



Nitrate 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	
A 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 type="checkbox"/>	5/17/17	J. KOTULI
B 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 type="checkbox"/>	5/17/17	J. KOTULI
C 10004	GP WELL #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	5/17/17	J. KOTULI
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
	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 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			
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 – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						
A						
B						
C						
D						

II. ANALYTICAL LABORATORY INFORMATION:

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

	NITRATE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	0.485	10	0.0500	SM4500-NO3 F-2000	5/18/17	D7E1834-01-64447A
B	0.971	10	0.0500	SM4500-NO3 F-2000	5/18/17	D7E1834-02-64447B
C	0.819	10	0.0500	SM4500-NO3 F-2000	5/18/17	D7E1834-03-64447C
D		10				

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL of 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

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: **6/2/17**

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	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Nitrite 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	Date Collected	Collected By
A 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	5/17/17 J. KOTULI
B 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	5/17/17 J. KOTULI
C 10004	GP WELL #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	5/17/17 J. KOTULI
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	

	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	<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	
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"/> 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).

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.**

	NITRITE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	ND	1	0.0100	SM4500-NO3 F- F-2000	5/18/17	D7E1834-01-64447A
B	ND	1	0.0100	SM4500-NO3 F- F-2000	5/18/17	D7E1834-02-64447B
C	ND	1	0.0100	SM4500-NO3 F- F-2000	5/18/17	D7E1834-03-64447C
D		1				

Finished water results equal to or exceeding 1/2 of the MCL (0.5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL of 1 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

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: **6/2/17**

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



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D7E1834

Biomarine

Project Name: 64447

Tracey Fraser
16 East Main Street
Gloucester, MA 01930

Project / PO Number: 64447
Received: 05/18/2017
Reported: 05/22/2017

Analytical Testing Parameters

Table with client sample details: Client Sample ID: 64447A, Sample Matrix: Drinking Water, Lab Sample ID: D7E1834-01, Collected By: Customer, Collection Date: 05/17/2017 8:15

Inorganics table for sample 64447A: Method: SM4500-NO3 F-2000, Nitrate as N: 0.485 mg/L, Nitrite as N: <0.0100 mg/L

Table with client sample details: Client Sample ID: 64447B, Sample Matrix: Drinking Water, Lab Sample ID: D7E1834-02, Collected By: Customer, Collection Date: 05/17/2017 8:54

Inorganics table for sample 64447B: Method: SM4500-NO3 F-2000, Nitrate as N: 0.971 mg/L, Nitrite as N: <0.0100 mg/L

Table with client sample details: Client Sample ID: 64447C, Sample Matrix: Drinking Water, Lab Sample ID: D7E1834-03, Collected By: Customer, Collection Date: 05/17/2017 9:01

Inorganics table for sample 64447C: Method: SM4500-NO3 F-2000, Nitrate as N: 0.819 mg/L, Nitrite as N: <0.0100 mg/L

Laboratory

DAY: Microbac Laboratories, Inc. - Dayville

Definitions

MCL: US EPA Maximum Contaminant Level
RL: Reporting Limit

All sample temperatures upon receipt were 7.1 °C, exceeding the regulatory guidelines of 0-6 °C for chemistry samples.

Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville
M-CT008

Massachusetts Department of Environmental Protection