



Microbac Laboratories, Inc., Lee

CERTIFICATE OF ANALYSIS

E6E0358

Project Description

Cheshire Water Department - WQP-1058000

For:

Nick Bruzzi

**Housatonic Basin Sampling & Testing**

80 Run WAY

Lee, MA 01238

Director, Environmental  
Ron Warila

Please find enclosed the analytical results for the samples you submitted to Microbac Laboratories. Review and compilation of your report was completed by Microbac Laboratories, Inc., Lee. If you have any questions, comments, or require further assistance regarding this report, please contact your service representative listed above.

I certify that all test results meet all of the requirements of the accrediting authority listed within this report. Analytical results are reported on a 'as received' basis unless specified otherwise. Analytical results for solids with units ending in (dry) are reported on a dry weight basis. A statement of uncertainty for each analysis is available upon request. This laboratory report shall not be reproduced, except in full, without the written approval of Microbac Laboratories. The reported results are related only to the samples analyzed as received.

Microbac Laboratories, Inc.

80 Run Way | Lee, MA 01238 | 413-776-5025 p | [www.microbac.com](http://www.microbac.com)



# Lead and Copper Water Quality Parameter Report

## Initial Sampling

**I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form**

PWS ID #:  City / Town:  Sample Collection Date:

PWS Name:  PWS Class: COM  NTNC  TNC

Number of Distribution Samples Required:	<input type="text"/>	Number of Distribution Tap Samples Submitted:	<input type="text"/>
Number of Entry Point Samples Required:	<input type="text"/>	Number of Entry Point Samples Submitted:	<input type="text"/>

SAMPLE NOTES

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**II. ANALYTICAL LABORATORY INFORMATION**

Sample Site Address		Field Parameters			Parameter			
		pH	Temperature (°F)	Alkalinity (mg/L)	Conductivity (µmho/cm)	Calcium (mg/L)	Orthophosphate* (mg/L)	Silica* (mg/L)
003	State Police Bldg						0.237	
10007	Point of Entry Post Bld 02G&03G				663			

\* Required when using corrosion control inhibitor containing phosphate or silicate compounds.

*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*

Primary Lab Director Signature: 

Date:

*If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.*

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



# Lead and Copper Water Quality Parameter Report After Installation of Corrosion Control

**I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form**

PWS ID #:  City / Town:  Sample Collection Date:

PWS Name:  PWS Class: COM  NTNC  TNC

Number of Distribution Samples Required:	<input type="text"/>	Number of Distribution Tap Samples Submitted:	<input type="text"/>
Number of Entry Point Samples Required:	<input type="text"/>	Number of Entry Point Samples Submitted:	<input type="text"/>

SAMPLE NOTES

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**II. ANALYTICAL LABORATORY INFORMATION**

Sample Site Address		Field Measurements		Parameter		
		pH	Alkalinity (mg/L)	Calcium <sup>1</sup> (mg/L)	Orthophosphate <sup>2</sup> (mg/L)	Silica <sup>2</sup> (mg/L)
003	State Police Bldg				0.237	
10007	Point of Entry Post Bld 02G&03G					

<sup>1</sup> Required when calcium carbonate stabilization is used as part of corrosion control.  
<sup>2</sup> Required when using a corrosion control inhibitor containing phosphate or silicate compounds.

*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*

Primary Lab Director Signature:   
 Date:

*If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.*

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



ADDITIONAL ANALYSIS NOT REPORTED ON MA DEP FORMS

E6E0358

PWS ID #: 1058000

City / Town: Cheshire

PWS Name: Cheshire Water Department

PWS Class: COM  NTNC  TNC

Client Sample ID: State Police Bldg

Sample Matrix: Drinking Water

Lab Sample ID: E6E0358-01

Collected By: Logan Gould

Collection Date: 05/18/2026 7:35

Analyses Subcontracted to: Microbac Laboratories, Inc. - Dayville

Analyzed at Facility: Microbac Laboratories, Inc. - Dayville

<u>Inorganics Total</u>	<u>Result</u>	<u>RL</u>	<u>Units</u>	<u>Note</u>	<u>Prepared</u>	<u>Analyzed</u>	
Method: EPA 365.1, Rv. 2 (1993)							
Orthophosphate as P	0.237	0.0100	mg/L	Y	05/19/26 1632	05/20/26 0009	MRM
Phosphorus as P	0.281	0.0106	mg/L	Y1	05/21/26 1645	05/26/26 1348	CLW



E 6 E 0 3 5 8

Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD | CH/

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

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

HBST P.O. # 1058000-260518  
 # 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 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-	5/18/26 7:35 AM	Logan Gould													
	[RS] [004]			75 SOUTH ST-ADAMS-COMMUNITY-BANK (REP)-	5/18/26 8:20 AM	Logan Gould													
	[RS] [EP1] [10007]			POE POST BLD 02G03G [10007]-	5/18/26 7:56 AM	Logan Gould													
	[RS] [STOR1]			WMTT RD-BANK-	5/18/26 7:24 AM	Logan Gould													
	[RW] [RW1]			NEWWELL DTG-	5/18/26 8:02 AM	Logan Gould													
	[RW] [RW2]			44ELL-02G--	5/18/26 7:57 AM	Logan Gould													
				<i>see sheet</i>															

DATE/TIME: 5/18/26 15:02

DATE/TIME: 5/18/26 15:02

CUSTODY TRANSFER: Logan Gould

RECEIVED: Jess Samner

RELINQUISHED

RELINQUISHED

NOTES: 4.3°C

PRESERVATIVE VERIFIED Initials: *JSS*

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.