Certificate of Analysis

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

Date Reported: September 19, 2016

Date Received: September 12, 2016

PWS: Heritage School 2054047

Case No. **C0912-W09**

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
FS	01G	Finished Water Well #1

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

B

BACTERIOLOGICAL REPORT

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 #: 2054047 **PWS Name:** HERITAGE 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	*E.Coli* Method	Fecal Coliform	HPC Method
SM 9223			

Lab Sample Notes:

DEP APPROVED SAMPLE SITE INFORMATION[1]			TOTAL COLIFORM RESULT[4,5]	*E.COLI* or FECAL RESULT[4,5]	CHLORINE RESULT[2] mg/L	HPC RESULT[2] # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
DEP Sample Type[1,3]	DEP Location Code #[1]	DEP Approved SAMPLE LOCATION[1]					DATE	TIME	DATE	TIME		
RS	001	Kitchen Tap	A				9/12/2016	11:20	9/12/2016	17:30	Tim Rustan	C0912-W09A
PT	01G	Post-Treatment	A				9/12/2016	11:35	9/12/2016	17:30	Tim Rustan	C0912-W09B
RW	01G	Well #1/Storage Tank/Tap In Pump.	A				9/12/2016	11:40	9/12/2016	17:30	Tim Rustan	C0912-W09C

[1] DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan
[2] 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.
[3] 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
[4] Report as #/100 mL, P (present) ,A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).
[5] 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: 9/16/2016

DEP Review Status: ☐ Accepted ☐ Disapproved Review Comments:

Massachusetts Department of Environmental Protection - Drinking Water Program **VOC**

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	☐ (M)ultiple ☒ (S)ingle	☐ (R)aw ☒ (F)inished	Yes ☒	9/12/2016	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
☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ 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		9/13/2016	C0912-W09D	
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:☐ No:☐				

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 **VOC**

Volatile Organic Contaminant Report

PWS ID#: 2054047 **Lab Sample ID#:** C0912-W09D

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

CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS *(Report if analyzed or otherwise detected)*	Results µg/L	MDL µg/L
109-99-9	TETRAHYDROFURAN (THF)*	N.D.	5.0
75-65-0	TERT-BUTYL ALCOHLOL (TBA)*	N.D.	5.0
1748-03-8	TERT-AMYL METHYL ETHER (TAME)*	N.D.	0.5
637-92-3	ETHYL TERTIARY BUTYL ETHER (ETBE)	N.D.	0.5
108-20-3	DI-ISOPROPYL ETHER (DIPE)	N.D.	0.5
67-64-1	ACETONE*	N.D.	5.0
76-13-1	FREON 113*		
78-93-3	METHYL ETHYL KETONE (MEK)*	N.D.	5.0
108-10-1	METHYL-ISOBUTYL KETONE (MIBK)*	N.D.	5.0

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

Required
* DEP ORSG limit established.

Surrogate Name	% Recovery (70 – 130%)
1,2-Dichlorobenzene-d4	91
4-Bromofluorobenzene	92

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: 9/16/2016

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
☐ Accepted _____ ☐ Disapproved _____			

C0912-W09

(X) ROUTINE SAMPLE ( ) SPECIAL SAMPLE

( ) REPEAT SAMPLE ( ) ____ OF 5 FOLLOW-UP

WhiteWater
WATER & WASTEWATER SOLUTIONS

2538 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: 9-12-16

Is the source treated? (YES) NO Sample after treatment? (YES) NO

SPECIAL NOTES:

VOC at customer request

METER READINGS - Cu ft or (Gal)

Meter: 14046500

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	VOC				OTHER If bottles, how many?
001	Kitchen Tap	—	RS	1120	X	•				1
01G	Post-Treatment	—	PT	1135	X	•				1
01G	Well #1/Storage Tank/Tap in Pumphouse	—	RW	1140	X	•				1
01G	Finished Water Well #1	—	FS	1130		X	• •			2 vials

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Timothy Rustan	9-12-16	1120
Relinquished by:	Timothy Rustan	9-12-16	1450
Received by:	[illegible]	9-12-16	1450
Relinquished by:	[illegible]	9-12-16	1630
Received by:	[illegible]	9/12/16	1630

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

ya