



## *Certificate of Analysis*

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

Date Reported: January 12, 2015

Date Received: January 5, 2015

PWS: Heritage School 2054047

Case No. **B0105-W06**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Kitchen Tap
RS	002	Storage Tank/Tap in Pumproom
RW	RW-01G	Raw Water

SUBJECT: Total Coliform Bacteria

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20<sup>th</sup> 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
Finish	RW-01G	Raw Water Well #1

SUBJECT: Arsenic, Iron, Manganese

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20<sup>th</sup> Edition, 1998, APHA, AWWA-WPCF.  
Arsenic: SM 3113B  
Iron, Manganese: SM 3120B  
Nitrate: SM 4500-NO3-E  
Nitrite: SM 4500-NO2-B

*Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water*, USEPA/EMSL.  
Volatile Organic Contaminants: Method 524.2

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
Finish	01G	Finished Water Well #1

SUBJECT: Nitrate, Nitrite, Volatile Organic Compounds

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20<sup>th</sup> Edition, 1998, APHA, AWWA-WPCF.  
Nitrite: SM 4500-NO2-B

NEW ENGLAND TESTING LABORATORY, INC.

1254 Douglas Avenue, North Providence, RI 02904

(401) 353-3420

*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.



**Massachusetts Department of Environmental Protection - Drinking Water Program**  
**BACTERIOLOGICAL REPORT**

**B**

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 <b>SM 9223</b>	<i>E.Coli</i> Method	Fecal Coliform	HPC Method	Lab Sample Notes:
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DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>			TOTAL COLIFORM RESULT <sup>4,5</sup>	<i>E.COLI</i> or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
DEP Sample Type <sup>1,3</sup>	DEP Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>					DATE	TIME	DATE	TIME		
RS	001	Kitchen Tap	A				1/5/2015	12:25	1/5/2015	18:00	Chris Connolly	B0105-W06A
RS	002	Storage Tank/Tap in Pumproom	A				1/5/2015	12:50	1/5/2015	18:00	Chris Connolly	B0105-W06B
RW	01G	Raw Water	A				1/5/2015	12:47	1/5/2015	18:00	Chris Connolly	B0105-W06C

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan  
<sup>2</sup> 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.  
<sup>3</sup> 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  
<sup>4</sup> Report as #/100 mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).  
<sup>5</sup> 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:**  1/9/2015

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 #: **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 type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	1/5/2015	Chris Connolly
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				
<b>SAMPLE NOTES</b> – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).				

**II. ANALYTICAL LABORATORY INFORMATION:**

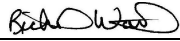
Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) **N**

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						
ARSENIC	ND	0.010	0.005	3113B	1/7/2015	M-RI010	New England Testing Lab	B0105-W06D
BARIUM		2						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE <sup>1</sup>		4.0						
MERCURY <sup>2</sup>		0.002						
NICKEL		0.1*						
SELENIUM		0.05						
SODIUM		20*						
THALLIUM		0.002						

<sup>1</sup>Fluoride 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.  
<sup>2</sup>Please 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"/>	<b>COMPOSITE SAMPLE NOTES</b> List the composited sources by DEP Source Code (XXXXXXX-XXX), up to five individual sources per sample.
<b>LAB SAMPLE NOTES</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: **1/9/2015**

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
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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 #: **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
RW-01G	Raw Water Well #1	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	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 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						
ARSENIC	0.016	0.010	0.005	3113B	1/7/2015	M-RI010	New England Testing Lab	B0105-W06F
BARIUM		2						
BERYLLIUM		0.004						
CADMIUM		0.005						
CHROMIUM		0.1						
CYANIDE		0.2						
FLUORIDE <sup>1</sup>		4.0						
MERCURY <sup>2</sup>		0.002						
NICKEL		0.1*						
SELENIUM		0.05						
SODIUM		20*						
THALLIUM		0.002						

<sup>1</sup>Fluoride 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.  
<sup>2</sup>Please 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: **1/9/2015**

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
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# Nitrate 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	
A	01G	Finished Water Well #1	<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 Conolly
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"/>		
		<b>If Resubmitted Report, list below:</b>					
		<b>Routine or Special Sample</b>	<b>Original, Resubmitted or Confirmation Report</b>	<b>(1) Reason for Resubmission</b>		<b>(2) Collection Date of Original Sample</b>	
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			
<b>SAMPLE NOTES</b> – (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	0.15	10	0.03	4500-NO3-E	1/5/2015	B0105-W06D
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: **1/9/2015**

