



Sodium Report

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

PWS ID #: 1113000

City / Town: Gt. Barrington

PWS Name: Great Barrington Fire District

PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
A 10000	Point of Entry Post Green River PH 01G	<input checked="" type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	08/11/2020	Erick Bartlett
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
C		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
Routine or Special Sample		Original, Resubmitted or Confirmation Report		If Resubmitted Report, list below		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS		<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		(1) Reason for Resubmission		
<input type="checkbox"/> RS <input type="checkbox"/> SS		<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation		(2) Collection Date of Original Sample		
<input type="checkbox"/> RS <input type="checkbox"/> SS		<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation				
<input type="checkbox"/> RS <input type="checkbox"/> SS		<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation				

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

A

B

C

D

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA1146 Primary Lab Name: Microbac Laboratories, Inc., Lee Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-CT008 Analysis Lab Name: Microbac Laboratories, Inc. - Dayville

SODIUM Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A 15.5	none	1.02	EPA 200.7, Rv. 4.4 (1994)	08/14/2020	LOH0243-01
B	none				
C	none				
D	none				

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: *B. Wain*
Date: 9/8/2020

If not submitting 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		