



## *Certificate of Analysis*

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

Date Reported: December 13, 2016

Date Received: December 6, 2016

PWS: Charlton Middle School 2054028

Case No. **C1206-W10**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Kitchen Tap
PT	01G	Well #1 – After Tank & Sediment Filters
RW	01G	Well #1 – Raw Water Source Sample
PT	TANK	100,000 Gal Atmospheric Storage Tank

SUBJECT: Total Coliform Bacteria

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

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

## BACTERIOLOGICAL REPORT

**B**

**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 #: **2054028** PWS Name: **CHARLTON MIDDLE SCHOOL** City/Town: **CHARLTON** Class: COM  NTNC  TNC

**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**  
 Analysis Lab MA Cert.#:  Analysis Lab:


Original Report  Resubmitted Report  Confirmation Report (1) Reason for Resubmission:  Resample  Reanalysis  Report Correction (2) Collection Date of Original Sample:

TC Method SM 9223	E.Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes:
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DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>			TOTAL COLIFORM RESULT <sup>4,5</sup>	E.COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
DEP Sample Type <sup>1,3</sup>	DEP Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>					DATE	TIME	DATE	TIME		
RS	001	Kitchen Tap	A		0.13		12/6/2016	10:30	12/6/2016	17:30	Tim Rustan	C1206-W10A
PT	01G	Well #1 - After Tank & Sediment Fil.	A		0.26		12/6/2016	11:10	12/6/2016	17:30	Tim Rustan	C1206-W10B
RW	01G	Well #1 - Raw Water Source Sample	A		-		12/6/2016	11:25	12/6/2016	17:30	Tim Rustan	C1206-W10C
PT	TANK	100,000 Gal Atmospheric Storage T.	A		0.30		12/6/2016	11:15	12/6/2016	17:30	Tim Rustan	C1206-W10D

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan  
<sup>2</sup> 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.  
<sup>3</sup> 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  
<sup>4</sup> Report as #/100 mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).  
<sup>5</sup> 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:  12/12/2016

DEP Review Status:  Accepted  Disapproved Review Comments:

01206-010  
 SPECIAL SAMPLE  
 OF 5 FOLLOW-UP

ROUTINE SAMPLE  
 REPEAT SAMPLE

# Whitewater

WATER & WASTEWATER SOLUTIONS

253B Worcester Road, Charlton MA 01507 Phone: 888-377-7578 / Fax 508-248-2895

PWS ID #: 2054028 PWS CLASS: NTNC JOB/PO#: 228  
 PWS NAME: Charlton Middle School  
 ADDRESS: 68 Dudley Oxford Rd, Charlton, MA 01507 PHONE: (508) 248-1423  
 DATE COLLECTED: 12-6-16  
 Is the source treated?  YES  NO Sample after treatment?  YES  NO

SPECIAL NOTES:  
 METER READINGS - Cu ft or Gal  
 Pump House Meter: 14986300

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	OTHER
001 *	Kitchen Tap	0.13	RS	10:30	X	1
01G *	Well #1 - After Tank & Sediment Filters	0.26	PT	11:10	X	1
01G *	Well #1 - Raw Water Source Sample	-	RW	11:25	X	1
TANK *	100,000 gal Atmospheric Storage Tank	0.30	PT	11:15	X	1

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Timothy Fustan	12-6-16	10:30
Relinquished by:	Timothy Fustan	12-6-16	14:10
Received by:	James O'Rourke	12-6-16	3:35
Relinquished by:	James O'Rourke	12-6-16	5:00
Received by:	James O'Rourke	12/6/16	17:00

DO NOT MAIL HARD COPY! Please Email this report with results AND invoice to: [vian@rwhite.com](mailto:vian@rwhite.com)