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

Total Trihalomethanes Report

COPY AUG 3 1 2015

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 ☐

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	001	Gate House Wales Road	Yes ☐	8/4/2015	C. Jalbert
B			Yes ☐		
C			Yes ☐		
D			Yes ☐		

	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
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-100 **Primary Lab Name:** Contest Lab. **Subcontracted?** N

Analysis Lab MA Cert. #: **Analysis Lab Name:**

Contaminant	MCL µg/L	MDL µg/L	RESULTS[1] µg/L A	B	C	D
TOTAL THMs	80	-----	4.1			
Bromoform		0.5	0.69			
Chloroform		0.5	0.51			
Bromodichloromethane		0.5	1.2			
Dibromochloromethane		0.5	1.7			
Lab Method			524.2			
Date Extracted (551.1 only)						
Date Analyzed			8/8/2015			
Lab Sample ID#			15H0124-01			
Surrogate #1:	4-BROMOFLUOROBENZENE		110 %	%	%	%
Surrogate #2:	1,2 DICHLOROBENZENE-D4		110 %	%	%	%

[1] Report result as a number greater than 0 or ND (not a < MDL value).

	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: Ted Koppel

Date: 8-27-15

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			