



## Volatile Organic Contaminant Report

## I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: **3116000** City / Town: **GROVELAND**  
 PWS Name: **GROVELAND WATER DEPARTMENT** PWS Class:  COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
10002	GP WELL #3	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	4/20/16	J. KOTULI
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Ranalysis <input type="checkbox"/> Report Correction				
SAMPLE NOTES – Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection.						

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **MA026** Primary Lab Name: **Biomarine Inc.** Subcontracted? (Y/N)  Y   
 Analysis Lab MA Cert. #: **M-CT008** Analysis Lab Name: **MICROBAC LABS INC.**

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2	-	4/22/16	E604M92-5-61745F	
Was this Sample composited by the Lab?				
COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50



## Volatile Organic Contaminant Report

PWS ID#: Lab Sample ID#: 

CAS#	UNREGULATED VOC CONTAMINANTS	Results µg/L	MDL µg/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50
87-61-6	1,2,3-TRICHLOROBENZENE	ND	0.50
103-65-1	N-PROPYLBENZENE	ND	0.50
104-51-8	N-BUTYLBENZENE	ND	0.50
91-20-3	NAPHTHALENE*	ND	0.50
87-68-3	HEXACHLOROBUTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
98-82-8	ISOPROPYLBENZENE	ND	0.50
98-06-6	TERT-BUTYLBENZENE	ND	0.50
135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE) <sup>#</sup>	ND	0.50

CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS (Report if analyzed or otherwise detected)	Results µg/L	MDL µg/L
109-99-9	Tetrahydrofuran (THF)*		
75-65-0	TERT-BUTYL ALCOHOL (TBA)*		
1748-03-8	TERT-AMYL METHYL ETHER (TAME)*		
637-92-3	ETHYL TERTIARY BUTYL ETHER (ETBE)		
108-20-3	DI-ISOPROPYL ETHER (DIPE)		
67-64-1	ACETONE*		
76-13-1	FREON 113*		
78-93-3	METHYL ETHYL KETONE (MEK)*		
108-10-1	METHYL-ISOBUTYL KETONE (MIBK)*		

Check this box if attaching lab report to show additional VOC results/contaminants tested.

# Required

\* DEP ORSG limit established.

Surrogate Name	% Recovery (70 - 130%)
1,2-Dichlorobenzene-d4	99
Bromofluorobenzene	109

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: 4/29/16

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments _____	<input type="checkbox"/> WQTS Data Entered
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PWS Name:  PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
61745F		<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	4/20/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, list below				
		(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				
<b>SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).</b>						

**II. ANALYTICAL LABORATORY INFORMATION**

Primary Lab MA Cert. #:  Primary Lab Name:  Subcontract? (Y/N)

Analysis Lab MA Cert. #:  Analysis Lab Name:

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		04/22/2016	E604M92-5	
<b>Was this Sample composited by the Lab?</b>				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				
<b>COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.</b>				

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107-06-02	1,2-DICHLOROETHANE	ND	5.0	0.50
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156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100.0	0.50
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78-87-5	1,2-DICHLOROPROPANE	ND	5.0	0.50
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108-88-3	TOLUENE	ND	1000.0	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000.0	0.50
75-09-2	DICHLOROMETHANE	ND	5.0	0.50
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630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
584-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
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# Required

\* DEP ORSG limit established

Surrogate Name	% Recovery (70 - 130%)
1,2-Dichlorobenzene-d4	99%
Bromofluorobenzene	109%

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 Directory Signature: Date: 

If not submitting 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		

CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS (Report if analyzed or otherwise detected)	Results µg/L	MDL µg/L
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