



Certificate of Analysis

To: WhiteWater, Inc.
253 B Worcester Rd
Charlton, MA 01507

Date Reported: November 17, 2016

Date Received: November 9, 2016

PWS: Heritage School 2054047

Case No. **C1109-W17**

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

SUBJECT: Total Coliform Bacteria

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

SUBJECT: Volatile Organic Compounds

METHOD: *Methods for the Determination of Organic Compounds in Finished 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



BACTERIOLOGICAL REPORT

I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #:	2054047	PWS Name:	HERITAGE SCHOOL	City/Town:	CHARLTON	Class:	COM <input type="checkbox"/>	NTNC <input type="checkbox"/>	TNC <input checked="" type="checkbox"/>	<input type="checkbox"/>
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II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#:	M-RI010	Primary Lab Name:	New England Testing Laboratory	Subcontracted? (Y/N):	N
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Analysis Lab MA Cert.#: Analysis Lab:

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method	Lab Sample Notes:	
SM 9223					

[illegible]

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 distribution sites and at the same time as total coliform, whenever chlorine residual is not 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.

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 Authorized Signature and

Date: 12/06/2015

11/17/2016

DEP Review Status: ☐ Accepted ☐ Disapproved

Review Comments:



Volatile Organic Contaminant Report

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

PWS ID #: **2054047** City / Town: **CHARLTON**
PWS Name: **Heritage School** PWS Class: COM ☐ NTNC ☒ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
01G	Finished Water Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	11/9/2016	Tim Rustan
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				
		(1) Reason for Resubmission	(2) Collection Date of Original Sample			
<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				
SAMPLE NOTES – Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection.						

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) **N**
Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID#	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
524.2		11/16/2016	C1109-W17D	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources.			
Yes: <input type="checkbox"/> No: <input type="checkbox"/>				

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

PWS ID#:

2054047

Lab Sample ID#:

C1109-W17D

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	NAPHTHALENE*	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

Required

* DEP ORSG limit established.

Surrogate Name	% Recovery (70 – 130%)
1,2-Dichlorobenzene-d4	104
4-Bromofluorobenzene	101

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:

Beck O W 2005

Date: 11/17/2016

If not submitting these 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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