

Certificate of Analysis

WhiteWater, Inc. Date Reported: July 21, 2016 To:

253 B Worcester Rd Charlton, MA 01507 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



DEP Review Status:

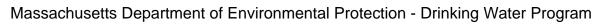
☐ Accepted ☐ Disapproved

Massachusetts Department of Environmental Protection - Drinking Water Program

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$\mathcal{L}_{\mathbb{Q}}$	BA	CTERIOLOGICA	AL REP	ORT									
I. PWS	INFORM <i>A</i>	ATION: Refer to your DE	EP Coliform	Sampling F	lan to help	complete	the PWS	Information	and DEF	Approved S	Sample S	Site Information se	ctions below.
PWS	ID#: 2	054047 PWS Name	: HERITAC	SE SCHOO	L		C	ity/Town:	С	HARLTON		Class: COM 🗌 N	TNC $oxed{oxed}$ TNC $oxed{oxed}$
II. ANA	ALYTICAL	INFORMATION: Refer to	o your Massl	DEP state la	ab certifica	ate for prop	er Lab M	A Cert.# and	certified	d methods.			
Prima	ary Lab M	A Cert.#: M-RI010	Primary L	.ab Name:	New Engla	nd Testing L	aboratory			Subco	ntracted	I? (Y/N): N	
Analy	ysis Lab M	IA Cert.#:	Ana	lysis Lab:									
☑ Origin	nal Report [Resubmitted Report Co	nfirmation Rep	ort (1)	Reason for R	esubmission:	Resamp	le Reanalysis	Report	Correction (2) C	ollection E	Date of Original Sample:	
TC	Method	E.Coli Method	Fecal Co	liform	HPC Me	thod	od o						
5	SM 9223						Lab Sar	nple Notes:					
D	EP APPROV	/ED SAMPLE SITE INFORM	MATION ¹	TOTAL	E.COLI or	CHLORINE	HPC	COLLEC	TION	ANALY	SIS		
DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Approved SAMPLE	LOCATION ¹	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				7/12/2016	10:25	7/12/2016	17:35	Tim Rustan	C0712-W12A
PT	01G	Post-Treatment		Α				7/12/2016	10:40	7/12/2016	17:35	Tim Rustan	C0712-W12B
RW	01G	Well #1/Storage Tank/Ta	ap in Pump.	Α				7/12/2016	10:45	7/12/2016	17:35	Tim Rustan	C0712-W12C
1000		Landing On Latter LDED Assess						DED T. () O		l' Di			
² SWTR ³ Sample ⁴ Report	systems: HPC Type: RS-Ro as #/100 mL,	ocation Code#, and DEP Approv c samples shall be taken at the sa jutine Distribution Sample, RO-O P (present) ,A (absent), or Too N jumber of repeat samples within 2	ame <u>distribution</u> s riginal Site Repea Numerous To Cou	sites and at the at, UR-Upstrea unt: TNTC-I (in	same time as m Repeat, DR valid) or TNTC	total coliform, v -Downstream F -P (present).	whenever ch Repeat, AR-A	lorine residual is Additional Repea	not detecte t, RW-Raw	d at the sample si Water, PT-Plant T	ap, SS-Spe	•	e business day.
		s of law that I am the person auth herein is true, accurate and comp				Laborato	ry Author	ized Signatu		Billion		7/20/2	016

Review Comments:





Inorganic Contaminant Report

I. PWS INFOR	MATION: PI	ease refer	to your DEI	P Water Q	uality Sa	mpling Sched	lule	(WQSS) to h	elp con	nplete this	form		
PWS ID #:	20540	47				City / Town	: [CHARLTON	N				
PWS Name:	Heritage	e School						PWS	Class	: COM	□ NTN	IC 🛛 TNC 🗌	
DEP LOCATION (LOC) ID#		DEP L	*Please note all s						Information Imples are considered inished water if there olied Date Collected Collected By				
01G	Finished W	ater Well	Well #1 ☐ (M)ultiple ☐ (R)aw ☐ (F)inished 7/12/2016 Tim Rustan							stan			
Routine or Special Sample			al, Resubmitted or irmation Report (1) Reason for Resubmission (2) Collection Date of Original Sample							of Original Sample			
⊠RS □SS	☑ Original	Resubmit	Resubmitted Confirmation Resample Reanalysis Report Correction										
SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).													
II. ANALYTICA	AL LABORA	TORY INF	ORMATIO	N:									
Primary Lab M	A Cert. #:	-RI010	Primary L	_ab Name:	New E	ngland Testing	Lab)		Su	bcontrac	cted? (Y/N) N	
Contaminant	Result (mg/L)	MCL (mg/L)	MDL Lab Method Date Analyzed Ana					nalysis Lab MA Cert #	Ana	ılysis Lab N	ame	Lab Sample ID#	
ANTIMONY		0.006											
ARSENIC	ND	0.010	0.005	05 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											
¹ Fluoride also has ² Please note that i *No current MCL, l	f method 245.1 is	used for me	rcury, only me	ethod revisio	n 3.0 will b	e accepted by M	IA D	ÉP.	•	rsuant to 310) CMR 22.	16.	
Was this Samp	le composited	COMPO	SITE SAMPL	F NOTES									
by the					by DEP So	ource Code (XX)	ХХХ	XX-XXX), up to	five ind	ividual sour	ces per sa	ample.	
Yes													
LAB SAMPLE	IOTES	-											
authorized to fill of		the informat	ion contained	l herein is	Р	rimary Lab I	Dire	•	Ē	BillOW			
true, accurate and	•		,				_		Date:	7/20/201			
	in which you	ı received tı				rt to your DEP ys after the end						e end of the month	
DEP REVIEW S	•	•			Reviev	v						□ wqts	
Accepted] Disapprov	ed		Comments	s						Data Entered	





