



## Perchlorate Report

RECEIVED SEP 10 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
10002	Palmer Rd.	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	8/14/08	Craig Jalbert
		<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished		
If Resubmitted Report, list below:				
Routine or Special Sample	Original, Resubmitted or Confirmation Report	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<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		
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. #: **MA138** Primary Lab Name: **Spectrum Analytical, Inc.** Subcontracted? (Y/N) **Y**  
 Analysis Lab MA Cert. #: **M-NH023** Analysis Lab Name: **Chemserve**

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.3	0.3	314.0	8/19/08	SA83098-01
CONDUCTIVITY	257	umhos/cm	---	1	1	2510B	8/19/08	Sa83098-01

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).

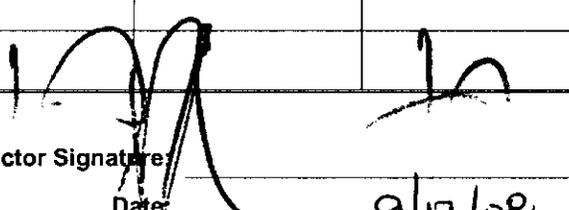
All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

## 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: 

Date: **9/17/08**

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	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



# Perchlorate Report

RECEIVED 09/13/08

### 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
10009	Bunyan	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	8/14/08	Craig 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	(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. #: **MA138** Primary Lab Name: **Spectrum Analytical, Inc.** Subcontracted? (Y/N) **Y**  
 Analysis Lab MA Cert. #: **M-NH023** Analysis Lab Name: **Chemserve**

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.3	0.3	314.0	8/19/08	SA83098-02
CONDUCTIVITY	110	umhos/cm	---	1	1	2510B	8/19/08	SA83098-02

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LAB SAMPLE NOTES

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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)							

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: **9/7/08**

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	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		