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## CERTIFICATE OF ANALYSIS

**E5H0537**

prepared for:

**Housatonic Basin Sampling & Testing**

Nick Bruzzi  
80 Run WAY  
Lee, MA 01238

**Project Name: Cheshire Water Department - 1058000**

Project / PO Number: 1058000-250825

Received: 08/25/2025 14:02

Reported: 08/26/2025 12:33

### 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  
08/26/2025 12:33

*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:
SM 9223 B (Colilert-18)-2004 (18hr)	SM 9223 B (Colilert-18)-2004 (18hr)				

DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>			TOTAL COLIFORM RESULT <sup>4,5</sup>	E.COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type <sup>1,3</sup>	Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>					DATE	TIME	DATE	TIME		
RS	003	State Police Bldg	Absent	Absent			08/25/2025	10:59	08/25/2025	15:28	Logan Gould	E5H0537-01
RS	004	75 South St. Adams Community Bank	Absent	Absent			08/25/2025	10:06	08/25/2025	15:28	Logan Gould	E5H0537-02
RS	EP1	POE Post Bld 02G/03G	Absent	Absent			08/25/2025	10:47	08/25/2025	15:28	Logan Gould	E5H0537-03
RS	STOR1	W Mt Rd Tank	Absent	Absent			08/25/2025	10:24	08/25/2025	15:28	Logan Gould	E5H0537-04
RW	RW1	New Well 01G	Absent	Absent			08/25/2025	10:35	08/25/2025	15:28	Logan Gould	E5H0537-05
RW	RW2	Well 02G	Absent	Absent			08/25/2025	10:40	08/25/2025	15:28	Logan Gould	E5H0537-06

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan<sup>2</sup> 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.<sup>3</sup> 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<sup>4</sup> Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(Invalid) or TNCT-P(present).<sup>5</sup> 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:

08/26/2025

DEP Review Status: ☐ Accepted ☐ Disapproved Review Comments:



Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD | CHAIN OF CUSTODY | MIC

PWS NAME:	CHESHIRE WATER DEPT		LEE, MA 01238 (413)248-4622	
PWS ID:	1058000		HBST P.O. #	1058000-250825
PWS TOWN:	Cheshire		# of WO:	9
PWS CLASS:	COM			

SAMPLE INFORMATION						FIELD RECORDED						MICRO BIOLOGY			CHEMICAL ANALYSIS													Preserved Na2S2O3	
ID	SAMPLE TYPE	BACTERIA DEF 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	Orthophosphate	Phosphates	Conductivity											
	[RS]	[003]		STATE POLICE BLDG-	8/25/25 10:59 AM	Logan Gould								X			* *												
	[RS]	[004]		75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-	8/25/25 10:06 AM	Logan Gould								X															
	[RS]	[EP1]	[10007]	POE POST BLD 02G/03G [10007]-	8/25/25 10:47 AM	Logan Gould								X															
	[RS]	[STOR1]		W MT RD TANK-	8/25/25 10:24 AM	Logan Gould								X															
	[RW]	[RW1]	[RW1]	NEW WELL 01G-	8/25/25 10:35 AM	Logan Gould								X															
	[RW]	[RW2]	[RW2]	WELL 02G-	8/25/25 10:40 AM	Logan Gould								X															

CUSTODY TRANSFER						DATE/TIME	NOTES
SAMPLER	Logan Gould					8/25/25 14:02	3.3 °C
RECEIVED	C. J. Nichols					8/25/25 14:03	
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.