MICROBAC®

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: E608C70
Project: Webster Water Department

Received Date: 08/09/2016
Report Date: 08/17/2016

Copies Sent To:

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

David Dickinson
Technical Director

ACCREDITED IN ACCORDANCE WITH nelac

CT DPH #PH-0465 EPA #CT00008 KY EEC #90151 MA DEP #M-CT008 MD #349
ME DHHS #CT0050 NH ELAP #2020 NY ELAP #11549 PA DEP #68-04413 RI DOH #LAO00346 TN #04903
VA #460279 VT DOH #VT11549

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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: E608C70
Project: Webster Water Department

Received Date: 08/09/2016
Report Date: 08/17/2016

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Town of Webster Water Dept.
38 Hill Street
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101-000000515268

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Report No: E608C70
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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 08/09/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Haloacetic Acids5 by 552 in DW
552.2[552.2]

Trihalomethanes by 524.2 in DW
524.2

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None

Massachusetts Department of Environmental Protection - Drinking Water Program

THM

Total Trihalomethanes 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 ☑ NTNC ☐

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	002	Town Hall	Yes ☑	8/9/2016	Client
B	003	Webster Hubbard Hospital	Yes ☑	8/9/2016	Client
C					
D					

	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	☑ RS ☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
B	☑ RS ☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
C				
D				

	SAMPLE NOTES
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 **Primary Lab Name:** Microbac Laboratories, Inc. **Subcontract? (Y/N)** N

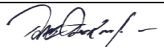
Analysis Lab MA Cert. #: M-CT008 **Analysis Lab Name:** Microbac Laboratories, Inc.

Contaminant	MCL µg/L	MDL µg/L	RESULTS[1] µg/L A	B	C	D
TOTAL THMs	**80**	-----	5.8	16		
Bromoform		0.50	1.4	4.2		
Chloroform		0.50	0.50	1.4		
Bromodichloromethane		0.50	1.1	3.2		
Dibromochloromethane		0.50	2.8	7.2		
Lab Method			524.2	524.2		
Date Extracted (551.1 only)						
Date Analyzed			8/11/2016	8/11/2016		
Lab Sample ID#			E608C70-1	E608C70-2		
Surrogate #1: Bromofluorobenzene			108%	108%		
Surrogate #2: 1,2-Dichlorobenzene-d4			106%	106%		

[1] Report result as a number Greater than 0 or ND (not a < MDL value).

	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: 8/17/2016

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

Massachusetts Department of Environmental Protection - Drinking Water Program

HAA5

Haloacetic Acids 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 ☑ NTNC ☐

	DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A	002	Town Hall	8/9/2016	Client
B	003	Webster Hubbard Hospital	8/9/2016	Client
C				
D				

	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	☑ RS ☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
B	☑ RS ☐ SS	☑ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	
C				
D				

	SAMPLE NOTES
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 **Primary Lab Name:** Microbac Laboratories, Inc. **Subcontract? (Y/N)** N

Analysis Lab MA Cert. #: M-CT008 **Analysis Lab Name:** Microbac Laboratories, Inc.

Contaminant	MCL µg/L	MDL µg/L	RESULTS[1] µg/L A	B	C	D
TOTAL HAA5	**60**	-----	2.5	2.8		
MONOCLOROACETIC ACID		1.0	1.1	ND		
DICHLOROACETIC ACID		0.50	ND	0.57		
TRICHLOROACETIC ACID		0.50	ND	ND		
MONOBROMOACETIC ACID		0.50	ND	ND		
DIBROMOACETIC ACID		0.50	1.4	2.2		
Lab Method			552.2	552.2		
Date Extracted (551.1 only)			8/16/2016	8/16/2016		
Date Analyzed			8/17/2016	8/17/2016		
Lab Sample ID#			E608C70-1	E608C70-2		
Surrogate #1: 2,3-Dibromopropionic acid			114%	112%		

[1] Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

	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: 8/17/2016

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

E608C70
100

Webster Water Department
38 Hill Street
Webster, MA 01570
(508) 949-3861
PWS I.D. #2316000 Community

Is the Source treated?*(please check one)* yes/no

Sampler (Signature)

JOSEPH PATTERSON
Sampler (Printed)

YES/NO
Report to Mass DEP?*(please check one)*

8-9-16
Date Collected

Sample Type	Sample Code	Sample Location	Address	Time	Analysis: Field Residual Chlorine **	Total Coliform **		HAA	THM				Field Ph**	Field Temp**		Comments:
RS	001	Friendly's	129 Main Street	11:05	0.65	X							7.58	16.7		
RS	002	Town Hall	350 Main Street	1:20	0.64	X		X	X				7.52	20.3		**
RS	003	Webster Hubard Hospital	340 Thompson Road	12:05	0.32	X		X	X				7.62	21.3		MADEP Form Required
RS	004	Guardian Industries	5 Cudworth Road	10:35	0.64	X							7.61	18.7		
RS	005	Robert Duteau	Rawson Road	10:15	0.35	X							7.55	16.9		
RS	006	St. Joseph School	47 Whitcomb Street	12:55	0.43	X							7.55	22.1		
RS	007	Stand Pipe	Park Road	12:40	0.45	X							7.62	17.6		
RS	008	Webster Nursing Home	745 School Road	1:45	0.31	X							7.56	21.4		
RS	009	Lodge Restaurant	146-148 Gore Road	9:50	0.47	X							7.64	18.9		
PT	01G	#2 Pump Station	Memorial Beach Entry	off line	—	—							—	—		
PT	Mult 1	#1 Pump Station	Mem.Beach Fnshd Blnd	11:30	0.79	X							7.53	14.2		
PT	03G	#3 Pump Station	Bigelow Road Entry	9:35 ~~2:55~~	0.98	X							7.55	14.9		
RW	01G	#2 Pump Station	Memorial Beach Raw	off line	—	—							—	—		
RW	02G	#1 Pump Station	Memorial Beach Raw	—	—	—							—	—		
RW	03G	#3 Pump Station	Bigelow Road Raw	9:30	RAW	X							6.30	13.2		

CUSTODY TRANSFER	DATE	TIME
RECEIVED BY:		
RELINQUISHED BY:	8-9-16	1:55P
RECEIVED BY:	8-9-16	14:30
RELINQUISHED BY:	8-9-16	15:30
RECEIVED BY:	8-9-16	1530

Premier Laboratory, Inc.
Phone: 1-800-334-0103 Fax: 860-774-2689

5.2°

Sample Type Key

DR- DOWNSTREAM REPEAT
RS- ROUTINE SAMPLE
RO- ORIGINAL SITE REPEAT
UR- UPSTREAM REPEAT
PT-PLANT TAP
AR- ADD- REPEAT SAMPLE
RW- RAW WATER
SS- SPECIAL SAMPLE