

61 Louisa Viens Drive  
Dayville, CT 06241  
Fax: 860-774-2689  
Phone: 860-774-6814  
Toll-Free: 800-334-0103

## ANALYTICAL DATA REPORT

prepared for:

Town of Webster Water Dept.  
38 Hill Street  
PO Box 793  
Webster, MA 01570  
Attn: Doran Crouse

Report Number: E611173  
Project: Webster Water Department

Received Date: 11/01/2016  
Report Date: 11/07/2016



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David Dickinson  
Technical Director



CT DPH #PH-0465  
ME DHHS #CT0050  
VA #460279

EPA #CT00008  
NH ELAP #2020  
VT DOH #VT11549

KY EEC #90151  
NY ELAP #11549

MA DEP #M-CT008  
PA DEP #68-04413

MD #349  
RI DOH #LAO00346

TN #04903



101-000000527292

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Report No: E611173  
Client: Webster Water Department  
Project: Webster Water Department

### **CASE NARRATIVE / METHOD CONFORMANCE SUMMARY**

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received three samples from Webster Water Department on 11/01/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Iron & Manganese by ICP by 200.7

200.7[3000]

Manganese by ICP by 200.7

200.7[3000]

MASS SOC

504.1[504.1], 505[505], 515.3[515.3], 525.2[525.2], 531.2

#### **Non-Conformances:**

##### **Work Order:**

None

##### **Sample:**

None

##### **Analysis:**

None



## Secondary Contaminant Report

## I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:  City / Town:   
 PWS Name:  PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	MULT1	#1 Pump Station	11/1/2016	Client
B	04G	Well No. 1	11/1/2016	Client
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 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				
A				
B				

## II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:  Primary Lab Name:  Subcontract? (Y/N)   
 Analysis Lab MA Cert. #:  Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.051	200.7	11/2/2016	E611173-1, E611173-2
MANGANESE (mg/L)	0.028	0.41	0.05*	0.0020	200.7	11/2/2016	E611173-1, E611173-2
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 to 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: 

If not submitting 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 #:  City / Town:   
 PWS Name:  PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A 03G	#3 Pump Station	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	11/1/2016	Client
B				

	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				

SAMPLE NOTES	
A	
B	

## II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #:  Primary Lab Name:  Subcontract? (Y/N)   
 Analysis Lab MA Cert. #:  Analysis Lab Name:

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)	ND		0.3	0.051	200.7	11/3/2016	E611173-3
MANGANESE (mg/L)	0.063		0.05*	0.0020	200.7	11/3/2016	E611173-3
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 to 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:

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DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



## Synthetic Organic Contaminant Report

## I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2316000	City / Town:	Webster, MA
PWS Name:	Webster Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
MULT1	#1 Pump Station	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	11/1/2016 Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, 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-CT008	Primary Lab Name:	Microbac Laboratories, Inc.	Subcontract? (Y/N)	N
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Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	11/3/2016	11/4/2016	M-CT008	Microbac Laboratories, Inc.	E611173-1
505	11/2/2016	11/2/2016	M-CT008	Microbac Laboratories, Inc.	E611173-1
504.1	11/3/2016	11/3/2016	M-CT008	Microbac Laboratories, Inc.	E611173-1
525.2	11/2/2016	11/3/2016	M-CT008	Microbac Laboratories, Inc.	E611173-1
531.2		11/4/2016	M-CT008	Microbac Laboratories, Inc.	E611173-1

Was this Sample Composited by the Lab?	<input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES		

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
1563-66-2	CARBOFURAN	ND	40.0	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200.0	2.0	531.2
94-75-7	2,4-D	ND	70.0	0.10	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50.0	0.20	515.3
75-99-0	DALAPON	ND	200.0	1.0	515.3
88-85-7	DINOSEB	ND	7.0	0.20	515.3
1918-02-1	PICLORAM	ND	500	0.10	515.3
87-86-5	PENTACHLOROPHENOL	ND	1.0	0.040	515.3
15972-60-8	ALACHLOR	ND	2.0	0.19	525.2
1912-24-9	ATRAZINE	ND	3.0	0.095	525.2
72-20-80	ENDRIN	ND	2.0	0.0095	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.038	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.038	525.2
58-88-9	LINDANE	ND	0.2	0.038	525.2
73-43-5	METHOXYCHLOR	ND	40.0	0.095	525.2
118-74-1	HEXACHLORO BENZENE	ND	1.0	0.095	525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	50.0	0.095	525.2
122-43-9	SIMAZINE	ND	4.0	0.067	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.038	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400.0	0.57	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6.0	0.57	525.2



