

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
- <u>METHOD</u>: Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, APHA, AWWA-WPCF. Total Coliform: SM 9223B

Submitted samples from:

DEP Sample Typ	e DEP Location Code	DEP Sample Location
FS	01G	Finished Water Well #1
SUBJECT:	Volatile Organic Compou	nds
METHOD:	Methods for the Determin Drinking Water and Raw	ation of Organic Compounds in Finished Source Water, USEPA/EMSL.

New England Testing Laboratory is certified in the Commonwealth of Massachusetts (Lab ID M-RI010)

Volatile Organic Compounds: Method 524.2

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

N.

Massachusetts Department of Environmental Protection - Drinking Water Program BACTERIOLOGICAL REPORT

I. PWS	INFORMA	TION: Refer to	o your DE	P Coliform S	Sampling P	lan to help	complete	the PWS	Information	and DEF	P Approved S	Sample S	ite Information sec	tions below.
PWS	ID #: 20	0 54047 PV	NS Name:	HERITAG	SE SCHOO	L		Ci	ty/Town:	С	HARLTON		Class: COM 🗌 N	INC 🖂 TNC 🗌
II. ANA		NFORMATION	: Refer to	your Mass	DEP state la	ab certifica	te for prop	er Lab M	A Cert.# and	certified	l methods.			
Prima	ary Lab MA	Cert.#:	M-RI010	Primary L	ab Name:	New Engla	nd Testing La	aboratory			Subco	ntracted	? (Y/N): N	
Analy	vsis Lab M	A Cert.#:		Anal	lysis Lab:									
🛛 Origin	al Report 🗌	Resubmitted Rep	port 🗌 Con	firmation Repo	ort (1)	Reason for R	esubmission:	🗌 Resamp	le 🗌 Reanalysis	Report	Correction (2) C	ollection D	ate of Original Sample:	
тс	Method	E.Coli M	ethod	Fecal Co	liform	HPC Me	thod	Lab San	nple Notes:					
S	M 9223								ipie Notes.					
	EP APPROV	ED SAMPLE SIT	E INFORM		TOTAL	E.COLI or	CHLORINE	НРС	COLLECT	ΓΙΟΝ	ANALY	SIS		
DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Approve	d SAMPLE L	OCATION	COLIFORM RESULT ^{4,5}	FECAL RESULT ^{4,5}	RESULT ² mg/L	RESULT ² # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID #
RS	001	Kitchen Tap			Α				11/9/2016	09:10	11/9/2016	18:00	Tim Rustan	C1109-W17A
PT	01G	Post-Treatmen	t		Α				11/9/2016	09:35	11/9/2016	18:00	Tim Rustan	C1109-W17B
RW	01G	Well #1/Storage	e Tank/Ta	p in Pump.	Α				11/9/2016	09:40	11/9/2016	18:00	Tim Rustan	C1109-W17C
² SWTR s ³ Sample ⁴ Report a	systems: HPC Type: RS-Ro as #/100 mL,	ocation Code#, and I samples shall be tal utine Distribution Sau P (present) ,A (abseu umber of repeat sam	ken at the sa mple, RO-Ori nt), or Too N	me <u>distribution</u> s iginal Site Repea umerous To Cou	ites and at the at, UR-Upstrea unt: TNTC-I (inv	same time as m Repeat, DR /alid) or TNTC	total coliform, v Downstream F P (present).	vhenever ch Repeat, AR-A	orine residual is additional Repeat	not detecte , RW-Raw ^v	d at the sample si Water, PT-Plant T	ap, SS-Spe	ecial Sample e results by the end of the	business day.
		s of law that I am the nerein is true, accura					Laborator	y Author	ized Signatu	re and Date:	BillOlitan		11/17/20	016

Review Comments:



