

CERTIFICATE OF ANALYSIS

E5B0007

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi 80 Run WAY Lee, MA 01238

Project Name: Cheshire Water Department - 1058000

Project / PO Number: 1058000-250203

Received: 02/03/2025 12:55 Reported: 02/04/2025 11:26

Report Comments

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

Reviewed and Approved By:

17. Want

Ron Warila Director, Environmental

02/04/2025 11:26

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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Massachusetts Department of Environmental Protection - Drinking Water Program

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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	#: 105800	OD PWS Name: Cheshire Water Department						Ci	ty/Town: Chesh	nire			Class: COM X NTI	NC 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):											(Y/N): N			
Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac La								ahoratories Inc. Lee						
Arranysis Lab Mix Cert.#. In Nov 1145 Arranysis Lab Mix Cert.#.														
TC Method			E.Coli Method	Enterococci Method		od	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	E.COLI or	OLI or CHLORINE	НРС	COLLECTION		ANALYS	SIS			
Sample Type ^{1,3}	Location Code # 1	DEI	P Approved SAMPLE LOCAT	ION 1	COLIFORM	FECAL RESULT 4.5	RESULT ² mg/L	RESULT ² # cfu/mL	DATE	TIME	DATE	DATE TIME	COLLECTED BY	LAB SAMPLE ID #
RS	003		State Police Bldg		Absent	Absent			02/03/2025	08:10	02/03/2025	14:41	C. Beckwith	E5B0007-01
RS	004	75 Sc	75 South St. Adams Community Bank			Absent			02/03/2025	09:10	02/03/2025	14:41	C. Beckwith	E5B0007-02
RS	EP1		POE Post Bld 02G/03G			Absent			02/03/2025	08:30	02/03/2025	14:41	C. Beckwith	E5B0007-03
RS	STOR1	W Mt Rd Tank			Absent	Absent			02/03/2025	08:40	02/03/2025	14:41	C. Beckwith	E5B0007-04
RW	RW1		New Well 01G			Absent			02/03/2025	08:31	02/03/2025	14:41	C. Beckwith	E5B0007-05
RW	RW2		Well 02G			Absent			02/03/2025	08:20	02/03/2025	14:41	C. Beckwith	E5B0007-06
1 DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan 2 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 Sample 4 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. Date:														
DEP Review Status: ☐ Accepted ☐ Disapproved Review Common Review							nments:	1						





SAMPLE COLLECTION RECORD | CHAIN O

Housatonic Basin Sampling and Testing

80 RUN WAY CHESHIRE WATER DEPT PWS NAME: LEE, MA 01238 PWS ID: 1058000 (413)248-4622 Housatonic Basin Sampling & Testing HBST P.O. # 1058000-250203 PWS TOWN: Cheshire PWS CLASS: COM # of WO: 9 MICRO SAMPLE INFORMATION FIELD RECORDED **CHEMICAL ANALYSIS BIOLOGY** Field UV Transmit 254 Field Turbitity (NTU) Field UV Absorb 254 BACTERIA 9223 P/A Orthophosphate Chem Sample ID Phosphates BACTERIA DEP ID Conductivity Chi2 Res (Free) BACTERIA HPC Field Temp F SAMPLER LOCATION DESCRIPTION DATE/TIME ID [RS] [003] STATE POLICE BLDG-2/3/25 8:10 AM C.Beckwith X [RS] [004] 75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-2/3/25 9:10 AM Χ C.Beckwith [RS] [EP1] [10007] POE POST BLD 02G/03G [10007]-2/3/25 8:30 AM C.Beckwith X [RS] [STOR1] W MT RD TANK-2/3/25 8:40 AM C.Beckwith X NEW WELL 01G-[RW] [RW1] [RW1] 2/3/25 8:31 AM X C.Beckwith [RW] [RW2] [RW2] WELL 02G-2/3/25 8:20 AM C.Beckwith Χ DATE/TIME NOTES 4.3.25 - 12-55 SAMPLER RECEIVED annen 7.5 C RELINQUISHED RECEIVED RELINQUISHED

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