



Perchlorate Report

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 |
|---|---|---|--|--------------|
| 10001 | Well #1 (Bethany) | <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished | 07/18/11 | C. Jalbert |
| Routine or Special Sample | Original, Resubmitted or Confirmation Report | If Resubmitted Report, list below: | | |
| <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation | (1) Reason for Resubmission | (2) Collection Date of Original Sample | |
| | | <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction | | |
| SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection) | | | | |

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. #: **MA-086** Analysis Lab Name: **ALPHA ANALYTICAL**

| CONTAMINANT | Result | UOM | MCL | MDL | MRL | Lab Method | Date Analyzed | Lab Sample ID# |
|--------------|--------------|----------|------------|-------|-------|------------|---------------|----------------|
| PERCHLORATE | 0.145 | µg/L | 2.0 | 0.006 | 0.050 | 332.0 | 07/24/11 | 11G0461-01 |
| CONDUCTIVITY | | umhos/cm | | | | | | |

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

| Compound | Result (µg/L) | MDL (µg/L) | MRL (µg/L) | Spike Concentration (µg/L) | Spike Recovery (%) | Lab Method | Date Analyzed |
|--------------------------|---------------|------------|------------|----------------------------|--------------------|------------|---------------|
| Perchlorate (reanalysis) | | | | | | | |
| Perchlorate (spike) | | | | | | | |

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: *Mr. Cullen*

Date: 8/11

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 _____ | | |



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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 |
|--|---|--|--|------------------------|
| 10002 | Well #1 (Palmer Road) | <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle | <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished | 07/18/11 C. Jalbert |
| Routine or Special Sample | Original, Resubmitted or Confirmation Report | If Resubmitted Report, list below: | | |
| <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation | (1) Reason for Resubmission | (2) Collection Date of Original Sample | |
| | | <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction | | |
| SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection). | | | | |

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. #: **MA-086** Analysis Lab Name: **ALPHA ANALYTICAL**

| CONTAMINANT | Result | UOM | MCL | MDL | MRL | Lab Method | Date Analyzed | Lab Sample ID# |
|--------------|--------------|----------|------------|-------|-------|------------|---------------|----------------|
| PERCHLORATE | 0.126 | µg/L | 2.0 | 0.006 | 0.050 | 332.0 | 07/24/11 | 11G0461-02 |
| CONDUCTIVITY | | umhos/cm | --- | | | | | |

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LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

| Compound | Result (µg/L) | MDL (µg/L) | MRL (µg/L) | Spike Concentration (µg/L) | Spike Recovery (%) | Lab Method | Date Analyzed |
|--------------------------|---------------|------------|------------|----------------------------|--------------------|------------|---------------|
| Perchlorate (reanalysis) | | | | | | | |
| Perchlorate (spike) | | | | | | | |

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: *Mark C. Laska*

Date: 8/18/11

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| | | |
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| <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____ | | |



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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 |
|---|------------------------|---|----------------|--------------|
| 10009 | Bunyan Road Wells Comb | <input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle | 07/18/11 | C. Jalbert |
| Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS | | Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation | | |
| If Resubmitted Report, list below: (1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction | | | | |
| (2) Collection Date of Original Sample | | | | |
| SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection). | | | | |

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. #: **MA-086** Analysis Lab Name: **ALPHA ANALYTICAL**

| CONTAMINANT | Result | UOM | MCL | MDL | MRL | Lab Method | Date Analyzed | Lab Sample ID# |
|--------------|--------------|----------|------------|-------|-------|------------|---------------|----------------|
| PERCHLORATE | 0.076 | µg/L | 2.0 | 0.006 | 0.050 | 332.0 | 07/24/11 | 11G0461-03 |
| CONDUCTIVITY | | umhos/cm | | | | | | |

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| Compound | Result (µg/L) | MDL (µg/L) | MRL (µg/L) | Spike Concentration (µg/L) | Spike Recovery (%) | Lab Method | Date Analyzed |
|--------------------------|---------------|------------|------------|----------------------------|--------------------|------------|---------------|
| Perchlorate (reanalysis) | | | | | | | |
| Perchlorate (spike) | | | | | | | |

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Primary Lab Director Signature: *mm Geller*

Date: 8/8/11

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| <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____ | | |