

CERTIFICATE OF ANALYSIS

E5F0006

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi 80 Run WAY Lee, MA 01238

Project Name: Cheshire Water Department - 1058000

Project / PO Number: 1058000-250602

Received: 06/02/2025 12:55 Reported: 06/03/2025 13:04

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. Wank

Ron Warila Director, Environmental

06/03/2025 13:04

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	00 PWS Name: Cheshire Water Department						Ci	ty/Town: Chest	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): N
Δna	lvsis I ah Ma	Δ Cert #·	M-MA1146	Δnalv	sis Lab: M	icrohac Lah	aboratories, Inc., Lee							
Analysis Lab MA Cert.#: M-MA1146														
	TC Method		E.Coli Method	li Method Enterococc			ci 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				E.COLI or	or CHLORINE HPC		COLLECTION		ANALYSIS					
Sample Type ^{1,3}	Location Code # 1	DEI	P Approved SAMPLE LOCATI	ON 1	COLIFORM RESULT 4.5	FECAL	RESULT ² mg/L	RESULT ² # cfu/mL	DATE	TIME	DATE	DATE TIME	COLLECTED BY	LAB SAMPLE ID#
RS	003		State Police Bldg			Absent			06/02/2025	08:30	06/02/2025	15:48	C. Beckwith	E5F0006-01
RS	004	75 Sc	75 South St. Adams Community Bank			Absent			06/02/2025	09:15	06/02/2025	15:48	C. Beckwith	E5F0006-02
RS	EP1	POE Post Bld 02G/03G			Absent	Absent			06/02/2025	08:55	06/02/2025	15:48	C. Beckwith	E5F0006-03
RS	STOR1	W Mt Rd Tank			Absent	Absent			06/02/2025	08:45	06/02/2025	15:48	C. Beckwith	E5F0006-04
RW	RW1	New Well 01G			Absent	Absent			06/02/2025	09:05	06/02/2025	15:48	C. Beckwith	E5F0006-05
RW	RW2		Well 02G			Absent			06/02/2025	09:00	06/02/2025	15:48	C. Beckwith	E5F0006-06
DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan WITH Systems: HPC samples shall be taken at the same <u>distribution</u> sites and at the same time as total coliform, whenever chlorine residual is <u>not</u> 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. Laboratory Authorized Signature and Date:														
DEP Review Status: Accepted Disapproved Review Cor						nments:								



Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD | CHAIN (

80 RUN WAY CHESHIRE WATER DEPT PWS NAME: LEE, MA 01238 PWS ID: 1058000 (413)248-4622 Housatonic Basin Sampling & Testing PWS TOWN: Cheshire HBST P.O. # 1058000-250602 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 BACTERIA 9223 QT Orthophosphate Phosphates BACTERIA DEP ID Chl2 Res (Free) BACTERIA HPC SAMPLE TYPE Field Temp F° LOCATION DESCRIPTION DATE/TIME SAMPLER STATE POLICE BLDG-6/2/25 8:30 AM [RS] [003] Claude Beckwith X [004] 75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-6/2/25 9:15 AM X [RS] Claude Beckwith [EP1] [10007] POE POST BLD 02G/03G [10007]-6/2/25 8:55 AM [RS] Claude Beckwith Χ Х W MT RD TANK-[RS] [STOR1 6/2/25 8:45 AM Claude Beckwith Х NEW WELL 01G-Claude Beckwith [RW] [RW1] [RW1] 6/2/25 9:05 AM Х [RW] [RW2] [RW2] WELL 02G-6/2/25 9:00 AM Claude Beckwith Χ **CUSTODY TRANSFER** DATE/TIME NOTES SAMPLER 12:55 612125 RECEIVED 11.5°C 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.