

Certificate of Analysis

To: WhiteWater, Inc. Date Reported: March 22, 2016 253 B Worcester Rd

Charlton, MA 01507 Date Received: March 16, 2016

PWS: Heritage School 2054047

C0316-W01 Case No.

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Kitchen Tap
PT	01G	Post-Treatment
RW	01G	Well #1/Storage Tank/Tap in Pumphouse

Total Coliform Bacteria SUBJECT:

METHOD:

Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, APHA, AWWA-WPCF.

Total Coliform: SM 9223B

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
FS	01G	Finished Water Well #1

Volatile Organic Compounds SUBJECT:

Methods for the Determination of Organic Compounds in Finished METHOD:

Drinking Water and Raw Source Water, USEPA/EMSL. Volatile Organic Compounds: Method 524.2

New England Testing Laboratory is certified in the Commonwealth of Massachusetts (Lab ID M-RI010) for all tests performed on the premises.

This report shall not be reproduced, except in full, without written approval of the laboratory.

New England Testing certifies that the test results contained within this report meet all method and certification requirements except as detailed in the Case Narrative section of this report.

NEW ENGLAND TESTING LABORATORY, INC.

59 Greenhill St., West Warwick, RI 02893 (401) 353-3420



Massachusetts Department of Environmental Protection - Drinking Water Program

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BACTERIOLOGICAL REPORT										Ь					
I. PWS	INFORMA	TION: Refe	r to your DE	P Coliform S	Sampling F	Plan to help	complete	the PWS	Information	and DEF	Approved S	ample S	ite Information sec	tions below.	
PWS	ID#: 20	054047	PWS Name:	HERITAG	E SCHOO	L		Ci	ity/Town:	С	HARLTON		Class: COM 🔲 N	TNC ⊠ TNC □	
II. ANA	LYTICAL	NFORMATI	ON: Refer to	your MassE	DEP state la	ab certifica	te for prop	er Lab M	A Cert.# and	certified	methods.				
Prima	Primary Lab MA Cert.#: M-RI010 Primary Lab Name: New England Testing Laboratory Subcontracted? (Y/N): N														
Analy	sis Lab M	A Cert.#:		Anal	ysis Lab:										
☑ Origin	al Report 🗌	Resubmitted	Report Con	firmation Repo	ort (1)	Reason for R	esubmission:	Resamp	le 🗌 Reanalysis	☐ Report (Correction (2) C	ollection D	ate of Original Sample:		
TC	Method	E.Col	li Method	Fecal Col	liform	HPC Met	thod	l ah San	nple Notes:						
S	M 9223							Lab Sai	iipie Notes.						
		ED SAMPLE	SITE INFORM	ATION ¹	TOTAL	E.COLI or	CHLORINE	CHLORINE	нрс	COLLECT	ION	ANALYS	SIS		
DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Appro	oved SAMPLE L	OCATION ¹	COLIFORM RESULT ^{4,5}			RESULT ² # cfu/mL	DATE	TIME	DATE TIME	TIME	COLLECTED BY	LAB SAMPLE ID#	
RS	001	Kitchen Tap)		Α				3/16/2016	09:55	3/16/2016	17:30	Tim Rustan	C0316-W01A	
PT	01G	Post-Treatm			Α				3/16/2016	10:10	3/16/2016	17:30	Tim Rustan	C0316-W01B	
RW	01G	Well #1/Stor	rage Tank/Ta	p in Pump.	Α				3/16/2016	10:15	3/16/2016	17:30	Tim Rustan	C0316-W01C	
	· · · · · · · · · · · · · · · · · · ·	-		<u></u>											

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.			Laboratory Au	uthorized Signatu	ure and Date:	BehOlitas	3/21/2016	
DEP Review Status:	☐ Accepted ☐ Disapproved	Review	/ Comments:					

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan
² SWTR systems: HPC samples shall be taken at the same <u>distribution</u> sites and at the same time as total coliform, whenever chlorine residual is <u>not</u> detected at the sample site.
³ Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample

⁴ Report as #/100 mL, P (present) ,A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).

⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.





