



## Total Trihalomethanes Report

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

PWS ID #: **3116000** City / Town: **GROVELAND**  
**GROVELAND WATER DEPARTMENT** PWS Class: COM  NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	20001 KAYS-941 SALEM ST.	Yes <input checked="" type="checkbox"/>	8/19/15	J. KOTULI
B	20002 PENTUCKET JR. HIGH	Yes <input checked="" type="checkbox"/>	8/19/15	J. KOTULI
C		Yes <input type="checkbox"/>		
D		Yes <input type="checkbox"/>		
	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"/> Ranalysis <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"/> Ranalysis <input type="checkbox"/> Report Correction	
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Ranalysis <input type="checkbox"/> Report Correction	
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input 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				
A				
B				
C				
D				

## II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **MA026** Primary Lab Name: **Biomarine Inc.** Subcontracted? (Y/N) **Y**  
 Analysis Lab MA Cert. #: **M-CT008** Analysis Lab Name: **Microbac Laboratory, LLC**

Contaminant	MCL $\mu\text{g/L}$	MDL $\mu\text{g/L}$	RESULTS <sup>1</sup> $\mu\text{g/L}$			
			A	B	C	D
<b>TOTAL THMs</b>	<b>80</b>	-----	19	15		
Bromoform		0.50	3.3	9.0		
Chloroform		0.50	8.8	ND		
Bromodichloromethane		0.50	3.1	1.4		
Dibromochloromethane		0.50	3.9	4.5		
Lab Method			524.2	524.2		
Date Extracted (551.1 only)						
Date Analyzed			8/26/15	8/26/15		
Lab Sample ID#			E508P44-1-60413A	E508P44-2-60413B		
Surrogate #1:	Bromofluorobenzene		105%	101%	%	%
Surrogate #2:	2,2 Dichlorogenzene-d4		106%	102%	%	%

<sup>1</sup> 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: **9/3/15**

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



## Total Trihalomethanes Report

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

PWS ID #: \_\_\_\_\_ City / Town: Biomarine, MAPWS Name: Biomarine - DW - DEP PWS Class: COM  NTNC 

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	60413A	Yes <input checked="" type="checkbox"/>	8/19/2015	Client
B	60413B	Yes <input checked="" type="checkbox"/>	8/19/2015	Client
C				
D				

	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				
D				

SAMPLE NOTES	
A	
B	
C	
D	

## II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Microbac Laboratories, Inc. Subcontract? (Y/N) NAnalysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
<b>TOTAL THMs</b>	<b>80</b>	<b>-----</b>	19	15		
Bromoform		0.50	3.3	9.0		
Chloroform		0.50	8.8	ND		
Bromodichloromethane		0.50	3.1	1.4		
Dibromochloromethane		0.50	3.9	4.5		
Lab Method			524.2	524.2		
Date Extracted (551.1 only)						
Date Analyzed			8/26/2015	8/26/2015		
Lab Sample ID#			E508P44-1	E508P44-2		
Surrogate #1:	Bromofluorobenzene		105%	101%		
Surrogate #2:	1,2-Dichlorobenzene-d4		106%	102%		

\*Report result as a number Greater than 0 or ND (not a &lt; 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: 9/1/2015

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		