



## *Certificate of Analysis*

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

Date Reported: August 15, 2016

Date Received: August 4, 2016

PWS: Charlton Middle School 2054028

Case No. **C0804-W03**

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

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
FS	DBP1	Kitchen Tap

SUBJECT: Haloacetic Acids

METHOD: *Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water*, USEPA/EMSL.  
Haloacetic Acids: Method 552.2

NEW ENGLAND TESTING LABORATORY, INC.

59 Greenhill St., West Warwick, RI 02893

(401) 353-3420

Submitted samples from:

<b>DEP Sample Type</b>	<b>DEP Location Code</b>	<b>DEP Sample Location</b>
FS	DBP2	Main Office Sink

SUBJECT: Total Trihalomethanes

METHOD: *Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water, USEPA/EMSL.*  
Total Trihalomethanes: 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.





# Haloacetic Acids 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

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By	
<b>A</b>	<b>DBP1</b>	<b>Kitchen Tap</b>	<b>8/4/2016</b>	<b>Tim Rustan</b>
<b>B</b>				
<b>C</b>				
<b>D</b>				

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
<b>A</b>	<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	
<b>B</b>	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
<b>C</b>	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
<b>D</b>	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input 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	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

**II. ANALYTICAL LABORATORY INFORMATION:**


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

Contaminant	MCL µg/L	MDL µg/L	RESULTS <sup>1</sup> µg/L			
			A	B	C	D
<b>TOTAL HAA5</b>	<b>60</b>	<b>-----</b>	<b>1.6</b>			
MONOCHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>			
DICHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>			
TRICHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>			
MONOBROMOACETIC ACID		<b>0.50</b>	<b>0.6</b>			
DIBROMOACETIC ACID		<b>0.50</b>	<b>1.0</b>			
Lab Method			<b>552.2</b>			
Date Extracted			<b>8/10/2016</b>			
Date Analyzed			<b>8/11/2016</b>			
Lab Sample ID#			<b>C0804-W03F</b>			
Surrogate:	<b>Dibromopropionic aci</b>		<b>114 %</b>	<b>%</b>	<b>%</b>	<b>%</b>

<sup>1</sup> Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

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: **8/12/2016**

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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## Total Trihalomethanes 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**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	DBP2 Main Office Sink	Yes <input type="checkbox"/>	8/4/2016	Tim Rustan
B		Yes <input type="checkbox"/>		
C		Yes <input type="checkbox"/>		
D		Yes <input type="checkbox"/>		
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<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	
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input 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				
A				
B				
C				
D				

## 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:

Contaminant	MCL µg/L	MDL µg/L	RESULTS <sup>1</sup> µg/L			
			A	B	C	D
<b>TOTAL THMs</b>	<b>80</b>	<b>-----</b>	<b>5.1</b>			
Bromoform		<b>0.5</b>	<b>0.9</b>			
Chloroform		<b>0.5</b>	<b>0.6</b>			
Bromodichloromethane		<b>0.5</b>	<b>1.7</b>			
Dibromochloromethane		<b>0.5</b>	<b>1.9</b>			
Lab Method			<b>524.2</b>			
Date Extracted (551.1 only)						
Date Analyzed			<b>8/9/2016</b>			
Lab Sample ID#			<b>C0804-W03G</b>			
Surrogate #1:	<b>1,2-Dichlorobenzene</b>		<b>83 %</b>	<b>%</b>	<b>%</b>	<b>%</b>
Surrogate #2:	<b>4-Bromofluorobenzene</b>		<b>94 %</b>	<b>%</b>	<b>%</b>	<b>%</b>

<sup>1</sup> Report result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
A	
B	
C	
D	

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: **8/12/2016**

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	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



## 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"/>	8/4/2016	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		8/9/2016	C0804-W03E	
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



ROUTINE SAMPLE  SPECIAL SAMPLE  06604-003  
 REPEAT SAMPLE  OF 5 FOLLOW-UP

# 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: 8-4-16  
 Is the source treated?  YES  NO Sample after treatment?  YES  NO

SPECIAL NOTES:  
 \*HAA-THM IN AUGUST ONLY\*  
 METER READINGS - Cu ft or Gal  
 14139600

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	VOC	HAA	THM	OTHER
001	Kitchen Tap	0.22	RS	0915	X				1
01G	Well #1 - After Tank & Sediment Filters	0.38	PT	1020	X				1
01G	Well #1 - Raw Water Source Sample	---	RW	1030	X				1
TANK	100,000 gal Atmospheric Storage Tank	0.40	PT	1025	X				1
01G	Well #1 - Pump House	0.38	FS	0945		X			2 vials
DBP1	Kitchen Tap	0.22	FS	0910		X			2 vials
DBP2	Main Office Sink	0.17	FS	0900			X		2 vials

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Timothy Rusten	8-4-16	0900
Relinquished by:	Timothy Rusten	8-4-16	1350
Received by:	Robert Foster	8/4/16	1525
Relinquished by:	Robert Foster	8/4/16	1535
Received by:	me	8/4/16	1835

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