## Synthetic Organic Contaminant Report

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE	ND	2.0	0.20	505
8001-35-2	TOXAPHENE	ND	3.0	1.0	505
12674-11-2	PCB AROCLOR 1016	ND	---	0.22	505
11104-28-2	PCB AROCLOR 1221	ND	---	0.22	505
11141-16-5	PCB AROCLOR 1232	ND	---	0.22	505
53469-21-9	PCB AROCLOR 1242	ND	---	0.22	505
12672-29-6	PCB AROCLOR 1248	ND	---	0.22	505
11097-69-1	PCB AROCLOR 1254	ND	---	0.22	505
11096-82-5	PCB AROCLOR 1260	ND	---	0.22	505
1336-36-3	PCBS (DECACHLOROBIPHENYL)				
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES <u>ONLY</u> . All groundwater sources must monitor for these two contaminants.					
96-12-8	DIBROMOCHLOROPROPANE (DBCP)	ND	0.2	0.010	504.1
106-93-4	ETHYLENEDIBROMIDE (EDB)	ND	0.02	0.010	504.1
Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however monitoring and reporting for Diquat is required for surface waters that have applied Diquat.					
85-00-7	DIQUAT				
145-73-3	ENDOTHALL				
1071-53-6	GLYPHOSATE				
1746-01-6	2,3,7,8-TCDD (DIOXIN)				

CAS#	SOC Regulated Contaminants	Results µg/L	ORSG µg/L	MDL µg/L	Analytical Method
116-06-3	ALDICARB	ND	3*	0.50	531.2
1646-88-4	ALDICARB SULFONE	ND	2*	0.80	531.2
1646-87-3	ALDICARB SULFOXIDE	ND	4*	0.50	531.2
63-25-2	CARBARYL	ND	---	0.50	531.2
16655-82-6	3-HYDROXYCARBOFURAN	ND	---	0.50	531.2
16752-77-5	METHOMYL	ND	---	0.50	531.2
1918-00-9	DICAMBA	ND	---	0.10	515.3
309-00-2	ALDRIN	ND	---	0.095	525.2
23184-66-9	BUTACHLOR	ND	---	0.095	525.2
60-57-1	DIELDRIN	ND	---	0.038	525.2
51218-45-2	METOLACHLOR	ND	---	0.095	525.2
21087-64-9	METRIBUZIN	ND	100*	0.095	525.2
1918-16-7	PROPACHLOR	ND	---	0.095	525.2

\* No MCL, however the DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 - 130%)
515.3	DCAA	114%
525.2	Pyrene-d10	99%
531.2	4-Bromo-3,5-dimethylphenyl-N-methylcarbamate	100%

Method	Surrogate Name	% Recovery (70 - 130%)
525.2	1,3-Dimethyl-2-nitrobenzene	97%
525.2	triphenylphosphate	112%

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: 11/7/2016

If not submitting 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		



## Synthetic Organic Contaminant Report

## I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:  City / Town:   
 PWS Name:  PWS Class: COM  NTNC  TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
03G	#3 Pump Station	<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"/>	11/1/2016	Client
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, 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. #:  Primary Lab Name:  Subcontract? (Y/N)

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#
515.3	11/3/2016	11/4/2016	M-CT008	Microbac Laboratories, Inc.	E611173-3
505	11/2/2016	11/2/2016	M-CT008	Microbac Laboratories, Inc.	E611173-3
504.1	11/3/2016	11/3/2016	M-CT008	Microbac Laboratories, Inc.	E611173-3
525.2	11/2/2016	11/3/2016	M-CT008	Microbac Laboratories, Inc.	E611173-3
531.2		11/4/2016	M-CT008	Microbac Laboratories, Inc.	E611173-3

Was this Sample Composited by the Lab?	COMPOSITE SAMPLE NOTES
<input type="checkbox"/>	List the composited sources by DEP Source Code (XXXXX-XXX), up to five individual sources per sample.
LAB SAMPLE NOTES	

