



Certificate of Analysis

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

Date Reported: January 12, 2015

Date Received: January 5, 2015

PWS: Charlton Middle School 2054028

Case No. **B0105-W05**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Kitchen Tap
PT	01G	Well #1 – After Tank & Sediment Filter
RW	01G	Well #1 – Raw Water Source Sample
PT	TANK	100,000 Gallon Atmospheric Storage Tank

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	Well #1 Pump House

SUBJECT: Iron, Manganese, Nitrate, Volatile Organic Compounds

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20th Edition, 1998, APHA, AWWA-WPCF.
Iron, Manganese: SM 3120B
Nitrate: SM 4500-NO3-E

Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water, USEPA/EMSL.
Volatile Organic Contaminants: 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.

1254 Douglas Avenue, North Providence, RI 02904

(401) 353-3420



Nitrate 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		Sample Acidified?	Date Collected	Collected By	
A	01G	Well # 1 Pump House	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	1/5/2015	Chris Connolly
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
C			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
D			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
		If Resubmitted Report, list below:					
		Routine or Special Sample		Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission	(2) Collection Date of Original Sample
A		<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	
B		<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation			<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C		<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation			<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D		<input type="checkbox"/> RS <input type="checkbox"/> SS	<input 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).							
A							
B							
C							
D							

II. ANALYTICAL LABORATORY INFORMATION:


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

NITRATE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#	
A	0.46	10	0.03	SM 4500-NO3-E	1/5/2015	B0105-W05D
B		10				
C		10				
D		10				

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL of 10 mg/L requires confirmation sampling within 24 hours.
 Notify MassDEP of any MCL exceedances.

LAB SAMPLE NOTES	
A	
B	
C	
D	

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: **1/8/2015**

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	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Secondary 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	Date Collected	Collected By
A 01G	Well #1 Pump House	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	1/5/2015 Chris Connolly
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	
Routine or Special Sample		Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<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	
B	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 any sources that were on-line during sample collection).				
A				
B				

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:

Compound	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.05	3120B	1/7/2015	B0105-W05D
MANGANESE (mg/L)	0.105		0.05*	0.005	3120B	1/7/2015	B0105-W05D
ALKALINITY (mg/L as CaCO ₃)			None				
CALCIUM (mg/L)			None				
MAGNESIUM (mg/L)			None				
HARDNESS (mg/L as CaCO ₃)			None				
POTASSIUM (mg/L)			None				
TURBIDITY (NTU)			None				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U.)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH			6.5-8.5				
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				
* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA at 1.0 mg/L.							
LAB SAMPLE NOTES							
A							
B							

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: **1/8/2015**

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
--	-----------------	--



Volatile Organic 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	Sample Acidified?	Date Collected	Collected By	
01G	Well # 1 Pump House	<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"/>	1/5/2015	Chris Connolly
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 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)
 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		1/7/2015	B0105-W05E	
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

WhiteWater

WATER & WASTEWATER SOLUTIONS

1-888-377-7678

Charlton Middle School

PHONE: 5082481423

PWS # 2054028

JOB/PO# 228

B0105-W05

PWS INFORMATION

PWS ID# 2054028

PWS Name: Charlton Middle School

City/Town: Charlton

Is the Source Treated? YES or NO

Manufactured: YES or NO

Date Collected: 1-5-15

PWS Class: NTNC

Routine: YES or NO

Was this sampled after treatment? YES or NO

If applicable, list the connected sources:

Code #	Sample Location:	Sample Type:	Time:	CL2:	Analysis Requested:	# of Bottles:
001	Kitchen Tap	RS		0.10	Total Coliform, Chlorine	1
01G	Well #1 - After Tank & Sediment Filters	PT	1140	0.06	Total Coliform	1
01G	Well #1 - Raw Water Source Sample	RW	1138		Total Coliform	1
01G	WELL #1 Pump House	Finish	1145		Nitrate (as N), Iron	1
01G	WELL #1 Pump House	Finish	1148		Volatile Organic Compounds (VOC), Manganese	2
TANK	100,000 Gallon Atmospheric Storage Tank	PT	1135	0.07	Total Coliform	1

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	<i>[Signature]</i>	1-5-15	1135
Relinquished By:	<i>[Signature]</i>	1-5-15	100
Received By:	<i>[Signature]</i>	1/5/15	1529
Relinquished By:	<i>[Signature]</i>	1/5/15	1431
Received By:	<i>[Signature]</i>	1/5/15	10:31

METER READING	Cu ft or Gal
12259000	Cu ft or Gal
4351000	Cu ft or Gal
	Cu ft or Gal
	Cu ft or Gal
	Cu ft or Gal

3 °C

SPECIAL NOTES

DO NOT MAIL HARD COPY! Email this report: vjain@rhwhite.com; tnixon@rhwhite.com

Email Invoice to: vjain@rhwhite.com; tnixon@rhwhite.com