



## *Certificate of Analysis*

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

Date Reported: July 18, 2016

Date Received: July 12, 2016

PWS: Charlton Middle School 2054028

Case No. **C0712-W16**

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

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
FS	01G	Well #1 – Pump House

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



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 <b>SM 9223</b>	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		0.15		7/12/2016	09:50	7/12/2016	17:35	Tim Rustan	C0712-W15A
PT	01G	Well #1 - After Tank & Sediment Fil	A		0.44		7/12/2016	09:00	7/12/2016	17:35	Tim Rustan	C0712-W15B
RW	01G	Well #1 - Raw Water Source Sample	A		-		7/12/2016	09:20	7/12/2016	17:35	Tim Rustan	C0712-W15C
PT	TANK	100,000 Gal Atmospheric Storage T	A		0.46		7/12/2016	09:10	7/12/2016	17:35	Tim Rustan	C0712-W15D

<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:  7/18/2016

DEP Review Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments:
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## Volatile Organic Contaminant Report

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

PWS ID #: **2054028** City / Town: **CHARLTON**  
 PWS Name: **Charlton Middle School** PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By	
01G	Well #1 - Pump House	<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"/>	7/12/2016	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		7/15/2016	C0712-W15E	
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



Volatile Organic Contaminant Report

PWS ID#: 2054028

Lab Sample ID#: C0712-W15E

Table with 4 columns: CAS#, UNREGULATED VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists various VOCs like CHLOROFORM, BROMODICHLOROMETHANE, etc.

Table with 4 columns: CAS#, ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists VOCs like TETRAHYDROFURAN, TERT-BUTYL ALCOHOL, etc.

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

\* Required
\* DEP ORSG limit established.

Table with 2 columns: Surrogate Name, % Recovery (70 - 130%). Rows include 1,2-Dichlorobenzene-d4 and 4-Bromofluorobenzene.

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: [Signature]

Date: 7/18/2016

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)
Review Comments
WQTS Data Entered

00712-WS  
**WhiteWater**  
 WATER & WASTEWATER SOLUTIONS

253B Worcester Road, Charlton MA 01507 Phone: 888-377-7678 / 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: 7-12-16  
 Is the source treated?  YES  NO Sample after treatment?  YES  NO

ROUTINE SAMPLE  SPECIAL SAMPLE  
 REPEAT SAMPLE  OF 5 FOLLOW-UP

SPECIAL NOTES:

METER READINGS - Cu ft or Gal  
 14026400

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	VOC	OTHER
001	Kitchen Tap	0.15	RS	0950	X		1
01G	Well #1 - After Tank & Sediment Filters	0.44	PT	0900	X		1
01G	Well #1 - Raw Water Source Sample	-	RW	0920	X		1
TANK	100,000 gal Atmospheric Storage Tank	0.46	PT	0910	X		1
01G	Well #1 - Pump House	0.44	FS	0855		X	2

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Timothy Burtas	7-12-16	0855
Relinquished by:	Timothy Burtas	7-12-16	1430
Received by:	John R. Anderson	7/12/16	1600
Relinquished by:	John R. Anderson	7/12/16	1715
Received by:	Glenn O'Neil	7-12-16	1715

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