MICROBAC®

CERTIFICATE OF ANALYSIS

E5J0090

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi
80 Run WAY
Lee, MA 01238

Project Name: Cheshire Water Department - 1058000

Project / PO Number: 1058000-251006

Received: 10/06/2025 14:00

Reported: 10/08/2025 09:20

Report Comments

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

Reviewed and Approved By:

Ron Warila
Director, Environmental
10/08/2025 09:20

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

B

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 [X] 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

[X] 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
SM 9223 B (Colilert-18)-2004 (18hr)	SM 9223 B (Colilert-18)-2004 (18hr)			

Lab Sample Notes:

DEP APPROVED SAMPLE SITE INFORMATION [1]			TOTAL COLIFORM RESULT [4,5]	E.COLI or FECAL RESULT [4,5]	CHLORINE RESULT [2] mg/L	HPC RESULT [2] # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type [1,3]	Location Code # [1]	DEP Approved SAMPLE LOCATION [1]					DATE	TIME	DATE	TIME		
RS	003	State Police Bldg	Absent	Absent			10/06/2025	11:36	10/06/2025	14:47	Logan Gould	E5J0090-01
RS	004	75 South St. Adams Community Bank	Absent	Absent			10/06/2025	10:10	10/06/2025	14:47	Logan Gould	E5J0090-02
RS	EP1	POE Post Bld 02G/03G	Absent	Absent			10/06/2025	11:19	10/06/2025	14:47	Logan Gould	E5J0090-03
RS	STOR1	W Mt Rd Tank	Absent	Absent			10/06/2025	11:02	10/06/2025	14:47	Logan Gould	E5J0090-04
RW	RW1	New Well 01G	Absent	Absent			10/06/2025	11:25	10/06/2025	14:47	Logan Gould	E5J0090-05
RW	RW2	Well 02G	Absent	Absent			10/06/2025	11:20	10/06/2025	14:47	Logan Gould	E5J0090-06

[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.

Laboratory Authorized Signature and Date: 10/08/2025

DEP Review Status: [ ] Accepted [ ] Disapproved Review Comments:

E 5 J 0 0 9 0

Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD | CHAIN O

PWS NAME:	CHESHIRE WATER DEPT
PWS ID:	1058000
PWS TOWN:	Cheshire
PWS CLASS:	COM

Housatonic Basin Sampling & Testing

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

HBST P.O. # 1058000-251006

# of WO: 9

SAMPLE INFORMATION							FIELD RECORDED						MICRO BIOLOGY			CHEMICAL ANALYSIS												
ID	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	Conductivity										Preserved Na2S2o3
	[RS]	[003]		STATE POLICE BLDG-	10/6/25 11:36 AM	Logan Gould								X		X	X											
	[RS]	[004]		75 SOUTH ST. ADAMS COMMUNITY BANK (REP)-	10/6/25 10:10 AM	Logan Gould								X														
	[RS]	[EP1]	[10007]	POE POST BLD 02G/03G [10007]-	10/6/25 11:19 AM	Logan Gould								X				X										
	[RS]	[STOR1]		W MT RD TANK-	10/6/25 11:02 AM	Logan Gould								X														
	[RW]	[RW1]	[RW1]	NEW WELL 01G-	10/6/25 11:25 AM	Logan Gould								X														
	[RW]	[RW2]	[RW2]	WELL 02G-	10/6/25 11:20 AM	Logan Gould								X														

10/6/25 UFR

CUSTODY TRANSFER		DATE/TIME	NOTES
SAMPLER	Logan Gould	10/6/25 1400	7.6 °C
RECEIVED	CReynolds	10/6/25 1400	
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.