

CERTIFICATE OF ANALYSIS

E5D0369

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi 80 Run WAY Lee, MA 01238

Project Name: Cheshire Water Department - 1058000

Project / PO Number: 1058000-250415

Received: 04/15/2025 13:10 Reported: 04/16/2025 12:06

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

04/16/2025 12:06

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.

80 Run Way | Lee, MA 01238 | 413-776-5025 p | www.microbac.com

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Massachusetts Department of Environmental Protection - Drinking Water Program

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Bacteriological Report

I. PWS I	NFORMATIO	ON: Refer	to your DEP Coliform	Sampling	Plan to help	complete th	e PWS Infor	mation ar	d DEP Approve	ed Sample	Site Informa	tion sect	ions below.				
PWS ID	#: 105800	00	PWS Name: Che	shire Wate	er Departme	nt		Ci	ty/Town: Chest	nire			Class: COM X NTNC TI				
I. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.																	
Prir	mary Lab M	FORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods. MA Cert.#: M-MA1146															
Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac Laboratories, Inc., Lee											=						
TC Method E.Coli Method Ente					erococci Method Fecal Coliform				HPC Met	hod			Lab Sample Notes:	s:			
1 9223 B (Colilert-18)-20	004 (18 1 92	223 B (Colilert-18)-2004 (1	81													
	DEP APP	ROVED SAM	PLE SITE INFORMATION	1	TOTAL	F COLLor	CHI ORINE	HPC	COLLECT	ION	ANALYS	SIS					
Sample Type ^{1,3}	Location Code # 1	DEI	P Approved SAMPLE LOCAT	ION 1	COLIFORM	FECAL	RESULT 2	RESULT		TIME	DATE	TIME	COLLECTED BY	-			
RS	003		State Police Bldg		Absent	Absent			04/15/2025	08:25	04/15/2025	16:42	C. Beckwith	E5D0369-01			
RS	004	75 Sc	outh St. Adams Communit	y Bank	Absent	Absent			04/15/2025	09:10	04/15/2025	16:42	C. Beckwith	E5D0369-02			
RS	EP1		POE Post Bld 02G/03G		Absent	Absent			04/15/2025	08:40	04/15/2025	16:42	C. Beckwith	E5D0369-03			
RS	STOR1		W Mt Rd Tank		Absent	Absent			04/15/2025	09:00	04/15/2025	16:42	C. Beckwith	E5D0369-04			
RW	RW1		New Well 01G		Absent	Absent			04/15/2025 08:45 04/15/2025		16:42	C. Beckwith	E5D0369-05				
RW	RW2	₹W2 Well			Absent	Absent			04/15/2025	08:50	04/15/2025	16:42	C. Beckwith	E5D0369-06			
DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan 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. 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 Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(invalid) or TNCT-P(present). 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.																	
DEP Re	view Status	:	Accepted	Disappro	ved	Review Com	ments:										



PWS NAME:

PWS ID:

CHESHIRE WATER DEPT

1058000

SAMPLE COLLECTION RECORD | CHAII



Housatonic Basin Sampling and Testing

80 RUN WAY LEE, MA 01238 (413)248-4622 1 1058000-250415

	PWS TOWN: Cheshire							H	uo	uw			<u>-</u>					ST P.O. # 1058000-250415										
	PWS CLASS: COM								58	. []]	ЫII	ng	<u> </u>	16	951	.111	<u>g</u>							#	of WC	 Э:		11
SAMPLE INFORMATION						Sampling					MICRO IOLOG\							MICA	L AN	ALYSI:	ALYSIS							
!D	SAMPLE TYPE	BACTERIA DEP ID	Chem Sample ID	LOCATION DESCRIPTION	DATE/TIME	SAMPLER	Field Temp F*	Field pH	Field Turbitity (NTU)	Field UV Absorb 254	Field UV Transmit 254	Chl2 Res (Free)	BACTERIA HPC	BACTERIA 9223 P/A	BACTERIA 9223 QT	Orthophosphate	Phosphates	. 1		MASec							Goraco	Preserved Na2S2o3
	[RS]	[003]		STATE POLICE BLDG-	4/15/25 8:25 AM	Claude Beckwith								X		-X	X	-	15		5-2				11.	2,72.55	-	
L	[RS]	[004]		75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-	4/15/25 9:10 AM	Claude Beckwith								Х		1000			~ Z	1-15	5-2	5		100				
	[RS]	[EP1]	[10007]	POE POST BLD 02G/03G [10007]-	4/15/25 8:40 AM	Claude Beckwith								X	1.5		_	X-	- X -	X	_	i de		100				-
	[RS]	[STOR1]		W MT RD TANK-	4/15/25 9:00 AM	Claude Beckwith								Х		- 13			100		179	1000				\vdash	799	
	[RW]	[RW1]	[RW1]	NEW WELL 01G-	4/15/25 8:45 AM	Claude Beckwith							<u> </u>	X			1.1	(344	5454	14.5	100	1000	1333	20.22.24			
	[RW]	[RW2]	[RW2]	WELL 02G-	4/15/25 8:50 AM	Claude Beckwith								Х			3-27	100	19,75	65,000	- 32.7	1	1			\vdash	77777	-
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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.