

Massachusetts Department of Environmental Protection - Drinking Water Program
Total Trihalomethanes Report

THM

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

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

Analysis Lab MA Cert #: Analysis Lab Name:

Contaminant	MCL	MDL	Results ¹ µg/L			
	µg/L	µg/L	A	B	C	D
Total THMs	80	-----	33.7	29.8	16.7	96.2
Bromoform		0.5	ND	ND	ND	ND
Chloroform		0.5	16.8	15.9	8.18	76.3
Bromodichloromethane		0.5	10.6	9.54	5.64	16.6
Dibromochloromethane		0.5	6.27	4.36	2.83	3.26
Lab Method			EPA 524.2	EPA 524.2	EPA 524.2	EPA 524.2
Date Extracted (551.1 only)						
Date Analyzed			01/08/15	01/08/15	01/08/15	01/08/15
Lab Sample ID#			501034	501035	501036	501037
Surrogate #1: 4-bromofluorobenzene	%		95	101	100	102
Surrogate #2: 1,2-dichlorobenzene-d4	%		99	94	94	97

¹ 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: *Bruce L. Bow*
 Date: 01/09/15

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 _____		