

CADMIUM

CYANIDE

FLUORIDE¹

MERCURY²

SELENIUM

SODIUM

THALLIUM

NICKEL

CHROMIUM

ND

ND

ND

ND

ND

ND

ND

46.8

ND

0.005

0.1

0.2

4.0

0.002

0.1*

0.05

20*

0.002

0.0005

0.001

0.01

0.3

0.0002

0.002

0.002

0.10

0.001

Inorganic Contaminant Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form											
PWS ID #:	21850	000				City / Town	: MILFORD				
PWS Name:	Milford	Water Co	mpany				PWS	Class:	СОМ	🛛 NT	
DEP LOCATION (LOC) ID#		DEP L	ocation Nam	ie		*Please note all	e Information samples are considered f finished water if there applied	Date C	Collected		Collected By
MULT 1	Dilla Stree	t Finished				☐ (M)ultiple ⊠ (S)ingle	e (R)aw X (F)inished	6/9	/2015	J.P.	
Routine or	0	riginal, Resu	bmitted or		-	-	If Resubmitt	ed Report,	list below	:	
Special Sample		Confirmation	n Report			(1) Reason for F	Resubmission		(2) Collection Date of Original Sample		
🖾 RS 🗌 SS	🛛 Original	I 🗌 Resubmit	ted 🗌 Confin	mation	🗌 Resa	mple 🗌 Reanalys	sis 🗌 Report Corre	ction			
SAMPLE NOTES	SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).										
II. ANALYTIC	AL LABORA	TORY INF	ORMATIC	N:							
Primary Lab M	A Cert. #: N	I-RI010	Primary I	.ab Name	New	England Testing	Lab		Su	bcontra	cted? (Y/N) Y
Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Me	thod	Date Analyzed	Analysis Lab MA Cert #	Analy	/sis Lab Na	ame	Lab Sample ID#
ANTIMONY	ND	0.006	0.0008	EPA 2	00.9	6/16/2015	M-CT007	Phoer	nix Laborato	ories	B0609-27C
ANTIMONY ARSENIC	ND ND	0.006 0.010	0.0008 0.005	EPA 2 SM 31		6/16/2015 6/11/2015	M-CT007 M-RI010		nix Laborato gland Testi		B0609-27C B0609-27C
-					13B			New Eng		ng Lab	

6/12/2015

6/16/2015

6/15/2015

6/11/2015

6/15/2015

6/16/2015

6/16/2015

6/16/2015

6/12/2015

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.

SM 3113B

E200.7

SM 4500CN-E

SM 4500F-C

SM 3112B

E200.7

E200.7

E200.7

EPA 200.9

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXX-XXX), up to five individual sources per sample.
Yes 🗌	
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:

M-RI010

M-CT007

M-RI010

M-RI010

M-RI010

M-CT007

M-CT007

M-CT007

M-RI010

Bich Children 6/26/2015

New England Testing Lab

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Phoenix Laboratories

Phoenix Laboratories

Phoenix Laboratories

New England Testing Lab

If not submitting these results electronically, mail <u>TWO</u> 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 <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Deview	
Accepted Disapproved	Review Comments	WQTS Data Entered
		1

