



Perchlorate 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
10292	CENTRAL ST. - ANDOVER COMBINED	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	03/19/15	M.E.C.
Routine or Special Sample <input checked="" type="checkbox"/> RS <input 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"/> 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)

Analysis Lab MA Cert. #: Analysis Lab Name:

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	0.105	µg/L	2.0	0.050	0.050	332.0	03/24/15	L1505291-03
CONDUCTIVITY		umhos/cm	---					

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: 03/31/15

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 _____		



Perchlorate Report

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 TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10010	LAKESIDE GWTP - (2,3,5,7G)	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	10/15/14	M.E.C.
Routine or Special Sample		If Resubmitted Report, list below:		
Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		
<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		
(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. #: M-MA085 Primary Lab Name: Alpha Analytical Subcontracted? (Y/N) N
 Analysis Lab MA Cert. #: M-MA085 Analysis Lab Name: Alpha Analytical

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	0.524	µg/L		0.050	0.050	332.0	10/21/14	L1424439-04
CONDUCTIVITY		umhos/cm						

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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)							

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Primary Lab Director Signature: Michael O'Sullivan

Date: 10/24/14

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DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



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
10291	RAILROAD BED GWTF (WEST VILLAGE)- FINISHED	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	10/15/14	M.E.C.
Routine or Special Sample <input checked="" type="checkbox"/> RS <input 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"/> 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).				

ANALYTICAL LABORATORY INFORMATION

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

CONTAMINANT	Result	UOM	MCL	MDL	MRL	Lab Method	Date Analyzed	Lab Sample ID#
PERCHLORATE	0.636	µg/L		0.050	0.050	332.0	10/21/14	L1424439-03
CONDUCTIVITY		umhos/cm						

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

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Primary Lab Director Signature: *Michael J. O'Connell*
 Date: 10/24/14

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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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