



May 5, 2026

Mr. Timothy O'Keefe
MassDEP - Drinking Water Program
8 New Bond Street
Worcester, MA 01606

Re: PWS Town: Princeton
PWS Name: Princeton Public Safety Complex
PWS ID: TBD
Program: WS37 – Approval of Transient Non-Community Source Less than 7 Gallons per Minute

Dear Mr. O'Keefe:

Northeast Geoscience, Inc. (NGI) has prepared this Source Final Report for a new bedrock well in Princeton, Massachusetts (Figure 1). The property, located at 18 Boylston Avenue, is owned by the Town of Princeton and was formerly used as an elementary school (Figure 2). A public safety complex is proposed for the site and a conceptual development plan, prepared by the Berkshire Design Group, is included with the attached figures. A Request for Site Examination and Pumping Test Proposal (dated April 30, 2025) was submitted to MassDEP on May 2, 2025. A Site Examination was conducted on June 3, 2025, and the well site was approved by MassDEP on June 6, 2025 (Appendix A).

BACKGROUND INFORMATION

The project includes the construction of a new two-story public safety complex. The first floor will be approximately 12,283 gross square feet (gsf) and the second floor will be approximately 1,767 gsf, for a total of 14,050 gsf. A new Title 5 septic system will be constructed. The proposed leaching area will be located at the front of the lot (Figure 2). The Title 5 wastewater flows were calculated based on Office Building and Auditorium uses totaling 1,171 gallons per day (gpd) ($[11,425 \text{ ft}^2 \times 75 \text{ gpd}/1,000 \text{ ft}^2] + [104 \text{ seats} \times 3 \text{ gpd}/\text{seat}] = 858.9 \text{ gpd} + 312.0 \text{ gpd} = 1,170.9 \text{ gpd}$) or an average pumping rate of 0.81 gpm.

A 111 ft Zone I radius was calculated for the proposed well assuming a maximum flow of 1,171 gallons per day (gpd) and is shown on Figure 2 and on the conceptual development plan. As can be seen on the figures, the Zone I is located entirely within the town-owned property boundary, the proposed land uses within the Zone I are related to the water supply and passive recreation and is therefore fully compliant. An Interim Wellhead Protection Area (IWPA) of 426 ft was also calculated for the site based on the Title 5 flows.

WELL DRILLING

During the period from January 19 to January 21, 2026, Skillings and Sons, LLC of Amherst, New Hampshire drilled a six inch diameter bedrock well at the MassDEP approved location shown on Figure 2. A 10-inch diameter pilot hole was drilled via air hammer. Bedrock was encountered at a depth of approximately six feet. A 10-inch diameter socket was drilled into the bedrock to a depth of 38.5 feet. A total of 40 ft of 6-inch diameter steel well casing was installed, percussion seated into the bedrock at the bottom of the socket, and pressure grouted in place. After allowing the grout to cure overnight, a six-inch diameter boring was advanced via air hammer drilling to a depth of 600 feet. Water bearing fractures were encountered between 340 ft and 360 ft below ground surface. A yield of approximately 2 gpm was determined via an air-lift rating test conducted at the end of the drilling operations. A schematic of the well is included as Figure 3. A well completion report is included in Appendix B.

Due to the prevalence of Per- and Polyfluoroalkyl Substances (PFAS) in groundwater in the neighborhood, water and rock cuttings generated during the well drilling were contained for characterization and management under the Massachusetts Contingency Plan (MCP) by the Licensed Site Professional (LSP) managing the release of PFAS in the area for the Town of Princeton. Plastic sheeting was laid over the work area and cuttings pits to capture the water and solids. The water was transferred to a water-tight roll-off tank, and the solids were captured on the plastic sheeting. The water stored in the tank was treated on site by pumping through two 55-gallon drums of Granular Activated Carbon (GAC) piped in series at a rate of approximately 3 gpm and discharged to the ground on site. Residual solids in the tank that had settled out of the drilling water was stockpiled on site with the drill cuttings and covered with plastic sheeting for characterization and disposal.

PUMPING TEST

A 24-hour pumping test was conducted on Well 01G as required for a Transient Non-Community Public Water Supply. A temporary submersible pump was installed in the well and was outfitted with a gate valve, smooth nose sample tap, totalizing flow meter, a direct-read rotameter-type flow meter, and a discharge line directed outside the Zone I at the location shown on Figure 2.

