



Total Trihalomethanes 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		Sample Acidified?	Date Collected	Collected By	
A	10003	Mobil Sta. - Stockbridge Rd	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	08/28/2017	CUSTOMER	
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"/>			
			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 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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 - (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. #: Primary Lab Name: Subcontract? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

Contaminant	MCL µg/L	MDL µg/L	RESULTS µg/L			
			A	B	C	D
TOTAL THM	80	0.500	5.27			
CHLOROFORM		0.500	1.77			
BROMODICHLOROMETHANE		0.500	1.83			
CHLORODIBROMOMETHANE		0.500	1.67			
BROMOFORM		0.500	<0.500			
Surrogate: 4-Bromofluorobenzene			95.8%	%	%	%
Surrogate: 1,2-Dichlorobenzene-d4			94.5%	%	%	%
Lab Method			EPA 524.2, Rv 4.1			
Date Extracted						
Date Analyzed			08/30/2017			
Lab Sample ID#			L7H0680-01			

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:

Date:

If not submitting results electronically, mail TWQ 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		