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
1563-66-2	CARBOFURAN	ND	40.0	0.90	531.2
23135-22-0	OXAMYL (VYDATE)	ND	200.0	2.0	531.2
94-75-7	2,4-D	ND	70.0	0.10	515.3
93-72-1	2,4,5-TP (SILVEX)	ND	50.0	0.20	515.3
75-99-0	DALAPON	ND	200.0	1.0	515.3
88-85-7	DINOSEB	ND	7.0	0.20	515.3
1918-02-1	PICLORAM	ND	500	0.10	515.3
87-86-5	PENTACHLOROPHENOL	ND	1.0	0.040	515.3
15972-60-8	ALACHLOR	ND	2.0	0.19	525.2
1912-24-9	ATRAZINE	ND	3.0	0.095	525.2
72-20-80	ENDRIN	ND	2.0	0.0095	525.2
76-44-8	HEPTACHLOR	ND	0.4	0.038	525.2
1024-57-3	HEPTACHLOR EPOXIDE	ND	0.2	0.038	525.2
58-88-9	LINDANE	ND	0.2	0.038	525.2
73-43-5	METHOXYCHLOR	ND	40.0	0.095	525.2
118-74-1	HEXACHLORO BENZENE	ND	1.0	0.095	525.2
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND	50.0	0.095	525.2
122-43-9	SIMAZINE	ND	4.0	0.067	525.2
50-32-8	BENZO(A)PYRENE	ND	0.2	0.038	525.2
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND	400.0	0.57	525.2
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND	6.0	0.57	525.2



## Synthetic Organic Contaminant Report

CAS#	SOC Regulated Contaminants	Results µg/L	MCL µg/L	MDL µg/L	Analytical Method
57-74-9	CHLORDANE	ND	2.0	0.20	505
8001-35-2	TOXAPHENE	ND	3.0	1.0	505
12674-11-2	PCB AROCLOR 1016	ND	---	0.22	505
11104-28-2	PCB AROCLOR 1221	ND	---	0.22	505
11141-16-5	PCB AROCLOR 1232	ND	---	0.22	505
53469-21-9	PCB AROCLOR 1242	ND	---	0.22	505
12672-29-6	PCB AROCLOR 1248	ND	---	0.22	505
11097-69-1	PCB AROCLOR 1254	ND	---	0.22	505
11096-82-5	PCB AROCLOR 1260	ND	---	0.22	505
1336-36-3	PCBS (DECACHLOROBIPHENYL)				
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES ONLY. All groundwater sources must monitor for these two contaminants.					
96-12-8	DIBROMOCHLOROPROPANE (DBCP)	ND	0.2	0.010	504.1
106-93-4	ETHYLENEDIBROMIDE (EDB)	ND	0.02	0.010	504.1
Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however monitoring and reporting for Diquat is required for surface waters that have applied Diquat.					
85-00-7	DIQUAT				
145-73-3	ENDOTHALL				
1071-53-6	GLYPHOSATE				
1746-01-6	2,3,7,8-TCDD (DIOXIN)				

CAS#	SOC Regulated Contaminants	Results µg/L	ORSG µg/L	MDL µg/L	Analytical Method
116-06-3	ALDICARB	ND	3*	0.50	531.2
1646-88-4	ALDICARB SULFONE	ND	2*	0.80	531.2
1646-87-3	ALDICARB SULFOXIDE	ND	4*	0.50	531.2
63-25-2	CARBARYL	ND	---	0.50	531.2
16655-82-6	3-HYDROXYCARBOFURAN	ND	---	0.50	531.2
16752-77-5	METHOMYL	ND	---	0.50	531.2
1918-00-9	DICAMBA	ND	---	0.10	515.3
309-00-2	ALDRIN	ND	---	0.095	525.2
23184-66-9	BUTACHLOR	ND	---	0.095	525.2
60-57-1	DIELDRIN	ND	---	0.038	525.2
51218-45-2	METOLACHLOR	ND	---	0.095	525.2
21087-64-9	METRIBUZIN	ND	100*	0.095	525.2
1918-16-7	PROPACHLOR	ND	---	0.095	525.2

\* No MCL, however the DEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 - 130%)
515.3	DCAA	116%
525.2	Pyrene-d10	102%
531.2	4-Bromo-3,5-dimethylphenyl-N-methylcarbamate	105%

Method	Surrogate Name	% Recovery (70 - 130%)
525.2	1,3-Dimethyl-2-nitrobenzene	99%
525.2	triphenylphosphate	120%

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: 11/7/2016

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



