

 **ANALYTICAL REPORT****PREPARED FOR**

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

Generated 5/11/2026 10:54 AM

JOB DESCRIPTION

1058000-260422

JOB NUMBER

810-190125-1

Eurofins 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 Drinking Water and Wastewater Central, LLC Project Manager.

Authorization



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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	04/22/2026	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 South Bend	Subcontracted? (Y/N)	Y
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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	05/08/2026	M-PA009	810-190125-1
MANGANESE (mg/L)	<0.0052		0.05*	0.0052	0.010	1	EPA 200.7Rev4.4	05/08/2026	M-PA009	810-190125-1
ALKALINITY (mg/L as CaCO3)			None							810-190125-1
CALCIUM (mg/L)			None							810-190125-1
MAGNESIUM (mg/L)			None							810-190125-1
HARDNESS (mg/L as CaCO3)			None							810-190125-1
POTASSIUM (mg/L)			None							810-190125-1
TURBIDITY (NTU)			None							810-190125-1
ALUMINUM (mg/L)			0.2							810-190125-1
CHLORIDE (mg/L)			250							810-190125-1
COLOR (c.u.)			15							810-190125-1
COPPER (mg/L)			1							810-190125-1
ODOR (T.O.N)			3							810-190125-1
pH			6.5-8.5							810-190125-1
SILVER (mg/L)			0.10							810-190125-1
SULFATE (mg/L)			250							810-190125-1
TDS (mg/L)			500							810-190125-1
ZINC (mg/L)			5							810-190125-1

* 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*

Amanda Scott, Project Manager

Date: 05/08/2026

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 _____		



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
RW1	NEW WELL 01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	04/22/2026	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 South Bend	Subcontracted? (Y/N)	Y
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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	05/08/2026	M-PA009	810-190125-2
MANGANESE (mg/L)	<0.0052		0.05*	0.0052	0.010	1	EPA 200.7Rev4.4	05/08/2026	M-PA009	810-190125-2
ALKALINITY (mg/L as CaCO3)			None							810-190125-2
CALCIUM (mg/L)			None							810-190125-2
MAGNESIUM (mg/L)			None							810-190125-2
HARDNESS (mg/L as CaCO3)			None							810-190125-2
POTASSIUM (mg/L)			None							810-190125-2
TURBIDITY (NTU)			None							810-190125-2
ALUMINUM (mg/L)			0.2							810-190125-2
CHLORIDE (mg/L)			250							810-190125-2
COLOR (c.u.)			15							810-190125-2
COPPER (mg/L)			1							810-190125-2
ODOR (T.O.N)			3							810-190125-2
pH			6.5-8.5							810-190125-2
SILVER (mg/L)			0.10							810-190125-2
SULFATE (mg/L)			250							810-190125-2
TDS (mg/L)			500							810-190125-2
ZINC (mg/L)			5							810-190125-2

* 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
Amanda Scott, Project Manager

Date: 05/08/2026

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Amanda Scott, Project Manager
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Sodium 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
A 10007	POE POST BLD 02G/03G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	04/22/2026	LG
B RW1	NEW WELL 01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	04/22/2026	LG
C		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle		
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle		

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
			(1) Reason for Resubmission	(2) Collection Date of Original Sample	
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample	<input type="checkbox"/> Reanalysis	<input type="checkbox"/> Report Correction
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample	<input type="checkbox"/> Reanalysis	<input type="checkbox"/> Report Correction
C	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample	<input type="checkbox"/> Reanalysis	<input type="checkbox"/> Report Correction
D	<input type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample	<input type="checkbox"/> Reanalysis	<input type="checkbox"/> Report Correction

SAMPLE COMMENTS — (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

A

B

C

D

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

Primary Lab MA Cert. #:	M-IN035	Primary Lab Name:	Eurofins South Bend	Subcontracted? (Y/N)	Y
Analysis Lab MA Cert. #:	M-PA009	Analysis Lab Name:	Eurofins Lancaster Laboratories Environment Testing, LLC		

	SODIUM Result (mg/L)	Result Qualifier	Lab MDL (mg/L)	Lab MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#
								Analysis Lab Sample ID#
A	47		0.72	1.0	1	EPA 200.7Rev4.4	05/08/2026	810-190125-1 810-190125-1
B	46		0.72	1.0	1	EPA 200.7Rev4.4	05/08/2026	810-190125-2 810-190125-2
C								
D								

*There is no MCL for sodium, however the DEP Office of Research and Standards has established a guideline (ORSG) limit of 20 mg/L based on an eight (8) ounce serving. All detections of sodium must be reported. Please refer to 310 CMR 22.06A for specific requirements.

LAB SAMPLE NOTES

A

B

C

D

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:

Date: 05/08/2026

Amanda Scott, Project Manager

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