



Volatile Organic Contaminant 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	Sample Acidified?	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	Yes <input checked="" type="checkbox"/>	10/20/16	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 the source(s) that were on-line during sample collection.						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-MA086** Primary Lab Name: **Alpha Analytical** Subcontracted? (Y/N) **N**
 Analysis Lab MA Cert. #: **M-MA086** Analysis Lab Name: **Alpha Analytical**

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		10/26/2016	L1633733-03	
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	0.5
56-23-5	CARBON TETRACHLORIDE	ND	5	0.5
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.5
107-06-02	1,2-DICHLOROETHANE	ND	5	0.5
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.5
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.5
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.5
75-01-4	VINYL CHLORIDE	ND	2	0.5
108-90-7	MONOCHLOROBENZENE	ND	100	0.5
95-50-1	O-DICHLOROBENZENE	ND	600	0.5
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.5
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.5
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.5
100-41-4	ETHYLBENZENE	ND	700	0.5
100-42-5	STYRENE	ND	100	0.5
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.5
108-88-3	TOLUENE	ND	1000	0.5
1330-20-7	XYLENES (TOTAL)	ND	10000	0.5
75-09-2	DICHLOROMETHANE	ND	5	0.5
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.5
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.5



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10010	LAKESIDE GWTP - (2,3,5,7G)	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	10/20/16	M.E.C.
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample		
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			

SAMPLE NOTES – Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection.

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 Analysis Lab MA Cert. #: **M-MA086** Analysis Lab Name: **Alpha Analytical**

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		10/26/2016	L1633733-01	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

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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	Yes <input checked="" type="checkbox"/>	10/20/16	M.E.C.
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample			
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
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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		10/26/2016	L1633733-02	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
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