IOC

B0609-27C

B0609-27C

B0609-27C

B0609-27C

B0609-27C

B0609-27C

B0609-27C

B0609-27C

B0609-27C



Secondary Contaminant Report

I. P	WS INFORMATI	ON:	Please refer	to your DEP	Water Qua	lity Sam	pling Scheo	lule (W	/QSS) to help c	omplet	e this for	m	
PW	/S ID #: 2'	158	000			Cit	y / Town:	MILF	ORD				
PW	/S Name: Mi	ilford	I Water Con	npany]	PWS Class:	CON	1 🖂 NT]
I	DEP LOCATION (LOC) ID#		C	DEP Location N	lame		Sa	mple In	formation		ate ected	Collected E	3y
Α	MULT 1	Dill	a Street Fin	ished			☐ (M)uli ⊠ (S)ing		☐ (R)aw ⊠ (F)inished	6/9/	2015	J.P.	
в							☐ (M)uli ☐ (S)ing		☐ (R)aw ☐ (F)inished				
	Routine or Special Sample			Resubmitted on nation Report	r .		(1) Reason f		If Resubmitted Relation	·•••		on Date of Original	Sample
Α	🖾 RS 🗌 SS		Original 🗌 Resi	ubmitted 🗌 Cor	nfirmation	🗌 Resa	mple 🗌 Rear	alysis [Report Correctio	n			
В	RS SS		Original 🗌 Resi	ubmitted 🗌 Cor	nfirmation	🗌 Resa	mple 🗌 Rear	alysis [Report Correctio	n			
	SAMPLE NOTES -	(Such	as, if a Manifold	d/Multiple sampl	e, list any so	urces that	were on-line of	luring sa	ample collection).	÷			
Α													
В													
II. /	ANALYTICAL LA	BOR		ORMATION	1:								
Prir	mary Lab MA Cert	#:	M-RI010	Primary	Lab Name	e: New	England Test	ing Lab)		Subcor	ntracted? (Y/N)	Y
Ana	alysis Lab MA Cer	t. #:	M-CT007	Analysis	Lab Name	e: Phoe	nix Laborato	ries			<u> </u>		
			Res	ults		MDL				ate			
	Compound		A	В	SMCL	(mg/L)	La	b Meth		lyzed		Lab Sample ID#	
IRO	N (mg/L)		0.017		0.3	0.004		E200.7	6/16	/2015		B0609-27C	
MA	NGANESE (mg/L)		0.016		0.05*	0.002		E200.7	6/16	/2015		B0609-27C	
AL	ALINITY (mg/L as Ca	CO3)			None								
CAI	LCIUM (mg/L)				None								
MA	GNESIUM (mg/L)				None								
HAI	RDNESS (mg/L as CaC	O3)			None								
PO	TASSIUM (mg/L)				None								
TUP	RBIDITY (NTU)				None								
ALU	JMINUM (mg/L)				0.2								
	LORIDE (mg/L)				250								
	LOR (C.U.)				15								
	PPER (mg/L)				1								
	OR (T.O.N)				3								
pH SII 1	VER (mg/L)				6.5-8.5 0.10								
	LFATE (mg/L)				250								
	6 (mg/L)				500								
	C (mg/L)				5								
* EF	PA has established a li	ifetime	Health Advisor	y (HA) for mang	anese at 0.3	mg/L and	an acute HA a	at 1.0 mg	g/L.				
-	LAB SAMPLE NOT	ES											
A B													
. <u> </u>			Ities of law that				Primary	Lab D	irector Signatu	re: R	ih Chiras	$\overline{)}$	
con	son authorized to fill o tained herein is true, a ent of my knowledge.						,		Da		/26/2015	<u> </u>	
	ot submitting these re-	sults e							later than 10 days riod, whichever is		end of the	month in which you	received
	P REVIEW STATU		tial & Date) Disapproved	1		Review ments						U WQTS D Entered	ata



