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

Inorganic Contaminant Report

RECEIVED NOV

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 *Please note all samples are considered representative of finished water if there is no treatment applied		Date Collected	Collected By
10001	Bethany Well	☐ (M)ultiple ☒ (S)ingle	☐ (R)aw ☒ (F)inished	11/7/08	Craig Jalbert

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below: (1) Reason for Resubmission	(2) Collection Date of Original Sample
☒ 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).

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: MA138 **Primary Lab Name:** Spectrum Analytical, Inc. **Subcontracted? (Y/N)** N

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
ANTIMONY		0.006						
ARSENIC		0.010						
BARIUM		2						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE[1]		4.0						
MERCURY[2]		0.002						
NICKEL		*0.1**						
SELENIUM		0.05						
SODIUM	46.6	*20**	0.500	200.7	11/12/2008	MA138	Spectrum Analytical, Inc.	SA87113-01
THALLIUM		0.002						

[1]Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
[2]Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
*No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample.
Yes ☐	

LAB SAMPLE NOTES

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: 11/14/08

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			