



## Haloacetic Acids Report

COPY

SEP 04 2012

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: **1191000** City / Town: **MONSON**  
 PWS Name: **Monson Water & Sewer Dept.** PWS Class: **COM**  **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A <b>100</b>	<b>Gate House Wales</b>	08/07/12	C. Jalbert
B			
C			
D			

	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	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

**SAMPLE NOTES**

A

B

C

D

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **MA-100** Primary Lab Name: **Con-Test Analytical Lab** Subcontracted? (Y/N) **Y**  
 Analysis Lab MA Cert. #: **M-RI010** Analysis Lab Name: **NET**

Contaminant	MCL µg/L	MDL µg/L	RESULTS <sup>1</sup> µg/L			
			A	B	C	D
<b>TOTAL HAA5</b>	<b>60</b>	<b>-----</b>	<b>ND</b>			
MONOCHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>			
DICHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>			
TRICHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>			
MONOBROMOACETIC ACID		<b>0.50</b>	<b>ND</b>			
DIBROMOACETIC ACID		<b>0.50</b>	<b>ND</b>			
Lab Method			<b>EPA 552.2</b>			
Date Extracted			<b>08/08/12</b>			
Date Analyzed			<b>08/10/12</b>			
Lab Sample ID#			<b>12H0186-02</b>			
Surrogate:	<b>See Below</b>		<b>95 %</b>	<b>%</b>	<b>%</b>	<b>%</b>

<sup>1</sup> Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
A	Surrogate: Dibromopropionic Acid
B	
C	
D	

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: *M. L. L...*Date: **8/27/12**

If not submitting these results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		