



Perchlorate 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		Date Collected	Collected By
10004	GP WELL #4	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	8/17/16	J. KOTULI
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"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection).					

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **MA026** Primary Lab Name: **BIOMARINE INC.** Subcontracted? (Y/N) **Y**
 Analysis Lab MA Cert. #: **M-MA009** Analysis Lab Name: **BARNSTABLE COUNTY HEALTH LABORATORY**

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	ND	µg/L	2.0	0.050	1.0	314.0	8/19/16	169602704-62812C
CONDUCTIVITY	350	umhos/cm	----	1.0	2.0	120.1	8/18/16	169602704-62812C

Perchlorate analysis requires the use of a Massachusetts DEP approved laboratory.

Perchlorate concentrations between the Minimum Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).

All field samples with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.

LAB SAMPLE NOTES

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (%)	Lab Method	Date Analyzed
Perchlorate (reanalysis)	-	-	-	-	-	-	-
Perchlorate (spike)	-	-	-	-	-	-	-

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: 9/8/16

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 _____		



Massachusetts Department of Environmental Protection - Drinking Water Program
Perchlorate Report

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PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
62812C		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/17/2016	Customer
Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS		Original or Resubmitted Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted		
If resubmitted Report, list below: (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 any sources that were on-line during collection.)				

II. ANALYTICAL LABORATORY INFORMATION:

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
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Perchlorate (Reanalysis)							
Perchlorate (Spike)							

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: 8/22/2016

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