



## *Certificate of Analysis*

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

Date Reported: January 22, 2016

Date Received: January 14, 2016

PWS: Heritage School 2054047

Case No.        **C0114-W07**

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 Pumproom

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

Submitted samples from:

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

SUBJECT:        Nitrate, Volatile Organic Compounds

METHOD:    *Standard Methods for the Examination of Water and Wastewater*, 20<sup>th</sup> Edition, 1998, APHA, AWWA-WPCF.  
Nitrate: SM 4500-NO3-E

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 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.



**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>	E.Coli 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>	E.COLI 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				1/14/2016	12:15	1/14/2016	17:30	Tim Rustan	C0114-W07A
PT	002	Post Treatment	A				1/14/2016	12:35	1/14/2016	17:30	Tim Rustan	C0114-W07B
RW	01G	Well#1/Storage Tank/Tap in Pump.	A				1/14/2016	12:40	1/14/2016	17:30	Tim Rustan	C0114-W07C

<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:**  1/22/2016

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 type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	1/14/2016	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	
<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) **Y**

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	0.001	EPA 200.9	1/19/2016	M-CT007	Phoenix Laboratory	C0114-W07D
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: **1/22/2016**

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) <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"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	1/14/2016	Tim Rustan
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(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) **Y**

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	0.010	0.010	0.001	EPA 200.9	1/19/2016	M-CT007	Phoenix Laboratory	C0114-W07E
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: **1/22/2016**

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) <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"/>	1/14/2016	Tim Rustan
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	1/15/2016	C0114-W07D
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: **1/22/2016**

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	<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 #: **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	1/14/2016 Tim Rustan
<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	1/14/2016 Tim Rustan
	<b>Routine or Special Sample</b>	<b>Original, Resubmitted or Confirmation Report</b>	<b>If Resubmitted Report, list below:</b>		
			<b>(1) Reason for Resubmission</b>	<b>(2) Collection Date of Original Sample</b>	
<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>0.053</b>	0.3	0.05	3120B	1/21/2016	C0114-W07
MANGANESE (mg/L)	<b>ND</b>	<b>0.007</b>	0.05*	0.005	3120B	1/21/2016	C0114-W07
ALKALINITY (mg/L as CaCO <sub>3</sub> )			None				
CALCIUM (mg/L)			None				
MAGNESIUM (mg/L)			None				
HARDNESS (mg/L as CaCO <sub>3</sub> )			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: **1/22/2016**

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) <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"/>	1/14/2016	Tim Rustan
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(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 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		1/20/2016	C0114-W07D	
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#: C0114-W07D

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	NAPHTHALENE*	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 ALCOHOL (TBA)*	N.D.	0.5
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	97
4-Bromofluorobenzene	99

*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: 1/22/2016

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Environmental Laboratories, Inc.  
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045  
 Tel. (860) 645-1102 Fax (860) 645-0823

**Analysis Report**  
 January 21, 2016

FOR: New England Testing Laboratory, Inc.  
 1254 Douglas Ave.  
 North Providence, RI 02904

Sample Information

Matrix: DRINKING WATER  
 Location Code: NETLB  
 Rush Request: 72 Hour  
 P.O.#:

Custody Information

Collected by:  
 Received by: LB  
 Analyzed by: see "By" below

Date Time

01/14/16  
 01/18/16 14:56

Laboratory Data

SDG ID: GBK54040  
 Phoenix ID: BK54040

Project ID: C0114-W07  
 Client ID: FINISHED WATER WELL #1

Parameter	Result	RL/ PQL	DIL	Units	DW MCL	Sec Goal	Date/Time	By	Reference
Arsenic	< 0.0010	0.0010	1	mg/L	0.01		01/19/16	RS	E200.9/SM3113B-10

RL/PQL=Reporting/Practical Quantitation Level DIL=Dilution (analysis required diluting to evaluate) ND=Not Detected  
 BRL=Below Reporting Level (less than the reporting level, the lowest amount the laboratory can detect and report.)  
 MCL = Maximum Contaminant Level MCLG = Maximum Contaminant Level Goal

**Comments:**

Maximum Contaminant Level (Lower of): 310 CMR 22.00; 40 CFR Part 141. The highest level of a contaminant that is allowed in drinking water. MCLs are enforceable standards.

