

Massachusetts Department of Environmental Protection - Drinking Water Program **HAA5**

Haloacetic Acids Report

I. P	WS INFORMAT	ION: Ple	ase refer t	o your DEP W	/ater Qua	ality Sampling S	Schedul	e (WQSS)	to help comp	olete this for	rm	
PW	S ID #:	2185000 City / Town: MIL						MILFO	ILFORD			
PW	S Name:	Milford Water Company						Р	WS Class:	сом 🖂	OM 🛛 NTNC 🗌	
C	EP LOCATION (LOC) ID#	DEP Location Name						Date Collected			Collected By	
Α	DBP1 105 Highland Street								5/6/2015	V.F.		
В	DBP2	J • • • • • • • • • • • • • • • • • • •							5/6/2015	V.F.		
С	DBP3	141 West Street							5/6/2015 V.F.			
D	DBP4	22 Beaver Street							5/6/2015 V.F.			
	Routine or	Original, Resubmitted or				If Resubmitted Repo				<u> </u>		
	Special Sample		Confirmation Report				(1) Reason for Resubmission				on Date of	Original Sample
Α	⊠ RS □ SS					Resample	Resample Reanalysis Report Correction					
В	⊠RS □SS							alysis 🗌 Re	eport Correction			
С	☑ RS ☐ SS ☑ Original ☐ Resubmitted ☐ Con			firmation	irmation ☐ Resample ☐ Reanalysis ☐ Report Co			eport Correction				
D	⊠RS □SS	S ☐ SS ☐ Original ☐ Resubmitted ☐ Confirm			firmation	nation Resample Reanalysis Report Correction						
	SAMPLE NOTES											
Α												
В												
C												
D												
II. A	NALYTICAL L	ABORAT	ORY INF	ORMATION:								
Prin	nary Lab MA Cer	t. #: M-I	RI010	Primary Lab	Name:	New England T	esting La	boratory		Subco	ontracted	? (Y/N) N
					Namo	amo:						` <u> </u>
Alla	Iysis Lab WA Ce	11. #.		Analysis Lab	ivallie.							
	Contaminant	:	MCL	MDL		· -	RESULTS ¹ μg/L					
			μg/L	μg/L		Α		В		<u>C</u>		D
	TAL HAA5		60			23.3		11.3		21.7		15.8
	OCHLOROACETIC			0.50		ND	ND 0.4			ND		ND
	ILOROACETIC ACI			0.50		8.9		6.4		10.3		7.5
	HLOROACETIC AC			0.50		13.1		4.2		10.6		7.6
	OBROMOACETIC ACID			0.50		ND 1.3		ND 0.7		0.8		ND 0.7
DIBROMOACETIC ACID				0.50								
Lab Method						552.2	552.2			552.2		552.2
Date Extracted					5/13/2015 5/14/2015					13/2015 14/2015	-	5/13/2015
	Analyzed											5/14/2015
	Sample ID#					506-28A	B0506-28			B0506-28C		80506-28D
4		nopropion				86 %		97 %		104 %		92 %
Re	oort Total HAA5s res		mber greater	than 0 or ND (no	ot a < MDL	. value).						
	LAB SAMPLE NO	TES										
Α												
B C												
D												
_										. ~ ~		
	orized to fill out this	form and the	he informatio			Primary L	.ab Dir	ector Sig	· =	15/2015		
	accurate and comp								<u> </u>	15/2015		
If no	ot submitting these in					his report to your n 10 days after t						nd of the month
	REVIEW STATU	•	& Date) Disapprove	ad	Co	Review mments						☐ WQTS Data Entered





Total Trihalomethanes Report

I. PWS INFORMA	TION: P	Please refer t	o your DEF	P Water Qualit	ty Sampling Sche	dule (WQS	S) to help com	plete this	form			
PWS ID #:	218	5000			City / Town:	MILFORD						
PWS Name:	Milford Water Company						PWS Class: COM ⊠ NTNC □					
DEP LOCATION (LOC) ID#			DEP Lo	cation Name			Sample Date Collected		ed Collected By			
A DBP1	DBP1 105 Highland Street					Y	es 🛛 5/6/2015		V.F.			
B DBP2	68 Dilla Street					Y	es 🛛	5/6/2015	V.F.			
C DBP3	141 V	West Street Y			es 🛛	5/6/2015	V.F.					
D DBP4	22 Be	eaver Street				Y	es 🛛	V.F.				
Routine or			Resubmitted				If Resubmitted Report, list below:					
Special Sample			ation Repor						tion Date of Original Sample			
A RS SS					Resample Rea							
B ⊠RS □SS		Driginal ☐ Resu										
C ⊠RS □SS					☐ Resample ☐ Rea		<u>'</u>					
D ⊠RS □SS	⊠c	☐ Confirmation ☐ Resubmitted ☐ Confirmation ☐ Resample ☐ Reanalysis ☐ Report Correction			Report Correction							
SAMPLE NOTES	PLE NOTES											
A												
B Control of the cont												
C D												
<u> </u>												
II. ANALYTICAL LABORATORY INFORMATION: Primary Lab MA Cert. #: M-Ri010 Primary Lab Name: New England Testing Lab Subcontracted? (Y/N) N												
analysis Lab MA Ce	rt. #:	А	nalysis La	b Name:								
		MCL	MDL			RE	SULTS¹ μg/L					
Contaminan	t	μg/L	μg/L	Α	E	3	C		D			
TOTAL THMs		80		28.9	14	l.1	31.8		29.1			
Bromoform			0.5	ND	N		ND		ND 			
Chloroform			0.5	16.3		.3	19.3		17.4			
Bromodichlorometha			0.5	8.8	3.	_	9.1		8.3			
Dibromochlorometha	ine		0.5	3.8		1.9			3.4			
Lab Method				524.2	52	524.2			524.2			
Date Extracted (551 Date Analyzed	.1 only)		5/13/20		IE 5/13/	5/13/2015		15	5/13/2015			
Lab Sample ID#				B0506-28			5/13/20 B0506-2	+	B0506-28D			
urrogate #1:	4 2 D:	1.2-Dichlorohenzono		104 %				+	108 %			
							97 %					
urrogate #2: Report result as a number		nofluorobenzer		105 %	100) %	97 %		107 %			
LAB SAMPLE NO		an o or 14D (not a	Value	·)·								
A												
В												
С												
D												
I certify un authorized to fill out thi is true, accurate and co	s form and		n contained l	herein	Primary Lab D	irector Si	_ =	5/15/2015)			
					report to your DEF 0 days after the en		Office no later ti	han 10 day:	s after the end of the month s sooner.			
DEP REVIEW STATUS (Initial & Date) Review								□ WQTS				
Accepted	□	Disapproved		Comme	ents				Data Entered			