
| 76-44-8 | **HEPTACHLOR** |  |  | **0.4** |  |  |  |  |
| 1024-57-3 | **HEPTACHLOR EPOXIDE** |  |  | **0.2** |  |  |  |  |
| 58-89-9 | **LINDANE** |  |  | **0.2** |  |  |  |  |
| 72-43-5 | **METHOXYCHLOR** |  |  | **40** |  |  |  |  |
| 118-74-1 | **HEXACHLOROBENZENE** |  |  | **1** |  |  |  |  |
| 77-47-4 | **HEXACHLOROCYCLOPENTADIENE** |  |  | **50** |  |  |  |  |
| 122-34-9 | **SIMAZINE** |  |  | **4** |  |  |  |  |
| 50-32-8 | **BENZO(A)PYRENE** |  |  | **0.2** |  |  |  |  |
| 103-23-1 | **DI(2-ETHYLHEXYL)ADIPATE** |  |  | **400** |  |  |  |  |
| 117-81-7 | **DI(2-ETHYLHEXYL)PHTHALATE** |  |  | **6** |  |  |  |  |

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| **PWS ID#:** | | |  |  | | | | | | **Primary Lab Sample ID’s#:** | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS # | | | **SOC Regulated Contaminants** | | | **Result**  **μg/L** | | | **Result**  **Qualifier** | | | | | | **MCL**  **μg/L** | **MDL μg/L** | | **MRL μg/L** | **Dilution Factor** | | | **Analytical Method** | | |
| 57-74-9 | | | **CHLORDANE** | | |  | | |  | | | | | | **2** |  | |  |  | | |  | | |
| 8001-35-2 | | | **TOXAPHENE** | | |  | | |  | | | | | | **3** |  | |  |  | | |  | | |
| 12674-11-2 | | | **PCB AROCLOR 1016** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 11104-28-2 | | | **PCB AROCLOR 1221** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 11141-16-5 | | | **PCB AROCLOR 1232** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 53469-21-9 | | | **PCB AROCLOR 1242** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 12672-29-6 | | | **PCB AROCLOR 1248** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 11097-69-1 | | | **PCB AROCLOR 1254** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 11096-82-5 | | | **PCB AROCLOR 1260** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 1336-36-3 | | | **PCBS (DECACHLOROBIPHENYL)** | | |  | | |  | | | | | | **0.5** |  | |  |  | | |  | | |
| Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES ONLY.  All groundwater sources must monitor for these two contaminants. | | | | | | | | | | | | | | | | | | | | | | | | |
| 96-12-8 | | | **DIBROMOCHLOROPROPANE (DBCP)** | | |  | | |  | | | | | | **0.2** |  | |  |  | | |  | | |
| 106-93-4 | | | **ETHYLENEDIBROMIDE (EDB)** | | |  | | |  | | | | | | **0.02** |  | |  |  | | |  | | |
| Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however  monitoring and reporting for Diquat is required for surface waters that have applied Diquat. | | | | | | | | | | | | | | | | | | | | | | | | |
| 85-00-7 | | | **DIQUAT** | | |  | | |  | | | | | | **20** |  | |  |  | | |  | | |
| 145-73-3 | | | **ENDOTHALL** | | |  | | |  | | | | | | **100** |  | |  |  | | |  | | |
| 1071-83-6 | | | **GLYPHOSATE** | | |  | | |  | | | | | | **700** |  | |  |  | | |  | | |
| 1746-01-6 | | | **2,3,7,8-TCDD (DIOXIN)** | | |  | | |  | | | | | | **3.0x10-5** |  | |  |  | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS# | | | SOC Unregulated Contaminants | | | **Result**  **μg/L** | | | **Result**  **Qualifier** | | | | | | **ORSG**  **μg/L** | **MDL μg/L** | | **MRL μg/L** | **Dilution Factor** | | | **Analytical Method** | | |
| 116-06-3 | | | **ALDICARB** | | |  | | |  | | | | | | **3\*** |  | |  |  | | |  | | |
| 1646-88-4 | | | **ALDICARB SULFONE** | | |  | | |  | | | | | | **2\*** |  | |  |  | | |  | | |
| 1646-87-3 | | | **ALDICARB SULFOXIDE** | | |  | | |  | | | | | | **4\*** |  | |  |  | | |  | | |
| 63-25-2 | | | **CARBARYL** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 16655-82-6 | | | **3-HYDROXYCARBOFURAN** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 16752-77-5 | | | **METHOMYL** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 1918-00-9 | | | **DICAMBA** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 309-00-2 | | | **ALDRIN** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 23184-66-9 | | | **BUTACHLOR** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 60-57-1 | | | **DIELDRIN** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 51218-45-2 | | | **METOLACHLOR** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| 21087-64-9 | | | **METRIBUZIN** | | |  | | |  | | | | | | **100\*** |  | |  |  | | |  | | |
| 1918-16-7 | | | **PROPACHLOR** | | |  | | |  | | | | | | **---** |  | |  |  | | |  | | |
| \* No MCL, however the MassDEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant. | | | | | | | | | | | | | | | | | | | | | | | |
| **Method** | **Surrogate Name** | | | | | **% Recovery**  **(70 – 130%)** | | | |  | | **Method** | | | Surrogate Name | | | | | | | **% Recovery**  **(70 – 130%)** | |
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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 | | |