



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
10001	GP WELL #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	8/5/15	J. KOTULI
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
	<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	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
ARSENIC	ND	0.010	0.0041	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
BARIUM	0.0081	2	0.0051	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
BERYLLIUM	ND	0.004	0.0010	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
CADMIUM	ND	0.005	0.0010	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
CHROMIUM	ND	0.1	0.0010	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
CYANIDE	ND	0.2	0.010	SM4500-CN-E	8/12/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
FLUORIDE ¹	0.80	4.0	0.20	SM4500F-C	8/12/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
MERCURY ²	ND	0.002	0.00020	245.2	8/10/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
NICKEL	ND	0.1*	0.0010	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
SELENIUM	ND	0.05	0.0051	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
SODIUM	23	20*	1.0	200.7	8/10/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255
THALLIUM	ND	0.002	0.0010	200.8	8/19/15	M-CT008	MICROBAC LABORATORIES INC.	E508669-1-60255

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: 9/8/15

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
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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
60255		<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	8/5/2015	Client
Routine or Special Sample		If Resubmitted, list below		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction		(2) Collection Date of Original Sample

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	08/19/2015			E508669-1
ARSENIC	ND	0.010	0.0041	200.8	08/19/2015			E508669-1
BARIUM	0.0081	2.0	0.0051	200.8	08/19/2015			E508669-1
BERYLLIUM	ND	0.004	0.0010	200.8	08/19/2015			E508669-1
CADMIUM	ND	0.005	0.0010	200.8	08/19/2015			E508669-1
CHROMIUM	ND	0.1	0.0010	200.8	08/19/2015			E508669-1
CYANIDE	ND	0.2	0.010	SM4500-CN-E	08/12/2015			E508669-1
FLUORIDE ¹	0.80	4.0	0.20	SM4500F-C	08/12/2015			E508669-1
MERCURY ²	ND	0.002	0.00020	245.2	08/10/2015			E508669-1
NICKEL	ND	none*	0.0010	200.8	08/19/2015			E508669-1
SELENIUM	ND	0.05	0.0051	200.8	08/19/2015			E508669-1
SODIUM	23	none*	1.0	200.7	08/10/2015			E508669-1
THALLIUM	ND	0.002	0.0010	200.8	08/19/2015			E508669-1

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Was this Sample Composited by the Lab?	COMPOSITE SAMPLE NOTES
Yes <input type="checkbox"/>	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)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		