



Certificate of Analysis

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

Date Reported: April 20, 2017

Date Received: April 12, 2017

PWS: Heritage School 2054047

Case No. **7D12075**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Kitchen Tap
PT	Tank	Tank Tap in Pump Room
RW	01G	Well #1 Raw Water

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: Arsenic, Secondary Contaminants

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

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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 [x] 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: []

[x] Original Report [] Resubmitted Report [] Confirmation Report (1) Reason for Resubmission: [] Resample [] Reanalysis [] Report Correction (2) Collection Date of Original Sample: []

Table with columns: TC Method (SM 9223), E.Coli Method, Fecal Coliform, HPC Method, Lab Sample Notes.

Main data table with columns: DEP Approved Sample Site Information, Total Coliform Result, E. coli or Fecal Result, Chlorine Result, HPC Result, Collection Date/Time, Analysis Date/Time, Collected By, Lab Sample ID #.

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: [Signature]

4/19/2017

DEP Review Status: [] Accepted [] Disapproved Review Comments: []



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 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	(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 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	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	7D12075
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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7 D 1 2075

ROUTINE SAMPLE SPECIAL SAMPLE
 REPEAT SAMPLE ___ OF 5 FOLLOW-UP

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: 4/12/17

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

SPECIAL NOTES:

Per DEP Coli Plan Recvd Sep 19, 2016

METER READINGS - Cu ft or GAL

Meter: 14483200

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	AS	OTHER
001	Kitchen Tap	—	RS	2:00	X		
TANK	Tank Tap in Pump Room	—	P.T	2:05	X		
01G	Well #1 Raw Water	—	RW	2:10	X		
01G	Finished Water Well #1	—	FS	2:05	X		

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

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