

### **CERTIFICATE OF ANALYSIS**

E510308

prepared for:

**Housatonic Basin Sampling & Testing** 

Nick Bruzzi 80 Run WAY Lee, MA 01238

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

Project / PO Number: 1058000-250915

Received: 09/15/2025 13:40 Reported: 09/16/2025 17:04

#### **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. Want

Ron Warila

Director, Environmental 09/16/2025 17:04

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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# Massachuseττs Departmon... Bacteriological Report

I. PWS I	NFORMATI	ON: Refer	to your DEP Coliform S	Sampling	Plan to help	complete th	e PWS Infor	mation an	d DEP Approve	ed Sample	Site Informa	tion sect	ions below.							
PWS ID	#: 10580	00	PWS Name: Ches	shire Wate	er Departme	nt		Ci	ty/Town: Chesh	nire	Class: COM X NTNC TNC									
II. ANALY	TICAL INFO	DRMATION	N: Refer to your MassD	EP state la	ab certificat	e for proper	Lab MA Cert	.# and ce	tified methods.											
Prir	mary Lab M	A Cert.#:	M-MA1146 P	rimary La	b Name: Mi	crobac Lab	oratories, In	c., Lee					Subcontracted?(	(Y/N): N						
Δna	TC Method   E.Coli Method   Enterococci Method   Fecal Coliform   HPC Method   Lab Sample Notes:																			
									Reanalysis	Report Co	rrection	ection (2)Collection Date of Original Sample:								
	TC Method	A Cert.#: M-MA1146 Primary Lab Name: Microbac Laboratories, Inc., Lee  Resulmitted Report Confirmation Report (1)Reason for Resulmission: Resample Reanalysis Report Correction (2)Collection Date of Original Sample:    Result																		
SM 9223 B (Colilert-18)-2004 (18hr) SM 9223 B (Colilert-18)-2004 (18hr)																				
DEP APPROVED SAMPLE SITE INFORMATION 1					TOTAL	E COLLor	CHI ORINE	HPC	COLLECTION		ANALYS	SIS								
Sample Type <sup>1,3</sup>		DE	P Approved SAMPLE LOCATI	COLIFORM	FECAL	RESULT 2	RESULT	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID #							
RS	003	State Police	Bldg		Absent	Absent			09/15/2025	11:03	09/15/2025	15:03	Logan Gould	E5I0308-01						
RS	004	04 75 South St. Adams Community Bank				Absent			09/15/2025	09:27	09/15/2025	15:03	Logan Gould	E5I0308-02						
RS	EP1	POE Post Bl	d 02G/03G		Absent	Absent			09/15/2025	10:53	09/15/2025	15:03	Logan Gould	E5I0308-03						
RS	S STOR1 W Mt Rd Tank				Absent	Absent			09/15/2025	10:27	09/15/2025	15:03	Logan Gould	E5I0308-04						
RW	RW1	W1 New Well 01G			Absent	Absent			09/15/2025	10:45	09/15/2025	15:03	Logan Gould	E5I0308-05						
RW	RW2	Well 02G			Absent	Absent			09/15/2025	10:50	09/15/2025	15:03	Logan Gould	E5I0308-06						
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 Re	view Status	;;	Accepted [	Disappro	ved	Review Com	ments:						<u> </u>							



## Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD | CHAIN OF CUSTODY | MICR(

	PWS NA	ИE:	CHES	HIRE WATER DEPT	L COLLECTIO							1							ı		1 66	arctn ana		
	PWS ID: 1058000								Housatonic Basin (413)248-4622  HBST PO. # 1058000-250915  Sampling & Testing # of WO:															
	PWS TOWN: Cheshire								JUS	alu		; b	aşıı						H	BST P.O. #	11	058000-2	25091	5
F	WS CLA	SS:	COM				<del></del>		00		<u> </u>	пу	- Cx	. 10	75		19					# of WO:		9
	SAMPLE INFORMATION							FIELD RECORDED					1	MICRO		CHE				CAL ANA	LYSIS			
ID	SAMPLE TYPE	BACTERIA DEP ID	Chem Sample ID	LOCATION DESCRIPTION	DATE/TIME	SAMPLER	Field Temp F°	Field	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	Conductivity						Preserved Na2S2o3
עון	[RS]	[003]		STATE POLICE BLDG-	9/15/25 11:03 AM	Logan Gould	<del> </del>	<u> </u>			<u> </u>	ļ	<u> </u>	X		X-	*					+		
	[RS]	[004]		75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-	9/15/25 9:27 AM	Logan Gould	1				<del> </del>			X		1	1	9	115/25	-		-		-
***************************************	[RS]		[10007]	POE POST BLD 02G/03G [10007]-	9/15/25 10:53 AM	Logan Gould					<u> </u>			X		†	4	<del>*</del>					_	
	[RS]	[STOR1]		W MT RD TANK-	9/15/25 10:27 AM	Logan Gould								X	***************************************									
	[RW]	[RW1]		NEW WELL 01G-	9/15/25 10:45 AM	Logan Gould								X										
	[RW]	[RW2]	[RW2]	WELL 02G-	9/15/25 10:50 AM	Logan Gould								X										
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<u> </u>		1	4	CUSTODY TRANSFER			1 ,		DATE	/TIME		115							NOTES					
ļ	SAMPLE	R	Logo					15/2			13	40												
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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.