



Certificate of Analysis

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

Date Reported: April 20, 2017

Date Received: April 12, 2017

PWS: Charlton Middle School 2054028

Case No. **7D12077**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Kitchen Tap
PT	Tank	100000 Gal Atmospheric Tank
PT	01G	Well #1 Aft Tank& Sediment Filter
RW	01G	Well #1 Raw Water Source Sample

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	Well #1 Pump House

SUBJECT: Arsenic

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

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

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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 SM 9223	E.Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes:
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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		0.12		4/12/2017	14:30	4/12/2017	17:40	Chris Astephen	7D12077A
PT	01G	Well #1 - After tank & Sediment	A		0.17		4/12/2017	14:50	4/12/2017	17:40	Chris Astephen	7D12077B
RW	01G	Well #1 Raw Water Source Sample	A		0.13		4/12/2017	14:55	4/12/2017	17:40	Chris Astephen	7D12077C
PT	TANK	100000 Gal Atmospheric Tank	A		0.30		4/12/2017	14:45	4/12/2017	17:40	Chris Astephen	7D12077D

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:  4/19/2017

DEP Review Status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments:	<input type="text"/>
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Inorganic 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 <small>*Please note all samples are considered representative of finished water if there is no treatment applied</small>	Date Collected	Collected By
01G	Well # 1 Pumphouse	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	4/12/2017	Chris Astephen
Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below:		
		(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	(2) Collection Date of Original Sample	
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) Y 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	0.003	200.9		M-RI010	New England Testing Lab	
ARSENIC	ND	0.010	0.005	3113B	4/18/2017	M-RI010	New England Testing Lab	7D12077
BARIUM		2	0.005	3120B		M-RI010	New England Testing Lab	
BERYLLIUM		0.004	0.002	3120B		M-RI010	New England Testing Lab	
CADMIUM		0.005	0.0005	3113B		M-RI010	New England Testing Lab	
CHROMIUM		0.1	0.005	3120B		M-RI010	New England Testing Lab	
CYANIDE		0.2	0.01	4500CN-E		M-RI010	New England Testing Lab	
FLUORIDE ¹		4.0	0.3	4500F-C		M-RI010	New England Testing Lab	
MERCURY ²		0.002	0.0002	3112B		M-RI010	New England Testing Lab	
NICKEL		0.1*	0.005	3120B		M-RI010	New England Testing Lab	
SELENIUM		0.05	0.005	3113B		M-RI010	New England Testing Lab	
SODIUM		20*	0.5	200.7		M-RI010	New England Testing Lab	
THALLIUM		0.002	0.001	200.9		M-RI010	New England Testing Lab	

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? Yes <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample.
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: **4/19/2017**

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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ROUTINE SAMPLE SPECIAL SAMPLE
 REPEAT SAMPLE OF 5 FOLLOW-UP

SPECIAL NOTES:

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: 4/12/17

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

METER READINGS - Cu ft or

14682200

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	AS	OTHER If bottles, how many?
001	Kitchen Tap	0.12	RS	2:30	X		1
01G	Well #1 - After Tank & Sediment Filters	0.17	PT	2:50	X		
01G	Well #1 - Raw Water Source Sample	0.13	RW	2:55	X		
TANK	100,000 gal Atmospheric Storage Tank	0.30	PT	2:45	X		
01G	Well #1 - Pump House	0.17	FS	2:50	X		

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Chris Astedum	4/12/17	3:34
Relinquished by:	<i>[Signature]</i>	4/12/17	3:34
Received by:	<i>[Signature]</i>	4/12/17	4:00
Relinquished by:	<i>[Signature]</i>	4/12/17	18:00
Received by:	<i>[Signature]</i>	4/12/17	18:00

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