Volatile Organic Contaminant Report

VOC Page 1 of 2

I. PWS INFOR	MATION:	Please refer t	o your DEP Water (Quality Sam	pling Sch	edul	e (WQSS) to he	lp complete	this form		
PWS ID #:	20	54047		C	ity / Tov	vn:	CHARLTON				
PWS Name:	Her	itage School					PWS C	Class: CC	OM 🗌 NTN	C \boxtimes TNC \square	
DEP LOCATION (LOC) ID#		DEP L	ocation Name		Sample Information			Sample Acidified?	Date Collected	Collected By	
01G	Finished	Water Well	#1		☐ (M)ul ☐ (S)ing		☐ (R)aw ☐ (F)inished	Yes ⊠	3/16/2016	Tim Rustan	
Routine or		Original, Resub	mitted or		_		If Resubmitted	Report, list b	elow:		
Special Sample		Confirmation	Report	(1)	Reason fo	r Res	ubmission	(2) C	(2) Collection Date of Original Sample		
⊠RS □SS	☑ Original	nal 🗌 Resubmitte	ed Confirmation	Resample	e 🗌 Reana	nalysis Report Correction					
SAMPLE NOTES	- Such as, if	a Manifold/Multipl	e sample, list the sourc	e(s) that were	on-line duri	ng sar	mple collection.	<u>-</u>			
II. ANALYTIC	AL LABOR	RATORY INF	ORMATION:								
Primary Lab M	A Cert. #:	M-RI010	Primary Lab Nam	e: New Eng	gland Test	ing La	ab		Subcontract	ed? (Y/N) N	
Analysis Lab M	A Cert. #:		Analysis Lab Nam	e:							
Lab Method Date Extracted Date (551.1 only) Analyzed			Lab Samp	ole ID#		SAMPLE NOTES ed or additional cor			ether sample was		
524.2			3/16/2016	C0316-V	V01D						
Was this Sample composited by the Lab? COMPOSITE SAMPLE NOTES - Please list the composited states.				posited sou	rces b	by DEP Source Co	de (XXXXXX	-XXX), up to five	e individual sources.		
Yes:□ N	lo:□										

CAS#	REGULATED VOC CONTAMINANT	Results μg/L	MCL μg/L	MDL μg/L
71-43-2	BENZENE	N.D.	5	0.5
56-23-5	CARBON TETRACHLORIDE	N.D.	5	0.5
75-35-4	1,1-DICHLOROETHYLENE	N.D.	7	0.5
107-06-02	1,2-DICHLOROETHANE	N.D.	5	0.5
106-46-7	PARA-DICHLOROBENZENE	N.D.	5	0.5
79-01-6	TRICHLOROETHYLENE (TCE)	N.D.	5	0.5
71-55-6	1,1,1-TRICHLOROETHANE	N.D.	200	0.5
75-01-4	VINYL CHLORIDE	N.D.	2	0.5
108-90-7	MONOCHLOROBENZENE	N.D.	100	0.5
95-50-1	O-DICHLOROBENZENE	N.D.	600	0.5
156-60-5	TRANS-1,2-DICHLOROETHYLENE	N.D.	100	0.5
156-59-2	CIS-1,2-DICHLOROETHYLENE	N.D.	70	0.5
78-87-5	1,2-DICHLOROPROPANE	N.D.	5	0.5
100-41-4	ETHYLBENZENE	N.D.	700	0.5
100-42-5	STYRENE	N.D.	100	0.5
127-18-4	TETRACHLOROETHYLENE (PCE)	N.D.	5	0.5
108-88-3	TOLUENE	N.D.	1000	0.5
1330-20-7	XYLENES (TOTAL)	N.D.	10000	0.5
75-09-2	DICHLOROMETHANE	N.D.	5	0.5
120-82-1	1,2,4-TRICHLOROBENZENE	N.D.	70	0.5
79-00-5	1,1,2-TRICHLOROETHANE	N.D.	5	0.5



Massachusetts Department of Environmental Protection - Drinking Water Program

Volatile Organic Contaminant Report

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PWS ID#:

2054047

C0316-W01D Lab Sample ID#:

