



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

HAA

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 ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A			
B	10003 Mobil Sta. - Stockbridge Rd	08/08/2023	Client
C			
D			

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<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	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" 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 COMMENTS
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

Contaminant	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	A µg/L	Result Qualifier	B µg/L	Result Qualifier	C µg/L	Result Qualifier	D µg/L	Result Qualifier
HALOACETIC ACIDS		0.128	1.00	1.00			5.39					
MONOCHLOROACETIC ACID		0.156	1.00	1.00			ND					
DICHLOROACETIC ACID		0.128	1.00	1.00			4.02					
TRICHLOROACETIC ACID		0.129	1.00	1.00			1.36					
MONOBROMOACETIC ACID		0.247	1.00	1.00			ND					
DIBROMOACETIC ACID		0.148	1.00	1.00			ND					
Lab Method	EPA 552.2, Rv. 1 (1)											
Date Extracted	08/10/2023											
Date Analyzed	08/11/2023											
Lab Sample ID#	E3H0244-02											
Surrogate: 2,3-Dibromopropionic acid	125%											

1 Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value) to 2 significant figures.

Lab Sample Notes	Result Qualifier	Result Qualifier Description
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: 8/16/2023

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

DEP REVIEW STATUS (Initial & Date)	Review	WQTS
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Comments	Data Entered

