



CERTIFICATE OF ANALYSIS

E4K0221

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi
80 Run WAY
Lee, MA 01238

Project Name: Cheshire Water Department - 1058000

Project / PO Number: 1058000-241119

Received: 11/19/2024 15:08

Reported: 11/20/2024 13:29

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Reviewed and Approved By:

A handwritten signature in black ink, appearing to read "R. Warila", on a light grey rectangular background.

Ron Warila
Director, Environmental
11/20/2024 13:29

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included.

Microbac Laboratories, Inc.

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Bacteriological Report

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 #: 1058000 PWS Name: Cheshire Water Department City/Town: Cheshire 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-MA1146 Primary Lab Name: Microbac Laboratories, Inc., Lee

Subcontracted?(Y/N): N

Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac Laboratories, Inc., Lee

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report(1) Reason for Resubmission: ☐ Resample ☐ Reanalysis ☐ Report Correction

(2) Collection Date of Original Sample:

TC Method	E.Coli Method	Enterococci Method	Fecal Coliform	HPC Method	Lab Sample Notes:
1 9223 B (Colilert-18)-2004 (18)	1 9223 B (Colilert-18)-2004 (18)				

DEP APPROVED SAMPLE SITE INFORMATION ¹			TOTAL COLIFORM RESULT ^{4,5}	E.COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type ^{1,3}	Location Code # ¹	DEP Approved SAMPLE LOCATION ¹					DATE	TIME	DATE	TIME		
RS	003	State Police Bldg	Absent	Absent			11/19/2024	08:30	11/19/2024	17:00	Chip Beckwith	E4K0221-01
RS	004	75 South St. Adams Community Bank	Absent	Absent			11/19/2024	09:10	11/19/2024	17:00	Chip Beckwith	E4K0221-02
RS	EP1	POE Post Bld 02G/03G	Absent	Absent			11/19/2024	08:40	11/19/2024	17:00	Chip Beckwith	E4K0221-03
RS	STOR1	W Mt Rd Tank	Absent	Absent			11/19/2024	09:00	11/19/2024	17:00	Chip Beckwith	E4K0221-04
RW	RW1	New Well 01G	Absent	Absent			11/19/2024	08:48	11/19/2024	17:00	Chip Beckwith	E4K0221-05
RW	RW2	Well 02G	Absent	Absent			11/19/2024	08:43	11/19/2024	17:00	Chip Beckwith	E4K0221-06

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan² 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.³ 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 Sample⁴ Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(Invalid) or TNCT-P(present).⁵ 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:

11/20/2024

DEP Review Status: ☐ Accepted ☐ Disapproved Review Comments:

JS



SAMPLE COLLECTION RECORD | C

Housatonic Basin Sampling and Testing

PWS NAME: CHESHIRE WATER DEPT
 PWS ID: 1058000
 PWS TOWN: Cheshire
 PWS CLASS: COM

80 RUN WAY
 LEE, MA 01238
 (413)248-4622
 HBST P.O. # 1058000-241119
 # of WO: 6

Sampling & Testing

SAMPLE INFORMATION						FIELD RECORDED					MICRO BIOLOGY		CHEMICAL ANALYSIS															Preserved Na2S2O3
ID	SAMPLE TYPE	BACTERIA DEP ID	Chem Sample ID	LOCATION DESCRIPTION	DATE/TIME	SAMPLER	Field Temp F°	Field pH	Field Turbidity (NTU)	Field UV Absorb 254	Field UV Transmitt 254	Ch2 Res (Free)	BACTERIA HPC	BACTERIA 9223 P/A	BACTERIA 9223 QT													
	[RS]	[003]		STATE POLICE BLDG-	11/19/24 8:30 AM	C.Beckwith								X														
	[RS]	[004]		75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-	11/19/24 9:10 AM	C.Beckwith								X														
	[RS]	[EP1]	[10007]	POE POST BLD 02G/03G [10007]-	11/19/24 8:40 AM	C.Beckwith								X														
	[RS]	[STOR1]		W MT RD TANK-	11/19/24 9:00 AM	C.Beckwith								X														
	[RW]	[RW1]	[RW1]	NEW WELL 01G-	11/19/24 8:48 AM	C.Beckwith								X														
	[RW]	[RW2]	[RW2]	WELL 02G-	11/19/24 8:43 AM	C.Beckwith								X														

CUSTODY TRANSFER						DATE/TIME					NOTES																
SAMPLER	<i>C. Beckwith</i>					11-19-24 3:08					1.2°C																
RECEIVED	<i>C. Beckwith</i>					11-19-24 1:50																					
RELINQUISHED																											
RECEIVED																											
RELINQUISHED																											

Note: Submit via EDEP unless designated Private or otherwise noted. Email report to: Admin@HousatonicBasin.com. Lab testing shall be in compliance with all State and Federal Drinking Water and applicable regulations.