For three days prior to the start of the pumping test, the non-pumping water level in the well and the barometric pressure on site were monitored via data logging electronic pressure transducers. Precipitation for the antecedent, pumping, and recovery periods were obtained from Weather Underground station KMAPRINC24 at Calamint Hill, located approximately one mile west-southwest of the site (Figure 1). Precipitation was also recorded on site during the pumping test. The antecedent water level and weather data were collected between March 27 and March 30, 2026, and the results are presented on Table 1 and Figure 4. As shown on Table 1 and Figure 4, the non-pumping water level in the well and the barometric pressure on site both showed small increases during the first half of the antecedent period and decreases during the second half. This barometric pressure effect on the water level suggests the aquifer may be partially confined.

The pumping test was initiated on March 31, 2026, at 9:15 AM. Well 01G was pumped at a rate of 2.2 gpm for a period of 25 hours. Water levels were recorded in the well at 1-minute intervals for the first 10 minutes, at 5-minute intervals up to 120 minutes, and hourly for the remainder of the test. Discharge volume was recorded using a totalizing flow meter, and instantaneous discharge was monitored using a rotameter-type flow meter. The pumping test data are presented on Table 2 and graphs of water level data are presented as Figure 5 (linear) and Figure 6 (semi-log). As can be seen on Table 2, the static water level at the start of the test was 29.11 feet below the top of the well casing. In addition, a total of 21.53 ft of water level drawdown was observed in Well 01G at the end of the test, equal to 50.64 ft depth to water from top of well casing (29.11 ft + 21.53 ft = 50.64 ft).

According to Chapter 4 of the MassDEP Guidelines and Policies for Public Water Systems, the water level is considered stable when fluctuations are less than two inches over the final four hours of the pumping test or using a semi-logarithmic extrapolation of the time-drawdown curve derived from the pumping test and extended over a 180-day period, 10% of the water column (or minimally 15 feet) between the top of the pump and the static water level remain. As can be seen on Figure 6, the projected water level drawdown at 180 days of pumping is approximately 26 ft, corresponding to a depth to water of approximately 55 ft (26 ft drawdown + 29 ft static = 55 ft). Considering a maximum pump setting of approximately 560 feet, there were 531 ft of water above the maximum pump setting at the start of the test (560 ft – 29 ft = 531 ft). To meet the water level stability criteria, a minimum of 53.1 feet of water must remain above the pump at the 180-day projected drawdown (531 ft x 10% = 53.1 ft), equal to a maximum water level drawdown of 478 ft (531 ft – 53.1 ft = 478 ft). Given that the projected 180-day drawdown was only 26 ft, the well was determined to meet the stability criteria. The pumping test data were sent to MassDEP on the morning of April 1, 2026, and the pumping test shutdown was approved.

The pumping test was terminated on April 1, 2026, at 10:15 AM, and water level recovery readings were collected at the same intervals as the start of the test. The well recovered to 95% of the static water level on April 2, 2026, at 7:00 AM, approximately 21 hours after shutdown.

The 2.2 gpm pumping rate is equal to an approvable pumping rate of 1.65 gpm ($2.2 \text{ gpm} \times 75\% = 1.65 \text{ gpm}$) or a daily yield of 2,376 gpd, in excess of the required Title 5 flows of 1,171 gpd.

WATER QUALITY DATA

Water quality samples were collected, and field parameters were monitored one hour after pumping test start up and prior to shut down. The water quality results are summarized on Table 3, and the laboratory data reports are included in Appendix C. Lab reports on the MassDEP required forms will be forwarded as an addendum once they are complete.

As shown on Table 3, total coliform bacteria were absent. The water is very hard (270 mg/L) and has a somewhat basic pH (7.73 S.U.), with moderate dissolved solids (390 mg/L), and moderate alkalinity (97.5 mg/L). The majority of the hardness is non-carbonate, and the water contains low levels of sulfate (20.1 mg/L).

The volatile organic compound, toluene, was detected at a concentration of 11.5 ug/L, well below the Maximum Contaminant Levels (MCL) of 1,000 ug/L. No synthetic organic compounds were detected.

Per- and Polyfluoroalkyl Substances (PFAS6) were detected at a concentration of 15.6 ng/L at the end of the pumping test, including 13.4 ng/L of PFHxS, and 2.2 ng/L of PFOA. The PFAS6 concentration is below the Massachusetts Maximum Contaminant Level of 20 ng/L. However, the EPA Hazard Index of 1.49 calculated for the sample exceeds the EPA Hazard Index threshold of 1.0, indicating non-compliance with the federal drinking water standard for PFAS mixtures (PFBS & PFHxS).

