



Nitrite Report

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	Date Collected	Collected By
A 10009	Bunyan Wells Combined	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	7/1/2014	C. Jalbert
B 10002	Well #1 (Palmer Road)	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	7/1/2014	C. Jalbert
C 10001	Bethany Road Well	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	7/1/2014	C. Jalbert
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle		

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 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	
C <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	
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 - (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:

NITRITE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A ND	1	0.010	SM 4500 NO2 B	7/2/2014	14G0011-01
B ND	1	0.010	SM 4500 NO2 B	7/2/2014	14G0011-02
C ND	1	0.010	SM 4500 NO2 B	7/2/2014	14G0011-03
D	1				

Finished water results equal to or exceeding 1/2 of the MCL (0.5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL of 1 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

LAB SAMPLE NOTES
A
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:

Date:

[Signature]
7/23/14

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 _____		