



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	266 Purchase Street	Yes <input checked="" type="checkbox"/>	12/21/2010	Frank Astephen
B 002	230 Main Street	Yes <input checked="" type="checkbox"/>	12/21/2010	Frank Astephen
C 003	1 Countryside Drive	Yes <input checked="" type="checkbox"/>	12/21/2010	Frank Astephen
D 004	22 Beaver Street	Yes <input checked="" type="checkbox"/>	12/21/2010	Frank Astephen

	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	
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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	----	96	110	97	130
Bromoform		0.50	ND	ND	ND	ND
Chloroform		0.50	67	93	83	110
Bromodichloromethane		0.50	25	13	13	16
Dibromochloromethane		0.50	3.9	0.96	1.1	1.5
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			12/22/2010	12/22/2010	12/22/2010	12/22/2010
Lab Sample ID#			E012C07-1	E012C07-2	E012C07-3	E012C07-4
Surrogate #1:	Bromofluorobenzene		92%	92%	94%	93%
Surrogate #2:	1,2-Dichlorobenzene-d4		96%	97%	96%	96%

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

LAB SAMPLE NOTES	
A	
B	
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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: 12/28/2010

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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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 006	159 So. Main Street	Yes <input checked="" type="checkbox"/>	12/21/2010	Frank Astephen
B				
C				
D				

	Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below	
			(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	(2) Collection Date of Original Sample
A				
B				
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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 µg/L	MDL µg/L	RESULTS* µg/L			
			A	B	C	D
TOTAL THMs	80	-----	100			
Bromoform		0.50	0.54			
Chloroform		0.50	84			
Bromodichloromethane		0.50	16			
Dibromochloromethane		0.50	3.5			
Lab Method			524.2			
Date Extracted (551.1 only)						
Date Analyzed			12/22/2010			
Lab Sample ID#			E012C07-5			
Surrogate #1:	Bromofluorobenzene		95%			
Surrogate #2:	1,2-Dichlorobenzene-d4		99%			

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LAB SAMPLE NOTES	
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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	266 Purchase Street	12/21/2010	Frank Astephen
B 002	230 Main Street	12/21/2010	Frank Astephen
C 003	1 Countryside Drive	12/21/2010	Frank Astephen
D 004	22 Beaver Street	12/21/2010	Frank Astephen

	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	
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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	-----	0.65	80	61	46
MONOCHLOROACETIC ACID		1.0	ND	3.0	1.7	1.9
DICHLOROACETIC ACID		0.50	ND	29	26	11
TRICHLOROACETIC ACID		0.50	0.65	47	33	33
MONOBROMOACETIC ACID		0.50	ND	0.56	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)			12/22/2010	12/22/2010	12/22/2010	12/22/2010
Date Analyzed			12/22/2010	12/22/2010	12/22/2010	12/22/2010
Lab Sample ID#			E012C07-1	E012C07-2	E012C07-3	E012C07-4
Surrogate #1:	2,3-Dibromopropionic acid		88%	96%	98%	93%

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

LAB 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	-----	7.2			
MONOCHLOROACETIC ACID		1.0	ND			
DICHLOROACETIC ACID		0.50	2.0			
TRICHLOROACETIC ACID		0.50	5.2			
MONOBROMOACETIC ACID		0.50	ND			
DIBROMOACETIC ACID		0.50	ND			
Lab Method			552.2			
Date Extracted (551.1 only)			12/22/2010			
Date Analyzed			12/22/2010			
Lab Sample ID#			E012C07-5			
Surrogate #1:	2,3-Dibromopropionic acid		96%			

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

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