Massachusetts Department of Environmental Protection - Drinking Water Program

N

Nitrate Report

SEP 0 6 2013

COPY

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 ☐ TNC ☐

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
A	10009	Bunyan Wells Combined	☒ (M)ultiple ☐ (S)ingle	☐ (R)aw ☒ (F)inished	Yes ☐	8/6/2013	C. Jalbert
B	10002	Well #1 (Palmer Road)	☐ (M)ultiple ☒ (S)ingle	☐ (R)aw ☒ (F)inished	Yes ☐	8/6/2013	C. Jalbert
C	10001	Bethany Road Well	☐ (M)ultiple ☒ (S)ingle	☐ (R)aw ☒ (F)inished	Yes ☐	8/6/2013	C. Jalbert
D			☐ (M)ultiple ☐ (S)ingle	☐ (R)aw ☐ (F)inished	Yes ☐		

	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	
C	☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
D	☐ RS ☐ SS	☐ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	

	SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

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

Analysis Lab MA Cert. #: Analysis Lab Name:

	NITRATE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	0.67	10	0.050	SM 4500-NO3 F	8/9/2013	13H0172-01
B	1.0	10	0.050	SM 4500-NO3 F	8/9/2013	13H0172-02
C	1.6	10	0.050	SM 4500-NO3 F	8/9/2013	13H0172-03
D		10	0.050	SM-4500-NO3 F		

Finished water results equal to or exceeding ½ of the MCL (5 mg/L) triggers quarterly monitoring.
Finished water results exceeding the MCL of 10 mg/L requires confirmation sampling within 24 hours.
Notify MassDEP of any MCL exceedances.

	LAB SAMPLE NOTES
A	PRESERVED ACIDFIED SAMPLE CORRECTED FOR
B	NITRITE CONCENTRATION
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: [signature]

Date: 8/28/13

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		☐ WQTS Data Entered
☐ Accepted _____ ☐ Disapproved _____			