Volatile Organic Contaminant Report

Page 1 of 2

I. PWS INFOR	MATION:	Please refer to	your DEP Water (Quality San	pling Sch	edul	e (WQSS) to he	lp complete	this form			
PWS ID #:	20	54047		(City / Tow	n:	CHARLTON					
PWS Name:	Her	itage School			PWS Class: COM \square NTNC \boxtimes TNC \square							
DEP LOCATION (LOC) ID#		DEP Lo	cation Name		Samp		ion	Sample Acidified?	Date Collected	Collected By		
01G	Finished	l Water Well #	1		☐ (M)ult ☐ (S)ing		☐ (R)aw ☐ (F)inished	Yes ⊠	7/12/2016	Tim Rustan		
Routine or		Original, Resubn					If Resubmitted Report, list below:					
Special Sample		Confirmation R	eport	(1) Reason for	Res	ubmission	(2) C	(2) Collection Date of Original Sample			
⊠RS □SS	☑ Origi	nal 🗌 Resubmitted	I ☐ Confirmation	Resamp	le 🗌 Reana	lysis	☐ Report Correction	on				
SAMPLE NOTES – Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection.												
II. ANALYTICA	AL LABO	RATORY INFO	RMATION:									
Primary Lab MA	A Cert. #:	M-RI010	Primary Lab Nam	e: New Er	ngland Testi	ng La	ab		Subcontract	ed? (Y/N) N		
Analysis Lab M	A Cert. #:		Analysis Lab Nam	е:								
Lab Meth	od	Date Extracted (551.1 only)	Date Analyzed	Lab Sam			SAMPLE NOTES ed or additional cor			ether sample was		
524.2			7/15/2016	C0712-	W12D							
Was this Sa composited by		COMPOSITE SA	MPLE NOTES - Plea	se list the con	nposited sou	rces b	by DEP Source Co	de (XXXXXXX	-XXX), up to five	e individual sources.		
Yes:□ N	lo:											

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



Massachusetts Department of Environmental Protection - Drinking Water Program

Volatile Organic Contaminant Report

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PWS ID#:

2054047

Lab Sample ID#: C0712-W12D

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

YDROFURAN (THF)* JTYL ALCOHLOL (TBA)* MYL METHYL ETHER (TAME)* TERTIARY BUTYL ETHER (ETBE) ROPYL ETHER (DIPE) JE* 113*	N.D. N.D. N.D. N.D. N.D.	5.0 5.0 0.5 0.5
MYL METHYL ETHER (TAME)* TERTIARY BUTYL ETHER (ETBE) ROPYL ETHER (DIPE) IE* 113*	N.D. N.D. N.D.	0.5
ROPYL ETHER (DIPE) IE* 113*	N.D.	0.5
ROPYL ETHER (DIPE) IE* 113*	N.D.	
IE* 113*		0.5
113*	N.D.	0.5
		5.0
. ETHYL KETONE (MEK)*	N.D.	5.0
-ISOBUTYL KETONE (MIBK)*	N.D.	5.0

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

Surrogate Name	% Recovery (70 – 130%)
1,2-Dichlorobenzene-d4	74
4-Bromofluorobenzene	75

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authorized	to	fill o	ut	this	for	m	and	the	int	forma	ation	col	ntain	ed	hereir	ı is
true, accura	ate	and	СО	mple	ete	to	the l	besi	ex	tent (of my	kn	owle	edge	€.	

Primary	Lab Directo	or Signature:	RichOlidas
r i ii ii ai v	Lab Direct	ui Siuliatule.	The second

Date: 7/20/2016

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	□ WQTS
Accepted Disapproved	Comments	Data Entered

^{*}Required

^{*} DEP ORSG limit established.

	\otimes	ROUTINE SAMPLE	O	O SPECIAL SAMPLE
Wite Sold	0	REPEAT SAMPLE	0	OF 5 FOLLOW-UP
N C		SPECIAL NOTES:		:
2538 Worcester Road, Charlton MA 01507 Phone: 888-377-7678 / Fax 508-248-2895				•
PWS ID #: 2054047 PWS CLASS: NTNC JOB/PO#: 136				

(3970600

Meter:

ADDRESS: 68 Dudley Oxford Rd, Charlton, MA 01507 PHONE: (508) 248-4884

DATE COLLECTED: 7-(2-(6

Heritage School

PWS NAME:

2

Sample after treatment? (VES

2

Is the source treated? (YES/

METER READINGS - Cuft or (a)

ĺ						-								Ī
	OTHER If bottles, how many?	1		1	1+2 vials					TIME	1625	as hl	1600	
	If bo						į			DATE	7-12-16	91-21-4	1/12/16	
	VOC				×								r	
	TC As	_ ×	×	_ ×	×									
	TIME	जूर O/	2t Q/	sha/	1035									
	SAMPLE TYPE	RS	PT	RW	FINISH					NAME				
	CHLORINE RESIDUAL	j	1))							,	To James	
	SAMPLE LOCATION	Kitchen Tap	Post-Treatment •	Well #1/Storage Tank/Tap in Pumphouse	Finished Water Well #1						Thathe Luxur	Think hunter	1 m 11 W	
	LOCATION CODE	100	016	01G Well #1	016					CUSTODY TRANSFER	Sampler:	Relinquished by:	Received by:	•

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

Received by: