



## Volatile Organic Contaminant 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**  
 PWS Name: **GROVELAND WATER DEPARTMENT** PWS Class:  COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
10001	GP WELL #1 – FINISHED WATER	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	10/21/15	J. KOTULI
Routine or Special Sample <input type="checkbox"/> RS <input checked="" 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"/> Ranalysis <input type="checkbox"/> Report Correction		(2) Collection Date of Original Sample		
SAMPLE NOTES – Such as, if a Manifold/Multiple sample, list the source(s) 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   
 Analysis Lab MA Cert. #: **M-CT008** Analysis Lab Name: **MICROBAC LABS INC.**

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2	-	10/23/15	E510M71-1-60842	
Was this Sample composited by the Lab? Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50



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PWS ID#: 3116000

Lab Sample ID#: E510M71-1-60842

CAS#	UNREGULATED VOC CONTAMINANTS	Results μg/L	MDL μg/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50
87-61-6	1,2,3-TRICHLOROBENZENE	ND	0.50
103-65-1	N-PROPYLBENZENE	ND	0.50
104-51-8	N-BUTYLBENZENE	ND	0.50
91-20-3	NAPHTHALENE*	ND	0.50
87-68-3	HEXACHLOROBUTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
98-82-8	ISOPROPYLBENZENE	ND	0.50
98-06-6	TERT-BUTYLBENZENE	ND	0.50
135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)* <sup>#</sup>	ND	0.50

CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS <i>(Report if analyzed or otherwise detected)</i>	Results μg/L	MDL μg/L
109-99-9	TETRAHYDROFURAN (THF)*		
75-65-0	TERT-BUTYL ALCOHOL (TBA)*		
1748-03-8	TERT-AMYL METHYL ETHER (TAME)*		
637-92-3	ETHYL TERTIARY BUTYL ETHER (ETBE)		
108-20-3	DI-ISOPROPYL ETHER (DIPE)		
67-64-1	ACETONE*		
76-13-1	FREON 113*		
78-93-3	METHYL ETHYL KETONE (MEK)*		
108-10-1	METHYL-ISOBUTYL KETONE (MIBK)*		

Check this box if attaching lab report to show additional VOC results/contaminants tested.

# Required  
\* DEP ORSG limit established.

Surrogate Name	% Recovery (70 - 130%)
1,2-Dichlorobenzene-d4	97%
Bromofluorobenzene	101%

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: 11/5/15

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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**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  TNC 

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
60842		<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	10/21/2015	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				
<b>SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).</b>						

**II. ANALYTICAL LABORATORY INFORMATION**

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

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc.

Lab Method	Date Extracted (551.1 Only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		10/23/2015	E510M71-1	
Was this Sample composited by the Lab?		COMPOSITE SAMPLE NOTES - Please list the composite sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.		
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
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PWS ID #: [ ]

Lab Sample ID #: E510M71-1

Table with 4 columns: CAS#, UNREGULATED VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists various VOCs such as Chloroform, Bromodichloromethane, etc.

Table with 4 columns: CAS#, ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists additional VOCs such as Tetrahydrofuran, TERT-Butyl Alcohol, etc.

Check this box if attaching lab report to show additional VOC results/contaminants tested.

# Required
\* DEP ORSG limit established

Table with 2 columns: Surrogate Name, % Recovery (70 - 130%). Rows include 1,2-Dichlorobenzene-d4 and Bromofluorobenzene.

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 Directory Signature:

[Handwritten Signature]

Date: 10/26/2015

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
WQTS Data Entered