

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: E601E81  
Project: Webster Water Department

Received Date: 01/19/2016  
Report Date: 01/23/2016

Copies Sent To:

Commonwealth of Massachusetts  
DEP / Central Regional Office  
8 New Bond Street  
Worcester, MA 01606



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David Dickinson  
Technical Director



CT DPH #PH-0465  
ME DHHS #CT0050  
VT DOH #VT11549

EPA #CT00008  
NH ELAP #2020

KY EEC #90151  
NY ELAP #11549

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

MD #349  
RI DOH #LAO00346

VA #460279



101-000000489830

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## ANALYTICAL DATA REPORT

prepared for:


Commonwealth of Massachusetts  
DEP / Central Regional Office  
8 New Bond Street  
Worcester, MA 01606  
Attn: Linda Erricola

Report Number: E601E81  
Project: Webster Water Department

Received Date: 01/19/2016  
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Report No: E601E81  
Client: Webster Water Department  
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### **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 two samples from Webster Water Department on 01/19/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Client Reported Chlorine  
SM4500-Cl-G  
Iron & Manganese by ICP by 200.7  
200.7[3000]

Client Reported WQP  
150.1, 170.1

**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	RW04G	Well #1 <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	1/19/2016	DB
B	MULT1	Sta #1 <input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	1/19/2016	DB
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)	16	0.058	0.3	0.050	200.7	1/22/2016	E601E81-1, E601E81-2
MANGANESE (mg/L)	0.57	0.061	0.05*	0.0020	200.7	1/22/2016	E601E81-1, E601E81-2
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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Lead and Copper Water Quality Parameter 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 Sample Collection Date: 1/19/2016

PWS Name: Webster Water Department PWS Class: COM [checked] NTNC [ ] TNC [ ]

Table with 4 columns: Number of Distribution Samples Required, Number of Distribution Tap Samples Submitted, Number of Entry Point Samples Required, Number of Entry Point Samples Submitted.

SAMPLE NOTES
E601E81

II. ANALYTICAL LABORATORY INFORMATION

Large table with columns: Sample Site Address, Field Parameters (pH, Temperature), and Parameter (Alkalinity, Conductivity, Calcium, Orthophosphate, Silica). Contains data for RW04G and MULT1.

\* Required when using corrosion control inhibitor containing phosphate or silicate compounds.

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: 1/23/2016

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) [ ] Accepted [ ] Disapproved Review Comments [ ] WQTS Data Entered



**Premier Laboratory, Inc.**  
CHAIN OF CUSTODY

www.PremierLaboratory.com

SHADED AREAS  
FOR LAB  
USE ONLY

Lab WO#  
Project Manager

EG01E81

MS

**COPY OF REPORT TO**

CUSTOMER: Town of Webster  
ADDRESS: 38 Bill St  
Webster MA 01570  
ATTENTION: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**BILLING INFORMATION**

BILL TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
PURCHASE ORDER#: \_\_\_\_\_

**PROJECT INFORMATION**

PROJECT: \_\_\_\_\_  
PROJECT LOCATION: \_\_\_\_\_ STATE: \_\_\_\_\_  
PROJECT MANAGER: \_\_\_\_\_  
IN CASE WE HAVE ANY QUESTIONS WHEN SAMPLES ARRIVE WE SHOULD CALL:  
E-MAIL: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

SAMPLE IDENTIFICATION	DATE COLLECTED	TIME COLLECTED	SAMPLE TYPE		SAMPLE MATRIX	# OF BOTTLES	ANALYSIS	PRESERVATIVES							
			COMPOSITE	GRAB				H2SO4	HCL	HNO3	NAOH	NON-PRES	MeOH		
<u>Iron manganese well #1 R4046</u>	<u>1-19-16</u>	<u>10:31</u>				<u>1</u>	<u>chk, pp Temp</u>								
<u>STA #1 MULTI</u>															
<u>Iron manganese</u>	<u>1-19-16</u>	<u>10:20</u>				<u>1</u>	<u>0.98 84 12.2</u>								

**CUSTODY TRANSFER**

SAMPLER: Dennis Bouchard  
RECEIVED: \_\_\_\_\_  
RELINQUISHED: Michelle Roy  
RECEIVED: [Signature]  
RELINQUISHED: [Signature]  
RECEIVED: [Signature]

TURNAROUND (INDICATE IN CALENDAR DAYS): \_\_\_\_\_ FAX \_\_\_\_\_ HARD COPY \_\_\_\_\_ E-MAIL \_\_\_\_\_  
EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE  
COMMENTS \_\_\_\_\_  
CONDITION UPON RECEIPT: (Check One)  
 Cooled  Ambient \_\_\_\_\_ °C Upon Receipt at Lab