

Massachusetts Department of Environmental Protection - Drinking Water Program

Secondary Contaminant Report

I. I PV	PWS INFORM NS ID #:	321;	: Please refe	er to your DE	P Water Qu						mplet	e this fo	m	
	VS Name:		Reading W	later Dant		City	/Town:		THRE					
r	vo rame.	NOILII	Reading W	rater Dept.					PWS	Class:	CON	N 🖂 N	TNC TNC	
DEP LOCATION (LOC) ID#			DEP Location Name				Sample Information				Date Collected		Collected By	
A	10292	Ce	entral St A	mbined		☐ (M)ultiple ☐ (R)av☐ (S)ingle ☐ (F)ini		nished	07/08/14		MEC			
		LA	KESIDE GV		(M)ultipl		☐ (R)a ☑ (F)ir	nished)8/14	MEC			
	Routine or Special Sample	9	Original, Confir	, Resubmitted (mation Report	or	If Resubmitted Re					eport, list below: (2) Collection Date of Original Sample			
Α	☐ RS ☐ SS ☐ Original ☐ Resubmitted ☐ Co				onfirmation	☐ Resample ☐ Reanalysis ☐ Report Correction					1	,		
В	CO				onfirmation	☐ Resample ☐ Reanalysis ☐ Report Correction					+			
	SAMPLE NOTES	S - (Such	h as, if a Manifo	ld/Multiple samp	ole, fist any sc	list any sources that were on-line during sample collection)								
A														
В	Source: - (2,3,5	5,7G)												
II. A	NALYTICAL L	ABOF	RATORY IN	FORMATIO	N;									
Prin	nary Lab MA Ce	rt. #:	M-MA086	Priman	Lab Name	: Alpha A	nalytical				Subcontracted? (Y/N) N			
Anal	lysis Lab MA Ce	ert.#:	M-MA086	Analysis	Lab Name	: Alpha A	nalytical			7	300CONGREGAT (T/N) N			
÷			Res	ults			Lab Melhod							
	Compound		A	В	SMCL	MDL (mg/L)			1	Date Analyzed			Lab Sample ID#	
IRON	1 (mg/L)				0.3									
MAN	GANESE (mg/L)		0.022	ND	0.05*	0.010	20	0.7		7/10/2014			L1415039-01&-02	
ALKA	ALINITY (mg/L as C	aCO3)			None							· ·	£1410005-014-02	
CALC	CIUM (mg/L)				None									
MAGI	NESIUM (mg/L)				None						\dashv			
HARD	ONESS (mg/L as Ca	CO3)			None						\dashv			
POTA	SSIUM (mg/L)				None		*				-+			
TURB	UTM) YTIOI				None						-			
ALUM	IINUM (mg/L)				0.2						\dashv			
CHLO	RIDE (mg/L)				250									
oro)R (C.U.)				15						-			
OPP	OPPER (mg/L)				1						-			
DOR	(T.O.N)				3									
н	н				6.5-8.5						\dashv			
ILVE	ILVER (mg/L)				0.10						-+			
ULFA	ULFATE (mg/L)				250		····				\dashv			
DS (m	DS (mg/L)				500						\dashv			
INC (n					5									
	nas established a li		ealth Advisory	(HA) for mangai	nese at 0.3 m	g/L and an ac	ute HA at 1 0	mg/L	7					
-	AB SAMPLE NOT	ES									**********			
+						***								
ntaine ent of	authorized lo fill ot ed herein is true, ac f my knowledge	ul this fo curate a	and complete to	formation the best	this rapped to		rimary Lab			D-4		MJd	fell (Hanish) 7/22/14	
				rt or no later tha	ins report to y in 10 days aft	er the end of	jional Office r the reporting	o later period,	lhan 10 d whicheve	days after i er is soone	he end r	of the mo	onth in which you receive	
	P REVIEW STATUS (Initial & Date) Accepted Disapproved				Rev	iew							☐ WOTS Data	





Massachusetts Department of Environmental Protection - Drinking Water Program

Secondary Contaminant Report

1. 1	WS INFORM	IATIC	N: Please refe	er to your DEP	Water Qu	ality Samp	ling Schedule	(WQSS) to	help con	plete this fo	orm	
I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form PWS ID #: 3213000												
PV	VS Name:	NO	RTH READIN	G WATER D	EPT.		PWS Class: COM ⊠ NTNC					
DEP LOCATION (LOC) ID#				DEP Location N		Sample	Information		Date Collected	Collected By		
А	10010		LAKESIDE GWTP - (2,3,5,7G)	⊠ (M)ultiple □ (R)aw □ (S)ingle □ (F)inished			06/23/15	M.E.C.	
В	10291		RAILROAD BED GWTF (WEST VILLAGE)-			FINISHED	☐ (M)ultiple ☐ (R)aw ☐ (S)ingle ☐ (F)inished			06/23/15	M.E.C.	
			, Resubmitted or mation Report		,	If Resubmitted Re				port, list below: (2) Collection Date of Original Sample		
Α	A ⊠RS □SS E		☑ Original ☐ Resubmitted ☐ Confirmation			Resample Reanalysis Report Correction					ion Date of Original Sa	mple
В			☐ Original ☐ Resubmitted ☐ Confirmation				ple Reanalysis					
	SAMPLE NOTES – (Such as, if a Manifold/Multiple sample,				Address of the last of the las	The state of the s						
Α	and some of the daming sample collection).											
В	В											
11. /	NAI YTICAL	ΙΔR	ORATORY IN	FORMATION								
II. ANALYTICAL LABORATORY INFORMATION: Primary Lab MA Cert. #: M-MA086 Primary Lab Name: Alpha Analytical Subcontracted? (Y/N) N												
							Analytical			Subcontracted? (Y/N) N		
Alle	Ilysis Lab MA (Jert. A	M-MAU86	Analysis	Lab Name	: Alpha	Analytical					
	Compound		Re:	sults B	SMCL	MDL (mg/L)	Lab Me	thod	Date Analyze	d	Lab Sample ID#	
IRO	N (mg/L)				0.3						***************************************	
MAN	NGANESE (mg/L)		ND	ND	0.05*	0.010	200.	7	06/28/1	8/15 L1514153-02		
ALK	ALINITY (mg/L as	CaCO)		None							
CALCIUM (mg/L)					None				-			
MAG	SNESIUM (mg/L)				None							
HAR	DNESS (mg/L as	CaCO3)			None							
POT	ASSIUM (mg/L)				None						***	
TUR	BIDITY (NTU)				None							
ALUMINUM (mg/L)					0.2							
CHLORIDE (mg/L)				250								
COLOR (C.U.)					15							
COPPER (mg/L)				1								
ODOR (T.O.N)				3								
рН				6.5-8.5								
SILVER (mg/L)				0.10								
SULFATE (mg/L)					250							
TDS (mg/L)					500							
ZINC (mg/L)										1		
			ne Health Advisory	(HA) for mangar	ese at 0.3 n	ng/L and an	acute HA at 1.0 n	ng/L.				
\rightarrow	LAB SAMPLE N	OTES										
A B												
persoi contai extent	n authorized to fil ned herein is true of my knowledge	l out ti , accur	nalties of law that his form and the it ate and complete electronically, ma	nformation to the best	his report to	vour DEP 6	Primary Lab Director Signature: Date: P Regional Office no later than 10 days after the end of the m				Harll Atowales	
DEP REVIEW STATUS (Initial & Date)						fter the end	of the reporting po	eriod, whichev	er is soone	r.	WQTS Data	.,,,,,,
□ Ac	Accepted Disapproved					ents					Entered	