Volatile Organic Contaminant Report

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VOC

I. PWS INFOR	MATION:	Please refer	to your DEP Water	Quality Sam	pling Schedu	le (WQSS) to he	Ip complete	this form	
PWS ID #:	205	54047		c	ity / Town:	CHARLTON			
PWS Name:	Heri	tage Schoo				PWS	Class: CC	ΟΜ 🗌 ΝΤΝ	C 🛛 TNC 🗌
DEP LOCATION (LOC) ID#		DEP I	_ocation Name		Sample Information		Sample Acidified?	Date Collected	Collected By
01G	Finished	Water Well	#1		☐ (M)ultiple ⊠ (S)ingle	☐ (R)aw ⊠ (F)inished	Yes 🛛	11/9/2016	Tim Rustan
Routine or		Original, Resul	bmitted or		-	If Resubmitted	Report, list b	elow:	-
Special Sample		Confirmation		(1)	Reason for Re	submission	(2) C	ollection Date	of Original Sample
⊠RS □SS	🛛 Origir	nal 🗌 Resubmit	ted 🔲 Confirmation	Resampl	e 🗌 Reanalysis	Report Correcti	ion		
SAMPLE NOTES	– Such as, if a	a Manifold/Multip	ole sample, list the sourc	e(s) that were	on-line during sa	ample collection.	-		
II. ANALYTIC	AL LABOR	RATORY INF	ORMATION:						
Primary Lab M	A Cert. #:	M-RI010	Primary Lab Nam	e: New En	gland Testing L	.ab		Subcontract	ted? (Y/N) N
Analysis Lab M	A Cert. #:		Analysis Lab Nam	e:					
Lab Meth	od	Date Extract		Lab Samp	שנוו סור	B SAMPLE NOTES			ether sample was

	(331.1 011)	Anaryzeu		diluted of additional containinants detected.
524.2		11/16/2016	C1109-W17D	
Was this Sample composited by the Lab?	COMPOSITE SAME	PLE NOTES - Plea	se list the composited so	urces by DEP Source Code (XXXXXXX-XXX), up to five individual sources.
Yes: No:				

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



Volatile Organic Contaminant Report

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OC

PWS 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

I	Lab Sample ID#: C1109	-W17D	
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.	5.0
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

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

#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:

Date: 11/17/2016

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 <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review	U WQTS
Accepted Disapproved	Comments	Data Entered

								CE	C1103 - W17	
				Ø		ROUTINE SAMPLE	Rad	O SPECIAL SAMPLE	AL SAMPLE	
	WhiteWater			0		REPEAT SAMPLE		 0	OF 5 FOLLOW-UP	
2538 Worces	WATER & WASTEWATER SOLUTIONS 2538 Worcester Road, Charlton MA D1507 Phone: 888-377-7578 / Fax 508-248-2895	248-2895			SPECIAL	SPECIAL NOTES: V ^b C				
PWS ID #	PWS ID #: 2054047 PWS CLASS: NTNC JOB/PO#: 136	ł: 136								
PWS NAME:				<u> </u>		7				1
	ADDRESS: 68 Oudley Oxford Rd, Charlton, MA 01507 PHC	DNE: (50	PHONE: (508) 248-4884	8	Meter:		METER READI	METER READINGS. Cu ft or Gal	S S	
Is the so									3	
LOCATION CODE			SAMPLE							٦
	z	RESIDUAL	TYPE		ħ	202			OTHER # hettics, here many?	
3	Kitchen Tap	J	RS	2 50	×					
910	Post-Treatment -	١	ΡŢ	0935	×					
9T0	Well #1/Storage Tank/Tap in Pumphouse -	1	RW	53 60	×					
PTN	Finished Water Well #1)	£	0925		X			2 vials	
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CUSTODY TRANSFER	NSFER	Ň	NAME					DATE		-
Sample:	The other Rustan							11-9-16	N 0 10	T
Received by:	I and Grate A	q						41 - 9 - 11e	14 22	<u> </u>
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			~				•	<u> </u>		1

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DO NOT MAIL HARD COPY! Please Email this report with results AND invoice to: viain@rhwhite.com

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