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| --- |
| 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 | **Collected** | **Collected By** |
| **Date** | Time |
| **A** |  |  | [ ]  (**M**)ultiple[ ]  (**S**)ingle | [ ]  (**R**)aw[ ]  (**F**)inished |       |       |       |
| **B** |  |  | [ ]  (**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**  |
| **A** | [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
| **B** | [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
|  | **SAMPLE NOTES**  |
| **A** |       |
| **B** |       |
|  |
| **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:** |  |  |  |
|  |
| TOC Analyzed by (check one): | **[ ]  PWS or** **[ ]  Lab** | **Samples Acidified?** | **[ ]  YES or [ ]  NO** |  |
| TOCResult (mg/L) | **Result Qualifier** | **MDL****(mg/L)** | **MRL****(mg/L)** | **Dilution Factor** | **Lab Method** | **Date Analyzed** | **Primary Lab Sample ID#** | **Analytical Lab or****PWS Sample ID#** |
| **A** |  |  |  |  |  |  |       |  |  |
| **B** |  |  |  |  |  |  |       |  |  |
| Surface or GWUDI systems >= 500 persons. Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring. Each source must maintain a running annual average source (raw) water TOC level of < 4.0 mg/L (calculated quarterly).TOC analysis does not require the use of a Massachusetts or EPA certified laboratory.Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative of normal operating conditions and influent water quality. The time between collection of raw and treated (finished) water must not exceed the time it takes the water to move through the plant.  |
|  |
| ALKALINITY Analyzed by (check one): | **[ ]  PWS or [ ]  Lab** |  |
| AKLALINITYResult (mg/L as CaCO3) | **Result Qualifier** | **MDL****(mg/L)** | **MRL****(mg/L)** | **Dilution Factor** | **Lab Method** | **Date Analyzed** | **Primary Lab Sample ID#** | **Analytical Lab or****PWS Sample ID#** |
| **A** |  |  |  |  |  |  |       |  |  |
| **B** |  |  |  |  |  |  |       |  |  |
| If using conventional filtration – Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected.Alkalinity analysis does not require the use of a Massachusetts or EPA certified laboratory. |
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|  | LAB ANALYSIS COMMENTS | Result Qualifier | Result Qualifier Description |
| **A** |       |  |       |
| **B** |       |  |       |
|  |
| *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 Certified Operator or 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 |