CAS#	UNREGULATED VOC CONTAMINANTS	Results μg/L	MDL μg/L
67-66-3	CHLOROFORM*	N.D.	0.5
75-27-4	BROMODICHLOROMETHANE	N.D.	0.5
124-48-1	CHLORODIBROMOMETHANE	N.D.	0.5
75-25-2	BROMOFORM	N.D.	0.5
541-73-1	M-DICHLOROBENZENE	N.D.	0.5
74-95-3	DIBROMOMETHANE	N.D.	0.5
563-58-6	1,1-DICHLOROPROPENE	N.D.	0.5
75-34-3	1,1-DICHLOROETHANE*	N.D.	0.5
79-34-5	1,1,2,2-TETRACHLOROETHANE	N.D.	0.5
142-28-9	1,3-DICHLOROPROPANE	N.D.	0.5
74-87-3	CHLOROMETHANE	N.D.	0.5
74-83-9	BROMOMETHANE*	N.D.	0.5
96-18-4	1,2,3-TRICHLOROPROPANE	N.D.	0.5
630-20-6	1,1,1,2-TETRACHLOROETHANE	N.D.	0.5
75-00-3	CHLOROETHANE	N.D.	0.5
594-20-7	2,2-DICHLOROPROPANE	N.D.	0.5
95-49-8	O-CHLOROTOLUENE	N.D.	0.5
106-43-4	P-CHLOROTOLUENE	N.D.	0.5
108-86-1	BROMOBENZENE	N.D.	0.5
542-75-6	1,3-DICHLOROPROPENE*	N.D.	0.5
95-63-6	1,2,4-TRIMETHYLBENZENE	N.D.	0.5
87-61-6	1,2,3-TRICHLOROBENZENE	N.D.	0.5
103-65-1	N-PROPYLBENZENE	N.D.	0.5
104-51-8	N-BUTYLBENZENE	N.D.	0.5
91-20-3	NAPTHALENE*	N.D.	0.5
87-68-3	HEXACHLOROBUTADIENE	N.D.	0.5
108-67-8	1,3,5-TRIMETHYLBENZENE	N.D.	0.5
99-87-6	P-ISOPROPYLTOLUENE	N.D.	0.5
98-82-8	ISOPROPYLBENZENE	N.D.	0.5
98-06-6	TERT-BUTYLBENZENE	N.D.	0.5
135-98-8	SEC-BUTYLBENZENE	N.D.	0.5
75-69-4	FLUOROTRICHLOROMETHANE	N.D.	0.5
75-71-8	DICHLORODIFLUOROMETHANE*	N.D.	0.5
74-97-5	BROMOCHLOROMETHANE	N.D.	0.5
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)#*	N.D.	0.5

CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS (Report if analyzed or otherwise detected)	Results μg/L	MDL μg/L
109-99-9	TETRAHYDROFURAN (THF)*	N.D.	5.0
75-65-0	TERT-BUTYL ALCOHLOL (TBA)*	N.D.	0.5
1748-03-8	TERT-AMYL METHYL ETHER (TAME)*	N.D.	0.5
637-92-3	ETHYL TERTIARY BUTYL ETHER (ETBE)	N.D.	0.5
108-20-3	DI-ISOPROPYL ETHER (DIPE)	N.D.	0.5
67-64-1	ACETONE*	N.D.	5.0
76-13-1	FREON 113*		
78-93-3	METHYL ETHYL KETONE (MEK)*	N.D.	5.0
108-10-1	METHYL-ISOBUTYL KETONE (MIBK)*	N.D.	5.0
			_
		1-1:4: 1) (0	

[☐] Check this box if attaching lab report to show additional VOC results/contaminants tested.

Surrogate Name	% Recovery (70 – 130%)
1,2-Dichlorobenzene-d4	102
4-Bromofluorobenzene	100

	1	certify	under	penalt	ies o	f law	that	1	am	the	perso	n
authorize	d to	fill out	this fo	rm and	the i	nforma	ation	со	ntain	ed h	erein	is
true, acci	urate	and c	omplete	to the	best e	xtent o	of my	kn	owle	dge.		

Primary Lab Director Signature: Gallolia

Date: 3/21/2016

If not submitting these results electronically, mail <u>TWO</u> 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	□ WQTS
☐ Accepted ☐ Disapproved	Comments	Data Entered

^{*}Required
* DEP ORSG limit established.

	ROUTINE SAMPLE	$\begin{array}{c} CO3/(g-\omega O) \\ \text{SPECIAL SAMPLE} \end{array}$
WhiteWater	O REPEAT SAMPLE	O OF 5 FOLLOW-UP
WATER & WASTEWATER SOLUTIONS	SPECIAL NOTES:	
2538 Worcester Road, Charlton MA 01507 Phone: 888-377-7678 / Fax 508-248-2895		
PWS ID #: 2054047 PWS CLASS: NTNC JOB/PO#: 136		
PWS NAME: Heritage School		
ADDRESS: 68 Dudley Oxford Rd, Charlton, MA 01507 PHONE: (508) 248-4884	MET	METER READINGS - Cuft or Gal
DATE COLLECTED: $3 - 16 - 16$	Meter:	18 7320 08
Is the source treated? (YES) NO Sample after treatment? YES NO		

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	200.		If bottl	OTHER If bottles, how many?	
001	Kitchen Tap	J	RS	955	X					
01G	Post-Treatment •	١	PT	6,01	×					
016	Well #1/Storage Tank/Tap in Pumphouse)	RW	3101	X					
016	Finished Water Well #1 ••	į	FS	2001		×			7	
							•			
	·									
										-
	2									
CUSTODY TRANSFER	ANSFER		NAME				DATE		TIME	
Sampler:	Thing Courter						7 /- 91-8		9 55 KM	
Relinquished by:	Twist Prost on						3-16-11		15.25	
Received by:	Rance Goodwar						3-16-16		4:00	
Relinguished by:							3-16-16	5	5:08	
Received by:	grayell						3/16/116		1705	