



Certificate of Analysis

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

Date Reported: July 21, 2016

Date Received: July 12, 2016

PWS: Heritage School 2054047

Case No. **C0712-W12**

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
FINISH	01G	Finished Water Well #1

SUBJECT: Arsenic, Volatile Organic Compounds

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20th Edition, 1998, APHA, AWWA-WPCF.
Arsenic: SM 3113B

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



Inorganic 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 <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small>	Date Collected	Collected By
01G	Finished Water Well #1	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	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 sources that were on-line during sample collection).				

II. ANALYTICAL LABORATORY INFORMATION:

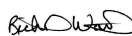
Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) **N**

Contaminant	Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
ANTIMONY		0.006						
ARSENIC	ND	0.010	0.005	3113B	7/18/2016	M-RI010	New England Testing Lab	C0712-W12D
BARIUM		2						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE ¹		4.0						
MERCURY ²		0.002						
NICKEL		0.1*						
SELENIUM		0.05						
SODIUM		20*						
THALLIUM		0.002						

¹Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.
²Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MA DEP.
 *No current MCL, however DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample composited by the Lab? <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample.
Yes <input type="checkbox"/>	
LAB SAMPLE NOTES	

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: **7/20/2016**

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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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"/>	7/12/2016	Tim Rustan
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample			
	<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-W12D	
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

00712-012
WhiteWater
 WATER & WASTEWATER SOLUTIONS

253B Worcester Road, Charlton MA 01507 Phone: 888-377-7678 / Fax 508-248-2895

PWS ID #: 2054047 PWS CLASS: NTNC JOB/PO#: 136
 PWS NAME: Heritage School
 ADDRESS: 68 Dudley Oxford Rd, Charlton, MA 01507 PHONE: (508) 248-4884

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
 Meter: 13970660

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	AS	VOC	OTHER
001	Kitchen Tap	-	RS	10 ²⁵	X			1
01G	Post-Treatment	-	PT	10 ⁴⁰	X			1
01G	Well #1/Storage Tank/Tap in Pumphouse	-	RW	10 ⁴⁸	X			1
01G	Finished Water Well #1	-	FINISH	10 ³⁵		X	X	1 + 2 vials

CUSTOMY TRANSFER	NAME	DATE	TIME
Sampler:	Timothy Sultan	7-12-16	16 ²⁵
Relinquished by:	Tony Pumphouse	7-12-16	14 ⁵⁰
Received by:	John R. Audern	7/12/16	1600
Relinquished by:	John R. Audern	7/12/16	1715
Received by:	John R. Audern	7-12-16	1715

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