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MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

NITRATE REPORT
(FORM #1B.2)

I. PWS INFORMATION:

1. PWS ID#: 1191000 2. City/Town: Monson

3. PWS Name: Monson Water & Sewer Dept/ 4. PWS Class (circle one): COM, NTNC, NC

5. DEP Source Code/Location ID	6. Sample Location	7. Date Collected	8. Collected by
A: Bethany Rd.	Well	8/7/06	C. Jalbert
B: Palmer Rd.	Well	8/7/06	C. Jalbert
C: Bunyan Rd.	Wells	8/7/06	C. Jalbert
D:			

9. Is the Source Treated? Y 10. Is the Sample Chlorinated? N

11. Was the Sample Collected after Treatment? Y

12. Manifolded [ ] If applicable, list the connected sources:

13. Routine [X] Special [ ] (explain below)

Notes:

II. LABORATORY ANALYTICAL INFORMATION:

Lab Name: Spectrum Analytical, Inc. Lab Cert.#: MA138/MA1110

Subcontracted? (Y,N) N

Sub. Lab Name: Sub. Lab Cert.#:

Composited [ ] If applicable, list the composited sources:

Notes:

	Sample A	Sample B	Sample C	Sample D
Result (mg/L)	1.78	1.11	0.530	
MCL (mg/L)	10.0	10.0	10.0	10.0
Detection Limit (mg/L)	0.100	0.100	0.100	
Analytical Method	EPA 300.0	EPA 300.0	EPA 300.0	
Date Analyzed*	8/8/06	8/8/06	8/8/06	
Lab Sample ID#	SA49098-03	SA49098-04	SA49098-01	

* Holding time for chlorinated samples is 48 hours. Holding time for non-chlorinated samples is 14 days.

Laboratory Director Signature and Date 8/31/06

Attention: Mail TWO copies of this report to your **DEP/Regional Office** within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

FOR DEP/DWS USE ONLY: PLEASE INITIAL AND DATE AS COMPLETED

Accepted:	Disapproved:	Data entered into WQTS:
Comments:		

(\nitrate1b.2, 10/15/96)