



## 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**  
 PWS Name: **Milford Water Company** PWS Class:  COM  NTNC

DEP LOCATION (LOC) ID#	DEP Location Name		Date Collected	Collected By
A	DBP1	105 Highland Street	5/6/2015	V.F.
B	DBP2	68 Dilla Street	5/6/2015	V.F.
C	DBP3	141 West Street	5/6/2015	V.F.
D	DBP4	22 Beaver Street	5/6/2015	V.F.
	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				
B				
C				
D				

## II. ANALYTICAL LABORATORY INFORMATION:

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

Contaminant	MCL µg/L	MDL µg/L	RESULTS <sup>1</sup> µg/L			
			A	B	C	D
<b>TOTAL HAA5</b>	<b>60</b>	<b>-----</b>	<b>23.3</b>	<b>11.3</b>	<b>21.7</b>	<b>15.8</b>
MONOCHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>	<b>ND</b>	<b>ND</b>	<b>ND</b>
DICHLOROACETIC ACID		<b>0.50</b>	<b>8.9</b>	<b>6.4</b>	<b>10.3</b>	<b>7.5</b>
TRICHLOROACETIC ACID		<b>0.50</b>	<b>13.1</b>	<b>4.2</b>	<b>10.6</b>	<b>7.6</b>
MONOBROMOACETIC ACID		<b>0.50</b>	<b>ND</b>	<b>ND</b>	<b>ND</b>	<b>ND</b>
DIBROMOACETIC ACID		<b>0.50</b>	<b>1.3</b>	<b>0.7</b>	<b>0.8</b>	<b>0.7</b>
Lab Method			<b>552.2</b>	<b>552.2</b>	<b>552.2</b>	<b>552.2</b>
Date Extracted			<b>5/13/2015</b>	<b>5/13/2015</b>	<b>5/13/2015</b>	<b>5/13/2015</b>
Date Analyzed			<b>5/14/2015</b>	<b>5/14/2015</b>	<b>5/14/2015</b>	<b>5/14/2015</b>
Lab Sample ID#			<b>B0506-28A</b>	<b>B0506-28B</b>	<b>B0506-28C</b>	<b>B0506-28D</b>
Surrogate:	<b>Dibromopropionic aci</b>		<b>86 %</b>	<b>97 %</b>	<b>104 %</b>	<b>92 %</b>

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

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: **5/15/2015**

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 _____		



## 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**  
 PWS Name: **Milford Water Company** PWS Class: **COM**  **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By	
<b>A</b>	<b>DBP1</b>	<b>105 Highland Street</b>	Yes <input checked="" type="checkbox"/>	5/6/2015	V.F.
<b>B</b>	<b>DBP2</b>	<b>68 Dilla Street</b>	Yes <input checked="" type="checkbox"/>	5/6/2015	V.F.
<b>C</b>	<b>DBP3</b>	<b>141 West Street</b>	Yes <input checked="" type="checkbox"/>	5/6/2015	V.F.
<b>D</b>	<b>DBP4</b>	<b>22 Beaver Street</b>	Yes <input checked="" type="checkbox"/>	5/6/2015	V.F.

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
<b>A</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	
<b>B</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	
<b>C</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	
<b>D</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	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

## 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:

Contaminant	MCL $\mu\text{g/L}$	MDL $\mu\text{g/L}$	RESULTS <sup>1</sup> $\mu\text{g/L}$			
			A	B	C	D
<b>TOTAL THMs</b>	<b>80</b>	<b>-----</b>	<b>28.9</b>	<b>14.1</b>	<b>31.8</b>	<b>29.1</b>
Bromoform		<b>0.5</b>	<b>ND</b>	<b>ND</b>	<b>ND</b>	<b>ND</b>
Chloroform		<b>0.5</b>	<b>16.3</b>	<b>8.3</b>	<b>19.3</b>	<b>17.4</b>
Bromodichloromethane		<b>0.5</b>	<b>8.8</b>	<b>3.9</b>	<b>9.1</b>	<b>8.3</b>
Dibromochloromethane		<b>0.5</b>	<b>3.8</b>	<b>1.9</b>	<b>3.4</b>	<b>3.4</b>
Lab Method			<b>524.2</b>	<b>524.2</b>	<b>524.2</b>	<b>524.2</b>
Date Extracted (551.1 only)						
Date Analyzed			<b>5/13/2015</b>	<b>5/13/2015</b>	<b>5/13/2015</b>	<b>5/13/2015</b>
Lab Sample ID#			<b>B0506-28A</b>	<b>B0506-28B</b>	<b>B0506-28C</b>	<b>B0506-28D</b>
Surrogate #1:	<b>1,2-Dichlorobenzene</b>		<b>104 %</b>	<b>100 %</b>	<b>97 %</b>	<b>108 %</b>
Surrogate #2:	<b>4-Bromofluorobenzene</b>		<b>105 %</b>	<b>100 %</b>	<b>97 %</b>	<b>107 %</b>

<sup>1</sup> Report result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</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: **5/15/2015**

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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 _____		