Total Organic Carbon (TOC) Report

I. P\	WS INFORMATI	ON: Please	refer to your D	EP Water	Quality	Sampling	Sche	dule	(WQSS) to	help compl	ete this form	ı
PW	S ID #:	2158000)			City	/ Tov	vn:	MILFOR	כ		
PW	S Name:	Milford Wa	ater Company	/					PW	S Class:	COM 🖂 N	
D	EP LOCATION	DEP Locatio	n Namo			52	mple lı	oform	ation	Colle	ected	Collected Pr
	(LOC) ID#	DEF LOCALIO				3a	inhie ii		ation	Date	Time	Collected By
Α	MULT 1	Dilla Street Finished				☐ (M)ult ☑ (S)ing			(R)aw (F)inished	6/9/2015	07:50	J.P.
в						(M)ult		= `	(R)aw (F)inished			
	Routine or Special Sample		ginal, Resubmitte Confirmation Rep			(1) E	Passor	for F	If Resubr Resubmissio	nitted Report,		n Date of Original Sample
Α			Resubmitted		n 🗆	()			sis 🗌 Report		(2) concerto	
в	RS SS	Original	Resubmitted	Confirmatior	n 🗆	Resample	🗌 Rea	analys	sis 🗌 Report	Correction		
	SAMPLE NOTES	-			<u>.</u>							
Α												
В												
II. A	NALYTICAL LA	BORATOR	Y INFORMAT	ION:								
Prim	ary Lab MA Cert	.#: M-R	lo10 Prima	iry Lab Nan	ne: N	ew Englan	d Testi	ng La	aboratory, Inc	2.	Subcont	racted? (Y/N) N
тос	C Analyzed by (cheo	k one): □ I	PWS or 🛛 Lab	Samples	Acidified	- ? 🛛 YE	S or 🗌	NO				
	TOC Result (mg/L)	MDL (mg/L)	Lab Meth	od	Date A	nalyzed		Ilysis A Cei		Analysis La	b Name	Lab Sample ID#
Α	1.93	2	SM 5310	oc	6/12/	/2015	м	-RI0 [,]	10 N	ew England T	esting Lab	B0609-27C
в												
Mont Each TOC <u>Surfa</u> comb	tee or GWUDI system hly source (raw) wate source must maintai analysis does <u>not</u> re- tice or GWUDI source bined filter effluent tur sample - at a time r ime between collection	er TOC samplin in a running and quire the use of <u>es using conver</u> bidity monitorin epresentative o	g is required at ea nual average sour a Massachusetts <u>ntional filtration</u> sha g representative of f normal operating	ce (raw) wate or EPA certifi all each month of the treated conditions an	r TOC lev ied labora h (unless (finished) nd influer	vel of <u><</u> 4.0 atory. monitoring) water, one nt water qua	is redu TOC s lity.	ced): ced):	ated quarterly take one TOC e (raw) sample). C sample at ea e prior to any tr	ch treatment pl eatment, and c	ant no later than the point of me alkalinity source (raw)
	ALKALINITY Analy	zed by (check	one): 🗌 PWS	or 🛛 Lab								
Re	ALKALINITY sult (mg/L as CaCC	MD 03) (mg.	Lan	Method	Date	Analyzed		Ilysis A Cei		Analysis La	b Name	Lab Sample ID#
Α	16	2	SM	2320B	6/1	5/2015	м	-RI0 ⁻	10 N	ew England T	esting Lab	B0609-27C
в												
	ng conventional filtra inity analysis does <u>no</u>						he raw	wate	r TOC sample	is collected.		
	LAB SAMPLE NO	TES										
Α												
В				_								
conta	on authorized to fill o ained herein is true,	out this form ar accurate and		Fiina	ry Certi	fied Oper	ator o	r Lat	o Director S		5/26/2015	
		e results elect	tronically, mail <u>1</u> eived this repor							e no later tha	an 10 days af	ter the end of the month oner.
DEP	REVIEW STATU					eview			,			WQTS Data
ΠA	ccepted	_ Disap	proved		Comn	nents						Entered



Was this Sample composited by the Lab?

Yes: No:

Volatile Organic Contaminant Report

Page 1 of 2

VOC

I. PWS INFOR	MATION:	Please refer	to your DEP Water	Quality Sam	pling Sched	ule (WC	QSS) to he	lp complete	this form			
PWS ID #:	215	58000		C	ity / Town	MIL	MILFORD					
PWS Name:	Milfo	Milford Water Company					PWS Class: COM 🛛 NTNC 🗌 TNC 🗌					
DEP LOCATION (LOC) ID#		DEP	Location Name		Sample Informa			Sample Acidified?	Date Collected	Collected	Ву	
MULT 1	Dilla Stre	et Finished	I		☐ (M)ultiple ⊠ (S)ingle		(R)aw (F)inished	Yes 🛛	6/9/2015	J.P.		
Routine or		Original, Resubmitted or				lf R	If Resubmitted Report, list below:					
Special Sample		Confirmation Report (1) Reason for I			esubmis	ubmission (2) Collection Date of Original Sample						
🖾 RS 🗌 SS	Original Resubmitted Confirmation											
SAMPLE NOTES	– Such as, if a	a Manifold/Multi	ple sample, list the sourc	e(s) that were	on-line during	sample c	collection.					
II. ANALYTIC	AL LABOF		FORMATION:									
Primary Lab M	A Cert. #:	M-RI010	Primary Lab Nam	New Eng	gland Testing	Lab			Subcontract	ed? (Y/N)	Ν	
Analysis Lab M	A Cert. #:		Analysis Lab Nam	ie:								
Lab Meth	od	Date Extract (551.1 only		Lab Samp				 Include infor ntaminants det 		ether sample wa	IS	
524.2			6/10/2015	B0609-	27C							

COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXX-XXX), up to five individual sources.

