



ANALYTICAL REPORT

PREPARED FOR

Attn: Amanda Healy
Housatonic Basin Sampling & Testing
80 Run Way
Lee MA 01238

Generated 11/24/2025 8:45 AM

JOB DESCRIPTION

1058000-251110

JOB NUMBER

810-171897-1

Eurofins Eaton Analytical South Bend

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

The test results in this report relate only to the samples as received by the laboratory and will meet all requirements of the methodology, with any exceptions noted. This report shall not be reproduced except in full, without the express written approval of the laboratory. All questions should be directed to the Eurofins Eaton Analytical, LLC Project Manager.

Authorization



Generated
11/24/2025 8:45 AM

Authorized for release by
Amanda Scott, Project Manager
Amanda.Scott@et.eurofinsus.com

**Secondary Contaminant Report** doc rev 12/2020**I. PWS INFORMATION:** Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

| | | | |
|-----------|---------------------------|--------------|--|
| PWS ID #: | MA1058000 | City / Town: | Cheshire |
| PWS Name: | Cheshire Water Department | PWS Class: | COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/> |

| DEP LOCATION (LOC) ID# | DEP Location Name | Sample Information | | Date Collected | Collected By |
|--|---|---|--|--|--------------|
| 10007 | POE POST BLD 02G/03G | <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle | <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished | 11/10/2025 | LG |
| Routine or Special Sample <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS | Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation | If Resubmitted Report, list below: | | | |
| | | (1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction | | (2) Collection Date of Original Sample | |
| SAMPLE COMMENTS — (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.) | | | | | |

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis report (as applicable)

| | | | | | |
|-------------------------|---------|-------------------|--------------------------------------|----------------------|---|
| Primary Lab MA Cert. #: | M-IN035 | Primary Lab Name: | Eurofins Eaton Analytical South Bend | Subcontracted? (Y/N) | Y |
|-------------------------|---------|-------------------|--------------------------------------|----------------------|---|

| Contaminant | Result | Result Qualifier | SMCL | Lab MDL | Lab MRL | Dilution Factor | Lab Method | Date Analyzed | Analysis Lab MA Cert. # | Analysis Lab Sample ID# |
|---|--------|------------------|---------|---------|---------|-----------------|-----------------|---------------|-------------------------|-------------------------|
| IRON (mg/L) | <0.072 | | 0.3 | 0.072 | 0.21 | 1 | EPA 200.7Rev4.4 | 11/21/2025 | M-PA009 | 810-171897-1 |
| MANGANESE (mg/L) | | | 0.05* | | | | | | | 810-171897-1 |
| ALKALINITY (mg/L as CaCO ₃) | | | None | | | | | | | 810-171897-1 |
| CALCIUM (mg/L) | | | None | | | | | | | 810-171897-1 |
| MAGNESIUM (mg/L) | | | None | | | | | | | 810-171897-1 |
| HARDNESS (mg/L as CaCO ₃) | | | None | | | | | | | 810-171897-1 |
| POTASSIUM (mg/L) | | | None | | | | | | | 810-171897-1 |
| TURBIDITY (NTU) | | | None | | | | | | | 810-171897-1 |
| ALUMINUM (mg/L) | | | 0.2 | | | | | | | 810-171897-1 |
| CHLORIDE (mg/L) | | | 250 | | | | | | | 810-171897-1 |
| COLOR (c.u.) | | | 15 | | | | | | | 810-171897-1 |
| COPPER (mg/L) | 1.1 | | 1 | 0.0082 | 0.021 | 1 | EPA 200.7Rev4.4 | 11/21/2025 | M-PA009 | 810-171897-1 |
| ODOR (T.O.N) | | | 3 | | | | | | | 810-171897-1 |
| pH | | | 6.5-8.5 | | | | | | | 810-171897-1 |
| SILVER (mg/L) | | | 0.10 | | | | | | | 810-171897-1 |
| SULFATE (mg/L) | | | 250 | | | | | | | 810-171897-1 |
| TDS (mg/L) | | | 500 | | | | | | | 810-171897-1 |
| ZINC (mg/L) | | | 5 | | | | | | | 810-171897-1 |

* EPA has established a lifetime Health Advisory (HA) for manganese at 0.3 mg/L and an acute HA of 1.0 mg/L.

| |
|----------------------------------|
| LAB ANALYSIS COMMENTS |
| |
| Result Qualifier and Description |
| |

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.

Authorized Signature:

Amanda Scott, Project Manager

Date: 11/21/2025

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

| | | |
|--|-----------------|--|
| DEP REVIEW STATUS (Initial and Date) | Review Comments | <input type="checkbox"/> WQTS Data Entered |
| <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____ | | |