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 _____		



# Nitrite 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		Date Collected	Collected By
A	01G	Finished Water Well #1	<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		
C			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
D			<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			
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			
<b>SAMPLE NOTES</b> – (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) **N**  
Analysis Lab MA Cert. **..** Analysis Lab Name: **..**

	NITRITE Result (mg/L)	MCL (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
A	<b>ND</b>	<b>1</b>	0.007	4500-NO2-B	1/5/2015	B0105-W06E
B		<b>1</b>				
C		<b>1</b>				
D		<b>1</b>				

Finished water results equal to or exceeding 1/2 of the MCL (0.5 mg/L) triggers quarterly monitoring.  
Finished water results exceeding the MCL of 1 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: **1/9/2015**

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
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## Secondary 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	Date Collected	Collected By
<b>A</b>	<b>01G</b>	<b>Finished Water Well #1</b> <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>B</b>	<b>RW-01G</b>	<b>Raw Water Well #1</b> <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	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
<b>A</b>	<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>B</b>	<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>SAMPLE NOTES</b> – (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).				
<b>A</b>				
<b>B</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)	<b>ND</b>	<b>ND</b>	0.3	0.05	3120B	1/9/2015	B0105-W06
MANGANESE (mg/L)	<b>ND</b>	<b>0.027</b>	0.05*	0.005	3120B	1/9/2015	B0105-W06
ALKALINITY (mg/L as CaCO3)			None				
CALCIUM (mg/L)			None				
MAGNESIUM (mg/L)			None				
HARDNESS (mg/L as CaCO3)			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.							
<b>LAB SAMPLE NOTES</b>							
<b>A</b>							
<b>B</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: **1/9/2015**

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
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## 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	<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) **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-W06E	
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



Volatile Organic Contaminant Report

PWS ID#: 2054047

Lab Sample ID#: B0105-W06E

Table with 4 columns: CAS#, UNREGULATED VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists various VOCs like CHLOROFORM, BROMODICHLOROMETHANE, etc., with results mostly N.D.

Table with 4 columns: CAS#, ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS, Results µg/L, MDL µg/L. Lists additional VOCs like TETRAHYDROFURAN, TERT-BUTYL ALCOHOL, etc.

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

\* Required
\* DEP ORSG limit established.

Table with 2 columns: Surrogate Name, % Recovery (70 - 130%). Lists 1,2-Dichlorobenzene-d4 and 4-Bromofluorobenzene with recovery percentages.

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: [Signature]

Date: 1/9/2015

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
WQTS Data Entered

# WhiteWater

WATER & WASTEWATER SOLUTIONS

1-888-377-7678

Heritage School

PHONE: 5082484884

PWS # 2054047

JOB/PO# 136

B0105-606

## PWS INFORMATION

PWS ID# 2054047

PWS Name: Heritage 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	12:25	✓	Total Coliform	1
002	Storage Tank/Tap in Pumproom	RS	12:50	✓	Total Coliform	1
01G	Raw Water	RW	12:47	✓	Total Coliform	1
01G	Finished Water WELL #1	Finish	12:28	✓	Arsenic, Iron, Manganese, Nitrate(as N)	2
01G	Finished Water WELL #1	Finish	12:30	✓	Nitrite (as N), Volatile Organic Compounds(VOC)	2
RW-01G	Raw Water Well #1	Raw	12:45	✓	Arsenic, Iron, Manganese	2

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	<i>[Signature]</i>	1-5-15	12:25
Relinquished By:	<i>[Signature]</i>	1-5-15	1:00
Received By:	<i>[Signature]</i>	1/5/15	1:29
Relinquished By:	<i>[Signature]</i>	1/5/15	1:31
Received By:	<i>[Signature]</i>	1/5/15	1:31

METER READING	Cu ft or Gal
12835800	Cu ft or Gal
	Cu ft or Gal
	Cu ft or Gal
	Cu ft or Gal

8°C

## SPECIAL NOTES

**DO NOT MAIL HARD COPY! Email this report:** [vjain@rhwhite.com](mailto:vjain@rhwhite.com); [tnixon@rhwhite.com](mailto:tnixon@rhwhite.com)

Email Invoice to: [vjain@rhwhite.com](mailto:vjain@rhwhite.com); [tnixon@rhwhite.com](mailto:tnixon@rhwhite.com)