



Inorganic Contaminant Report

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

PWS ID #: **2185000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small>	Date Collected	Collected By
MULT 1	Dilla Street Finished	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	6/9/2015	J.P.
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 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-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) Y

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
ANTIMONY	ND	0.006	0.0008	EPA 200.9	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
ARSENIC	ND	0.010	0.005	SM 3113B	6/11/2015	M-RI010	New England Testing Lab	B0609-27C
BARIUM	0.022	2	0.002	E200.7	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
BERYLLIUM	ND	0.004	0.0002	E200.7	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
CADMIUM	ND	0.005	0.0005	SM 3113B	6/12/2015	M-RI010	New England Testing Lab	B0609-27C
CHROMIUM	ND	0.1	0.001	E200.7	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
CYANIDE	ND	0.2	0.01	SM 4500CN-E	6/15/2015	M-RI010	New England Testing Lab	B0609-27C
FLUORIDE ¹	ND	4.0	0.3	SM 4500F-C	6/11/2015	M-RI010	New England Testing Lab	B0609-27C
MERCURY ²	ND	0.002	0.0002	SM 3112B	6/15/2015	M-RI010	New England Testing Lab	B0609-27C
NICKEL	ND	0.1*	0.002	E200.7	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
SELENIUM	ND	0.05	0.002	E200.7	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
SODIUM	46.8	20*	0.10	E200.7	6/16/2015	M-CT007	Phoenix Laboratories	B0609-27C
THALLIUM	ND	0.002	0.001	EPA 200.9	6/12/2015	M-RI010	New England Testing Lab	B0609-27C

¹Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
²Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 *No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample composited by the Lab? Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

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: **6/26/2015**

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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Secondary Contaminant Report

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

PWS ID #: **2158000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: **COM** **NTNC** **TNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By		
A	MULT 1	Dilla Street Finished	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	6/9/2015	J.P.
B			<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 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 any sources that were on-line during sample collection).						
A						
B						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) **Y**
 Analysis Lab MA Cert. #: **M-CT007** Analysis Lab Name: **Phoenix Laboratories**

Compound	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	0.017		0.3	0.004	E200.7	6/16/2015	B0609-27C
MANGANESE (mg/L)	0.016		0.05*	0.002	E200.7	6/16/2015	B0609-27C
ALKALINITY (mg/L as CaCO ₃)			None				
CALCIUM (mg/L)			None				
MAGNESIUM (mg/L)			None				
HARDNESS (mg/L as CaCO ₃)			None				
POTASSIUM (mg/L)			None				
TURBIDITY (NTU)			None				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U.)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5-8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				
* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.							
LAB SAMPLE NOTES							
A							
B							

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: **6/26/2015**

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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Total Organic Carbon (TOC) Report

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

PWS ID #: **2158000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Collected		Collected By
			Date	Time	
A	MULT 1	Dilla Street Finished	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	6/9/2015 07:50 J.P.
B			<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		
SAMPLE NOTES					
A					
B					

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Laboratory, Inc.** Subcontracted? (Y/N) **N**

TOC Analyzed by (check one): <input type="checkbox"/> PWS or <input checked="" type="checkbox"/> Lab		Samples Acidified? <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO					
TOC Result (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#	
A	1.93	2	SM 5310C	6/12/2015	M-RI010	New England Testing Lab	B0609-27C
B							
<p>Surface or GWUDI systems \geq 500 persons. Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring. Each source must maintain a running annual average source (raw) water TOC level of \leq 4.0 mg/L (calculated quarterly). TOC analysis does <u>not</u> require the use of a Massachusetts or EPA certified laboratory.</p> <p>Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative of normal operating conditions and influent water quality. The time between collection of raw and treated (finished) water must not exceed the time it takes the water to move through the plant.</p>							

ALKALINITY Analyzed by (check one): <input type="checkbox"/> PWS or <input checked="" type="checkbox"/> Lab							
ALKALINITY Result (mg/L as CaCO ₃)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#	
A	16	2	SM 2320B	6/15/2015	M-RI010	New England Testing Lab	B0609-27C
B							
<p>If using conventional filtration - Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected. Alkalinity analysis does <u>not</u> require the use of a Massachusetts or EPA certified laboratory.</p>							

LAB SAMPLE NOTES	
A	
B	

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 Certified Operator or Lab Director Signature:

Date: 6/26/2015

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 _____		



Volatile Organic Contaminant Report

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

PWS ID #: **2158000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: **COM** **NTNC** **TNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
MULT 1	Dilla Street Finished	<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"/>	6/9/2015	J.P.
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 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 source(s) that were on-line during sample collection.						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) **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		6/10/2015	B0609-27C	
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 type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	N.D.	5	0.5
56-23-5	CARBON TETRACHLORIDE	N.D.	5	0.5
75-35-4	1,1-DICHLOROETHYLENE	N.D.	7	0.5
107-06-02	1,2-DICHLOROETHANE	N.D.	5	0.5
106-46-7	PARA-DICHLOROBENZENE	N.D.	5	0.5
79-01-6	TRICHLOROETHYLENE (TCE)	N.D.	5	0.5
71-55-6	1,1,1-TRICHLOROETHANE	N.D.	200	0.5
75-01-4	VINYL CHLORIDE	N.D.	2	0.5
108-90-7	MONOCHLOROBENZENE	N.D.	100	0.5
95-50-1	O-DICHLOROBENZENE	N.D.	600	0.5
156-60-5	TRANS-1,2-DICHLOROETHYLENE	N.D.	100	0.5
156-59-2	CIS-1,2-DICHLOROETHYLENE	N.D.	70	0.5
78-87-5	1,2-DICHLOROPROPANE	N.D.	5	0.5
100-41-4	ETHYLBENZENE	N.D.	700	0.5
100-42-5	STYRENE	N.D.	100	0.5
127-18-4	TETRACHLOROETHYLENE (PCE)	N.D.	5	0.5
108-88-3	TOLUENE	N.D.	1000	0.5
1330-20-7	XYLENES (TOTAL)	N.D.	10000	0.5
75-09-2	DICHLOROMETHANE	N.D.	5	0.5
120-82-1	1,2,4-TRICHLOROBENZENE	N.D.	70	0.5
79-00-5	1,1,2-TRICHLOROETHANE	N.D.	5	0.5

