



REPORT OF ANALYTICAL RESULTS

NETLAB Case Number Z1105-52

Prepared for:

Attn: Dave Condrey
Milford Water Company
66 Dilla Street
Milford, MA 01757

Report Date: November 12, 2013

Reviewed By:

Richard Warila
Laboratory Director

Lab # RI010

SAMPLES SUBMITTED and REQUEST FOR ANALYSIS:

The samples listed in Table I were submitted to New England Testing Laboratory on November 5, 2013. The group of samples appearing in this report was assigned an internal identification number (case number) for laboratory information management purposes. The client's designations for the individual samples, along with our case numbers, are used to identify the samples in this report. This report of analytical results pertains only to the sample(s) provided to us by the client which are indicated on the custody record. The case number for this sample submission is Z1105-52.

TABLE I, Samples Submitted

Sample ID	Date Sampled	Matrix	Analysis Requested
DBPI-105 Highland Street	11/4/13	Drinking Water	Table II
DBP2-68 Dilla Street	11/4/13	Drinking Water	Table II
DBP3-141 West Street	11/5/13	Drinking Water	Table II
DBP4-22 Beaver Street	11/4/13	Drinking Water	Table II

TABLE II, Analysis and Methods

ANALYSIS	DETERMINATIVE METHOD
Total Trihalomethanes	524.2
Haloacetic Acids	552.2

Methods are documented in:

Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, APHA, AWWA-WPCF

Manual of Methods for Chemical Analysis of Water and Water Wastes, EPA-600/4-29-020 (Revised 1983), USEPA/EMSL.

40 CFR 136, Guidelines Establishing *Test Procedures for the Analysis of Pollutants Under the Clean Water Act*, Office of Federal Register National Archives and Records Administration.

EPA-821-B-94-004

CASE NARRATIVE:

Sample Receipt

The samples were all appropriately cooled and preserved upon receipt. The samples were received in the appropriate containers. The chain of custody was adequately completed and corresponded to the samples submitted.



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	11/4/2013	V.F.
B	DBP2 68 Dilla Street	11/4/2013	V.F.
C	DBP3 141 West Street	11/5/2013	V.F.
D	DBP4 22 Beaver Street	11/4/2013	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) **N**
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	8.4	5.3	5.7	5.9
MONOCHLOROACETIC ACID		0.50	ND	ND	ND	ND
DICHLOROACETIC ACID		0.50	3.3	1.7	1.7	2.0
TRICHLOROACETIC ACID		0.50	3.9	2.8	4.0	3.0
MONOBROMOACETIC ACID		0.50	ND	ND	ND	ND
DIBROMOACETIC ACID		0.50	1.2	0.8	ND	0.9
Lab Method			552.2	552.2	552.2	552.2
Date Extracted			11/6/2013	11/6/2013	11/6/2013	11/6/2013
Date Analyzed			11/6/2013	11/6/2013	11/6/2013	11/6/2013
Lab Sample ID#			Z1105-52a	Z1105-52b	Z1105-52c	Z1105-52d
Surrogate:	Dibromopropionic aci		93 %	100 %	97 %	101 %

¹ Report Total HAA5s 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: **11/12/2013**

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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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	
A	DBP1	105 Highland Street	Yes <input checked="" type="checkbox"/>	11/4/2013	V.F.
B	DBP2	68 Dilla Street	Yes <input checked="" type="checkbox"/>	11/4/2013	V.F.
C	DBP3	141 West Street	Yes <input checked="" type="checkbox"/>	11/5/2013	V.F.
D	DBP4	22 Beaver Street	Yes <input checked="" type="checkbox"/>	11/4/2013	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 Lab** Subcontracted? (Y/N) **N**
 Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	MCL $\mu\text{g/L}$	MDL $\mu\text{g/L}$	RESULTS ¹ $\mu\text{g/L}$			
			A	B	C	D
TOTAL THMs	80	-----	23.3	13.8	20.8	15.7
Bromoform		0.5	0.5	ND	ND	ND
Chloroform		0.5	8.6	5.3	9.1	6.3
Bromodichloromethane		0.5	8.5	5.1	7.5	5.7
Dibromochloromethane		0.5	5.7	3.4	4.2	3.7
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			11/7/2013	11/7/2013	11/7/2013	11/7/2013
Lab Sample ID#			Z1105-52a	Z1105-52b	Z1105-52c	Z1105-52d
Surrogate #1:	1,2-Dichlorobenzene		118 %	89 %	112 %	97 %
Surrogate #2:	4-Bromofluorobenzene		108 %	100 %	105 %	104 %

¹ Report 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: **11/12/2013**

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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 _____		

