



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	
10001	GP WELL #1	<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"/>	10/19/16	M. SILVA
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	-	10/26/16	E610M59-1-63253	
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



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PWS ID#: 3116000

Lab Sample ID#: E610M59-1-63253

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)#	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	95%
Bromofluorobenzene	94%

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: [Signature]

Date: 11/3/16

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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DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
63253		<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"/>	10/19/2016	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				
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. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, 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		10/26/2016	E610M59-1	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

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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
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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) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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