Secondary DW Maximum Contaminant Level Goal (MCLG): 40 CFR Part 143. The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs are non-enforceable public health goals.

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.  
 This report must not be reproduced except in full as defined by the attached chain of custody.

Phyllis Shiller, Laboratory Director

January 21, 2016

Reviewed and Released by: Kathleen Cressia, QA/QC Officer



Environmental Laboratories, Inc.  
 587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045  
 Tel. (860) 645-1102 Fax (860) 645-0823

**Analysis Report**  
 January 21, 2016

FOR: New England Testing Laboratory, Inc.  
 1254 Douglas Ave.  
 North Providence, RI 02904

Sample Information

Matrix: RAW WATER  
 Location Code: NETLB  
 Rush Request: 72 Hour  
 P.O.#:

Custody Information

Collected by:  
 Received by: LB  
 Analyzed by: see "By" below

Date      Time

01/14/16  
 01/18/16      14:56

Laboratory Data

SDG ID: GBK54040  
 Phoenix ID: BK54041

Project ID: C0114-W07  
 Client ID: RAW WATER WELL #1

Parameter	Result	RL/ PQL	Units	Dilution	Date/Time	By	Reference
Arsenic	0.0104	0.0010	mg/L	1	01/19/16	RS	E200.9/SM3113B-10

RL/PQL=Reporting/Practical Quantitation Level ND=Not Detected BRL=Below Reporting Level

**Comments:**

If there are any questions regarding this data, please call Phoenix Client Services at extension 200.  
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Phyllis Shiller, Laboratory Director  
 January 21, 2016

Reviewed and Released by: Kathleen Cressia, QA/QC Officer

# Sample Criteria Exceedences Report

GBK54040 - NETLB

Criteria: None

State: MA

SampNo	Acode	Phoenix Analyte	Criteria	Result	RL	Criteria	RL	Analysis Units
BK54040	AS-DW	Arsenic	EPA / 40 CFR 141 DW / 141.62 Inorganic MCLs	BRL	0.0010	0.01	0.0005	mg/L

Phoenix Laboratories does not assume responsibility for the data contained in this report. It is provided as an additional tool to identify requested criteria exceedences. All efforts are made to ensure the accuracy of the data (obtained from appropriate agencies). A lack of exceedence information does not necessarily suggest conformance to the criteria. It is ultimately the site professional's responsibility to determine appropriate compliance.



COLLY-WAT  
 ROUTINE SAMPLE  
 SPECIAL SAMPLE  
 REPEAT SAMPLE  
 OF 5 FOLLOW-UP

# WhiteWater

WATER & WASTEWATER SOLUTIONS

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: 1-14-16  
 Is the source treated? YES  NO  Sample after treatment? YES  NO

SPECIAL NOTES:  
 METER READINGS - Cu ft or Gal  
 Meter: (W-211) 13626900

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	AS	Fe, Mn	NOS <sup>3+</sup>	VOC	OTHER
										If bottles, how many?
001	Kitchen Tap	-	RS	12:15	X					1
01G	Post-Treatment	-	PT	12:30	X					1
01G	Well #1/Storage Tank/Tap in Pumphouse	-	RW	12:40	X					1
01G	Finished Water Well #1	-	FS	12:20		X	X	X	X	3+2 vials**Tdp.Blank required**
RW-01G	Raw Water Well #1	-	RS	12:20		X	X			2

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Tonyt Knute	1-14-16	12:15
Relinquished by:	Tonyt Knute	1-14-16	14:30
Received by:	Dina Reed	1/14/16	15:33
Relinquished by:	Dina Reed	1/14/16	16:46
Received by:	Wesley Jay	1/14/16	16:46

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