



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Haloacetic Acids Report**

HAA

**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 Station	<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"/>	08/11/2020	Client
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
<b>TOTAL HAAs</b>	<b>60</b>	1.00	1.49			
MONOCHLOROACETIC ACID		1.00	<1.00			
DICHLOROACETIC ACID		1.00	1.49			
TRICHLOROACETIC ACID		1.00	<1.00			
MONOBROMOACETIC ACID		1.00	<1.00			
DIBROMOACETIC ACID		1.00	<1.00			
Surrogate: 2,3-Dibromopropionic acid [2C]			188%			
Surrogate: 2,3-Dibromopropionic acid			174%			
Lab Method			EPA 552.2, Rv. 1 (1995)			
Date Extracted			08/20/2020			
Date Analyzed			08/22/2020			
Lab Sample ID#			L0H0245-01RE1			

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 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) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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