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



Volatile Organic Contaminant Report

Page 2 of 2

OC

PWS ID#:

2158000

			MDI
CAS#	UNREGULATED VOC CONTAMINANTS	Results µg/L	MDL µg/L
67-66-3	CHLOROFORM*	14.5	0.5
75-27-4	BROMODICHLOROMETHANE	8.5	0.5
124-48-1	CHLORODIBROMOMETHANE	2.7	0.5
75-25-2	BROMOFORM	N.D.	0.5
541-73-1	M-DICHLOROBENZENE	N.D.	0.5
74-95-3	DIBROMOMETHANE	N.D.	0.5
563-58-6	1,1-DICHLOROPROPENE	N.D.	0.5
75-34-3	1,1-DICHLOROETHANE*	N.D.	0.5
79-34-5	1,1,2,2-TETRACHLOROETHANE	N.D.	0.5
142-28-9	1,3-DICHLOROPROPANE	N.D.	0.5
74-87-3	CHLOROMETHANE	N.D.	0.5
74-83-9	BROMOMETHANE*	N.D.	0.5
96-18-4	1,2,3-TRICHLOROPROPANE	N.D.	0.5
630-20-6	1,1,1,2-TETRACHLOROETHANE	N.D.	0.5
75-00-3	CHLOROETHANE	N.D.	0.5
594-20-7	2,2-DICHLOROPROPANE	N.D.	0.5
95-49-8	O-CHLOROTOLUENE	N.D.	0.5
106-43-4	P-CHLOROTOLUENE	N.D.	0.5
108-86-1	BROMOBENZENE	N.D.	0.5
542-75-6	1,3-DICHLOROPROPENE*	N.D.	0.5
95-63-6	1,2,4-TRIMETHYLBENZENE	N.D.	0.5
87-61-6	1,2,3-TRICHLOROBENZENE	N.D.	0.5
103-65-1	N-PROPYLBENZENE	N.D.	0.5
104-51-8	N-BUTYLBENZENE	N.D.	0.5
91-20-3	NAPTHALENE*	N.D.	0.5
87-68-3	HEXACHLOROBUTADIENE	N.D.	0.5
108-67-8	1,3,5-TRIMETHYLBENZENE	N.D.	0.5
99-87-6	P-ISOPROPYLTOLUENE	N.D.	0.5
98-82-8	ISOPROPYLBENZENE	N.D.	0.5
98-06-6	TERT-BUTYLBENZENE	N.D.	0.5
135-98-8	SEC-BUTYLBENZENE	N.D.	0.5
75-69-4	FLUOROTRICHLOROMETHANE	N.D.	0.5
75-71-8	DICHLORODIFLUOROMETHANE*	N.D.	0.5
74-97-5	BROMOCHLOROMETHANE	N.D.	0.5
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE) [#]	N.D.	0.5

l	Lab Sample ID#:	B060	9-27C	
CAS#	UNREGULATE VOC C	DDITIONAL D and/or NON-TARGET DNTAMINANTS red or otherwise detected)	Results μg/L	MDL μg/L
109-99-9	TETRAHYDROF	JRAN (THF)*	N.D.	5.0
75-65-0	TERT-BUTYL AL	COHLOL (TBA)*	N.D.	0.5
1748-03-8	TERT-AMYL MET	THYL ETHER (TAME)*	N.D.	0.5
637-92-3	ETHYL TERTIAR	Y BUTYL ETHER (ETBE)	N.D.	0.5
108-20-3	DI-ISOPROPYL E	THER (DIPE)	N.D.	0.5
67-64-1	ACETONE*		N.D.	5.0
76-13-1	FREON 113*			
78-93-3	METHYL ETHYL	KETONE (MEK)*	N.D.	5.0
108-10-1	METHYL-ISOBU	TYL KETONE (MIBK)*	N.D.	5.0

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

Date:

#Required

* DEP ORSG limit established.

Surrogate Name	% Recovery (70 – 130%)
1,2-Dichlorobenzene-d4	101
4-Bromofluorobenzene	99

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:

Brit Chrace

If not submitting these results electronically, mail <u>TWO</u> 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 <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review	U WQTS
Accepted Disapproved	Comments	Data Entered