



Total Trihalomethanes 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, MA

PWS Name: Milford Water Supply PWS Class: COM ☒ NTNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A 001	226 Purchase Street	Yes <input type="checkbox"/>	3/8/2011	Client
B 002	230 Main Street	Yes <input type="checkbox"/>	3/8/2011	Client
C 003	1 Countryside Drive	Yes <input type="checkbox"/>	3/8/2011	Client
D 004	22 Beaver Street	Yes <input type="checkbox"/>	3/8/2011	Client

	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 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	
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II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Premier Laboratory, Inc Subcontract? (Y/N) N

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Premier Laboratory, Inc

Contaminant	MCL $\mu\text{g/L}$	MDL $\mu\text{g/L}$	RESULTS' $\mu\text{g/L}$			
			A	B	C	D
TOTAL THMs	80	-----	99	58	55	73
Bromoform		0.50	ND	ND	1.9	ND
Chloroform		0.50	84	48	41	58
Bromodichloromethane		0.50	13	8.7	8.1	13
Dibromochloromethane		0.50	1.9	1.5	3.6	2.4
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			3/9/2011	3/9/2011	3/9/2011	3/9/2011
Lab Sample ID#			E103512-1	E103512-2	E103512-3	E103512-4
Surrogate #1:	Bromofluorobenzene		80%	80%	86%	84%
Surrogate #2:	1,2-Dichlorobenzene-d4		73%	75%	77%	79%

*Report result as a number Greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES

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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: 3/11/2011

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		



Total Trihalomethanes Report

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PWS Name: Milford Water Supply PWS Class: COM ☒ NTNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A 006	159 So Main Street	Yes <input type="checkbox"/>	3/8/2011	Client
B				
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	
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SAMPLE NOTES				
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II. ANALYTICAL LABORATORY INFORMATION

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

Contaminant	MCL µg/L	MDL µg/L	RESULTS' µg/L			
			A	B	C	D
TOTAL THMs	80	-----	53			
Bromoform		0.50	2.0			
Chloroform		0.50	35			
Bromodichloromethane		0.50	11			
Dibromochloromethane		0.50	4.8			
Lab Method			524.2			
Date Extracted (551.1 only)						
Date Analyzed			3/9/2011			
Lab Sample ID#			E103512-5			
Surrogate #1:	Bromofluorobenzene		86%			
Surrogate #2:	1,2-Dichlorobenzene-d4		79%			

*Report result as a number Greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES				
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DEP REVIEW STATUS (Initial & Date)	Review	<input type="checkbox"/> WQTS
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Comments	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 #: 2185000 City / Town: Milford, MA

PWS Name: Milford Water Supply PWS Class: COM ☒ NTNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A 001	226 Purchase Street	3/8/2011	Client
B 002	230 Main Street	3/8/2011	Client
C 003	1 Countryside Drive	3/8/2011	Client
D 004	22 Beaver Street	3/8/2011	Client

	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 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	
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II. ANALYTICAL LABORATORY INFORMATION

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

Contaminant	MCL µg/L	MDL µg/L	RESULTS* µg/L			
			A	B	C	D
TOTAL HAA5	60	----	5.0	57	8.5	30
MONOCHLOROACETIC ACID		1.0	ND	2.4	ND	ND
DICHLOROACETIC ACID		0.50	3.0	22	3.3	10
TRICHLOROACETIC ACID		0.50	2.0	33	5.2	20
MONOBROMOACETIC ACID		0.50	ND	ND	ND	ND
DIBROMOACETIC ACID		0.50	ND	ND	ND	ND
Lab Method			552.2	552.2	552.2	552.2
Date Extracted (551.1 only)			3/10/2011	3/10/2011	3/10/2011	3/10/2011
Date Analyzed			3/10/2011	3/10/2011	3/10/2011	3/10/2011
Lab Sample ID#			E103512-1	E103512-2	E103512-3	E103512-4
Surrogate #1:	2,3-Dibromopropionic acid		86%	89%	92%	89%

*Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Haloacetic Acids Report

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

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City / Town: Milford, MA

PWS Name: Milford Water Supply

PWS Class: COM ☒ NTNC ☐

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A 006	159 So Main Street	3/8/2011	Client
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SAMPLE NOTES	
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II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008

Primary Lab Name: Premier Laboratory, Inc

Subcontract? (Y/N)

N

Analysis Lab MA Cert. #: M-CT008

Analysis Lab Name: Premier Laboratory, Inc

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	11			
MONOCHLOROACETIC ACID		1.0	ND			
DICHLOROACETIC ACID		0.50	4.1			
TRICHLOROACETIC ACID		0.50	7.1			
MONOBROMOACETIC ACID		0.50	ND			
DIBROMOACETIC ACID		0.50	ND			
Lab Method			552.2			
Date Extracted (551.1 only)			3/10/2011			
Date Analyzed			3/10/2011			
Lab Sample ID#			E103512-5			
Surrogate #1:	2,3-Dibromopropionic acid		90%			

¹Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

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DEP REVIEW STATUS (Initial & Date)
☐ Accepted ☐ DisapprovedReview
Comments☐ WQTS
Data Entered