

Massachusetts Department of Environmental Protection - Drinking Water Program  
**Haloacetic Acids Report**

HAA5

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

PWS ID: 3213000 City/Town: NORTH READING  
 PWS Name: NORTH READING WATER DEPT PWS Class: COM  NTNC

DEP Location (LOC)ID#	DEP Location Name	Date Collected	Collected By
A 10281	HOOD SCHOOL- HAVERHILL ST.	01/07/15	Mark E. Clark
B 10283	TOWN HALL TAP	01/07/15	Mark E. Clark
C 10300	CLARKE PARK BLDG	01/07/15	Mark E. Clark
D 10301	LINDENMEYER-MUNROE	01/07/15	Mark E. Clark

  

	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	<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	
D	<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
A
B
C
D

II. Analytical Laboratory Information

Primary Lab MA Cert.#: MA072 Primary Lab Name: New England ChromaChem Subcontracted? (Y/N) N  
 Analysis Lab MA Cert #: MA072 Analysis Lab Name: New England ChromaChem

Contaminant	MCL	MDL	Results <sup>1</sup> µg/L			
	µg/L	µg/L	A	B	C	D
<b>Total HAA5</b>	<b>60</b>	-----	6.74	8.56	6.35	12.3
Monochloroacetic Acid		1	ND	ND	1.08	7.84
Dichloroacetic Acid		1	4.85	6.23	3.93	4.46
Trichloroacetic Acid		1	1.89	2.33	1.34	ND
Monobromoacetic acid		1	ND	ND	ND	ND
Dibromoacetic Acid		1	ND	ND	ND	ND
Lab Method			EPA 552.2	EPA 552.2	EPA 552.2	EPA 552.2
Date Extracted			01/09/15	01/09/15	01/09/15	01/09/15
Date Analyzed			01/09/15	01/09/15	01/09/15	01/09/15
Lab Sample ID#			501034	501035	501036	501037
Surrogate: 2-Bromopropionic Acid		%	102	95	90	87

<sup>1</sup> Report result as a number greater than 0 or ND(not a 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: *Blair L. Bon*  
 Date: 01/12/15

If not submitting these results electronically, mail TWO copies of this report to 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 Date Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		