



Haloacetic Acids 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**

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A 20001	KAY'S INTERIORS	8/17/16	J. KOTULI
B 20002	PENTUCKET JR. HIGH	8/17/16	J. KOTULI
C			
D			

	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	<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"/> Ranalysis <input type="checkbox"/> Report Correction	
B	<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"/> Ranalysis <input type="checkbox"/> Report Correction	
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Ranalysis <input type="checkbox"/> Report Correction	
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input 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	
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

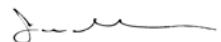
Primary Lab MA Cert. #: **MA026** Primary Lab Name: **Biomarine Inc.** Subcontracted? (Y/N) **Y**
 Analysis Lab MA Cert. #: **M-CT008** Analysis Lab Name: **MICROBAC LABS INC.**

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	ND	ND		
MONOCHLOROACETIC ACID		1.0	ND	ND		
DICHLOROACETIC ACID		0.50	ND	ND		
TRICHLOROACETIC ACID		0.50	ND	ND		
MONOBROMOACETIC ACID		0.50	ND	ND		
DIBROMOACETIC ACID		0.50	ND	ND		
Lab Method			552.2	552.5		
Date Extracted			8/29/16	8/29/16		
Date Analyzed			8/29/16	8/29/16		
Lab Sample ID#			E608P12-1-62813A	E608P12-2-62813B		
Surrogate:	2,3 Dibromopropionic acid		95%	99%	%	%

¹ Report Total HAA5s 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: 
 Date: **9/8/16**

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.



Haloacetic Acids Report

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
--	--------------------	---



Haloacetic Acids Report

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

PWS ID #: _____ City / Town: Biomarine, MAPWS Name: Biomarine - DW - DEP PWS Class: COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A	62813A	8/17/2016	Client
B	62813B	8/17/2016	Client
C			
D			

	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	<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	<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	
C				
D				

SAMPLE NOTES	
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) NAnalysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
HALOACETIC ACIDS	60	-----	ND	ND		
MONOCHLOROACETIC ACID		1.0	ND	ND		
DICHLOROACETIC ACID		0.50	ND	ND		
TRICHLOROACETIC ACID		0.50	ND	ND		
MONOBROMOACETIC ACID		0.50	ND	ND		
DIBROMOACETIC ACID		0.50	ND	ND		
Lab Method		552.2	552.2			
Date Extracted (551.1 only)		8/29/2016	8/29/2016			
Date Analyzed		8/29/2016	8/29/2016			
Lab Sample ID#		E608P12-1	E608P12-2			
Surrogate #1:	2,3-Dibromopropionic acid	95%	99%			

*Report Total HAA5s 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: _____

Date: 8/30/2016

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		