MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY

SECONDARY CONTAMINANT REPORT
(FORM #12.2)

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

4. DEP Source Code/Location ID	5. Sample Location	6. Date Collected	7. Collected by
A: 10001	Bethany	7/9/07	Tom Murphy
B: 10002	Palmer	7/9/07	Tom Murphy
C: 10009	Bunyan	7/9/07	Tom Murphy
D:			

9. Is the Source Treated? _____ 10. Was the Sample Collected after Treatment? ____
11. Manifolded [ ] If applicable, list the connected sources:

Notes:

II LABORATORY ANALYTICAL INFORMATION:

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

Subcontracted? (Y,N) N (use symbols to relate each analyte to a specific lab)

Sub. Lab Name: _____ Cert #: _____ Lab Symbol: _____

Notes:

	Analytical Method	Detection Limit mg/L	Date Analyzed	Results mg/L A	B	C	D	Lab Symbl
Lab Sample ID	---	---	---	SA64725-01	64725-02	64725-03		---
Turbidity (NTU)	EPA 180.1	0.05	7/9/07	0.27	0.16	0.24		
TDS	SM2540C	5.00	7/12/07	308	263	114		
Color (color units)	SM2120B	0	7/9/07	ND	ND	ND		---
Odor (TON)	SM2150B	1	7/9/07	ND	ND	1		---
pH	EPA 150.1		7/9/07	6.24	6.34	5.38		
Alkalinity-Total(CaCO3)	SM2320B	2.00	7/12/07	16.6	19.6	17.8		
Hardness (CaCO3)	SM2340C	1.00	7/13/07	83.2	79.2	55.4		---
Calcium (Ca)	EPA 200.7	0.200	7/14/07	20.7	18.9	10.0		
Magnesium (Mg)	EPA 200.7	0.0200	7/14/07	4.44	4.67	2.54		---
Aluminum (Al)	EPA 200.8	0.0010	7/13/07	0.0014	0.0012	0.0024		---
Potassium (K)	EPA 200.7	1.00	7/14/07	5.64	3.82	2.71		---
Iron (Fe)	EPA 200.7	0.0300	7/14/07	0.0325	ND	ND		---
Manganese (Mn)	EPA 200.8	0.0005	7/13/07	0.0086	0.0017	0.0012		---

PWSID#: 1191000 (Form #12.2) Town: Monson

SEC CON

	Analytical Method	Detection Limit mg/L	Date Analyzed	Results mg/L A	B	C	D	Lab Symb
Sulfate (SO4)	EPA 300.0	1.00	7/17/07	13.9	12.9	8.75		
Chloride (Cl)	EPA 300.0	1.00	7/12-13-07	114	77.8	16.8		---
Silver (Ag)	EPA 200.8	0.0005	7/13/07	ND	ND	ND		
Copper (Cu)	EPA 200.8	0.0500	7/13/07	ND	ND	ND		
Zinc (Zn)	EPA 200.8	0.0010	7/13/07	0.0021	0.0167	0.0015		---

Laboratory Director Signature and Date 7/19/07

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 & DATE AS COMPLETED

Accepted:	Disapproved:	Data Entered into WQTS:
Comments:		

(\sec-cn12.2, 10/15/96)