



Inorganic Contaminant Report

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

PWS ID #: **3116000** **GROVELAND**
 PWS Name: **GROVELAND WATER DEPARTMENT** PWS Class: COM NTNC TNC

| DEP LOCATION (LOC) ID# | DEP Location Name | Sample Information <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> | Date Collected | Collected By |
|---|---|--|--|--------------|
| 10004 | GP WELL #4 | <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished | 7/1/15 | C. STOKES |
| Routine or Special Sample | Original, Resubmitted or Confirmation Report | If Resubmitted Report, list below: | | |
| | | (1) Reason for Resubmission | (2) Collection Date of Original Sample | |
| <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"/> Ranalysis <input type="checkbox"/> Report Correction | | |
| SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection). | | | | |

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **MA026** Primary Lab Name: **Biomarine Inc.** Subcontracted? (Y/N) **Y**

| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Method | Date Analyzed | Analysis Lab MA Cert # | Analysis Lab Name | Lab Sample ID# |
|-----------------------|---------------|------------|------------|-------------|---------------|------------------------|------------------------|------------------|
| ANTIMONY | ND | 0.006 | 0.0010 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| ARSENIC | ND | 0.010 | 0.0041 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| BARIUM | 0.0066 | 2 | 0.0051 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| BERYLLIUM | ND | 0.004 | 0.0010 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| CADMIUM | ND | 0.005 | 0.0010 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| CHROMIUM | ND | 0.1 | 0.0010 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| CYANIDE | ND | 0.2 | 0.010 | SM4500-CN-E | 7/5/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| FLUORIDE ¹ | 0.91 | 4.0 | 0.20 | SM4500F-C | 7/6/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| MERCURY ² | ND | 0.002 | 0.00020 | 245.2 | 7/6/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| NICKEL | ND | 0.1* | 0.0010 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| SELENIUM | ND | 0.05 | 0.0051 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| SODIUM | 36 | 20* | 1.0 | 200.7 | 7/8/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |
| THALLIUM | ND | 0.002 | 0.0010 | 200.8 | 7/7/15 | M-CT008 | Premier Laboratory LLC | E507274-2-59886B |

¹Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
²Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 *No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

| | |
|--|---|
| Was this Sample composited by the Lab? Yes <input type="checkbox"/> | COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample. |
| LAB SAMPLE NOTES | |

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: 8/6/15

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 |
|--|-----------------|--|



Inorganic Contaminant Report

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

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

| DEP LOCATION (LOC) ID# | DEP Location Name | Sample Information | Date Collected | Collected By |
|------------------------|-------------------|---|----------------|--------------|
| 59886B | | <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small> <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished | 7/1/2015 | Client |

| Routine or Special Sample | Original, Resubmitted or Confirmation Report | If Resubmitted, list below | |
|--|---|--|--|
| | | (1) Reason for Resubmission | (2) Collection Date of Original Sample |
| <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 - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION


Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

| Contaminant | Result (mg/L) | MCL (mg/L) | MDL (mg/L) | Lab Method | Date Analyzed | Analysis Lab MA Cert # | Analysis Lab Name | Lab Sample # |
|-----------------------|---------------|------------|------------|-------------|---------------|------------------------|-------------------|--------------|
| ANTIMONY | ND | 0.006 | 0.0010 | 200.8 | 07/07/2015 | | | E507274-2 |
| ARSENIC | ND | 0.010 | 0.0041 | 200.8 | 07/07/2015 | | | E507274-2 |
| BARIUM | 0.0066 | 2.0 | 0.0051 | 200.8 | 07/07/2015 | | | E507274-2 |
| BERYLLIUM | ND | 0.004 | 0.0010 | 200.8 | 07/07/2015 | | | E507274-2 |
| CADMIUM | ND | 0.005 | 0.0010 | 200.8 | 07/07/2015 | | | E507274-2 |
| CHROMIUM | ND | 0.1 | 0.0010 | 200.8 | 07/07/2015 | | | E507274-2 |
| CYANIDE | ND | 0.2 | 0.010 | SM4500-CN-E | 07/05/2015 | | | E507274-2 |
| FLUORIDE ¹ | 0.91 | 4.0 | 0.20 | SM4500F-C | 07/06/2015 | | | E507274-2 |
| MERCURY ² | ND | 0.002 | 0.00020 | 245.2 | 07/06/2015 | | | E507274-2 |
| NICKEL | ND | none* | 0.0010 | 200.8 | 07/07/2015 | | | E507274-2 |
| SELENIUM | ND | 0.05 | 0.0051 | 200.8 | 07/07/2015 | | | E507274-2 |
| SODIUM | 36 | none* | 1.0 | 200.7 | 07/08/2015 | | | E507274-2 |
| THALLIUM | ND | 0.002 | 0.0010 | 200.8 | 07/07/2015 | | | E507274-2 |

¹ Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
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| Was this Sample Composited by the Lab? <input type="checkbox"/> Yes | COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample. |
| LAB SAMPLE NOTES | |

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:

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) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved | Review Comments | <input type="checkbox"/> WQTS Data Entered |
|--|-----------------|--|