Massachusetts Department of Environmental Protection - Drinking Water Program **Ni**

Nitrite Report

RECEIVED NOV 20 2008

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	10001	Bethany Well	☐ (M)ultiple ☒ (S)ingle	☐ (R)aw ☒ (F)inished	11/7/08	Craig Jalbert
B			☐ (M)ultiple ☐ (S)ingle	☐ (R)aw ☐ (F)inished		
C			☐ (M)ultiple ☐ (S)ingle	☐ (R)aw ☐ (F)inished		
D			☐ (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	
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. #: MA138 **Primary Lab Name:** Spectrum Analytical, Inc. **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	0.200	EPA 300.0	11/7/08	Craig Jalbert
B		1				
C		1				
D		1				

Finished water results equal to or exceeding ½ 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: 11/13/08

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_____			