The water pumped from the well during the test was treated with Granular Activated Carbon (GAC) prior to discharge, as directed by the LSP for the Town of Princeton. To verify the effectiveness of the GAC treatment, raw and treated water samples were collected on March 31, 2026, at 1 PM, approximately 225 minutes after pumping test start-up. The total PFAS concentration in the raw water sample was 39.15 ng/L (MassDEP PFAS6 = 31.88; EPA Hazard Index = 2.3). The total PFAS in the treated water was below the laboratory detection limits, indicating GAC treatment was effective.

Manganese was detected at a concentration of 0.0161 mg/L, below the SMCL of 0.05 mg/L. The inorganic compounds barium (0.0741 mg/L) and fluoride (0.627 mg/L) were also detected at concentrations below their respective drinking water standards.

No odor or color were detected, and turbidity (0.179 NTU) was low.

Sodium (30.3 mg/L) and chloride (160 mg/L) concentrations were somewhat elevated, suggesting influence from road salt application. The nutrients nitrate and nitrite were below the laboratory detection limits, suggesting no impacts from septic systems or fertilizers. No perchlorate was detected.

Water samples collected from the well were also compliant for radionuclides, as determined by radon activity ($1,980 \pm 150 \text{ pCi/L}$), gross alpha particle activity ($5.56 \pm 1.93 \text{ pCi/L}$), uranium activity ($<0.0075 \text{ pCi/L}$), and radium 226/228 activity ($1.133 \pm 0.576 \text{ pCi/L}$), and all of the radionuclides were below relevant drinking water standards.

PROPOSED DISTRIBUTION AND TREATMENT SYSTEMS

A BRP WS 23 – Approval to Construct a Water Treatment Facility permit application will be submitted to MassDEP to outline the proposed water system and treatment facility. The maximum allowed pumping rate for the well

is roughly 5 times the approved well yield. Given the Title 5 flows for the site of 1,171 gpd and a well yield of 0.81 gpm, the maximum pumping rate for the well is 4.05 gpm ($0.81 \text{ gpm} \times 5 = 4.05 \text{ gpm}$). We have assumed a 5 gpm pump will be installed in the well. Based on the size of the facility and the number of fixtures proposed, the peak demands for the facility will exceed this pumping rate, therefore the system will require atmospheric storage and booster pumps. An underground storage tank with at least two days of water storage will be installed with a pair of alternating-lead-lag booster pumps sized to meet the peak demands based on a fixture flow analysis of the final facility design. A pressure storage tank with at least 50 gallons of gross storage will also be provided, in order to achieve MassDEP requirement of 10x the max pumping rate ($5 \text{ gpm} \times 10 = 50 \text{ gal}$).

Treatment will be provided to reduce PFAS, arsenic, cadmium, and hardness. It has been assumed the treatment train will consist of a pair of media tanks in series containing the Graver Technologies Metsorb HMRG single-use adsorption media to reduce arsenic and cadmium, followed a pair of media tanks in series containing Purolite Purofine PFA694E single-use anion exchange resin to reduce PFAS, followed by a dual-alternating cation exchange system for water softening. The cation exchange system will backwash to a dry well located outside the Zone I wellhead protection area. The dry well will be registered through the MassDEP Underground Injection Control (UIC) Program under permit BPR WS06 for Class V injection wells.

CONCLUSIONS

Based on the results of the pumping test and the water quality data presented, we respectfully request that MassDEP approve bedrock Well 01G as a public water source with an approved yield of 0.81 gpm or 1,171 gpd.

Please do not hesitate to contact me if you have any questions or need additional information.

Sincerely,

NORTHEAST GEOSCIENCE, INC.



Joel Frisch, P.G.
Senior Hydrogeologist/Principal

Cc: Princeton Board of Health, Bagg Hall, 6 Town Hall Drive, Princeton, MA 01541
Sherry Patch – Town Administrator, 6 Town Hall Drive, Princeton, MA 01541
Jeffrey Arps, LSP – Tighe & Bond, 53 Southampton Road, Westfield, MA 01085
Carlos Nieto-Mattei, RLA, Berkshire Design Group, 4 Allen Place, Northampton, MA 01060

ATTACHMENTS:

Figures

Figure 1 - Locus Map

Figure 2 - Site Map

Figure 3 - Well 01G Schematic

Figure 4 - Antecedent Water Level and Weather Data

Figure 5 - Linear Graphs of 24-hour Pumping Test Water Level and Weather Data – Well 01G

Figure 6 - Semi-Log Graph of 24-hour Pumping Test Water Level Data – Well 01G

Design Plan - Public Safety Complex - Berkshire Design Group

Tables

Table 1 - Antecedent Water Level and Weather Data – Well 01G

Table 2 - 24-hour Pumping Test Data – Well 01G

Table 3 - Water Quality Data – Well 01G

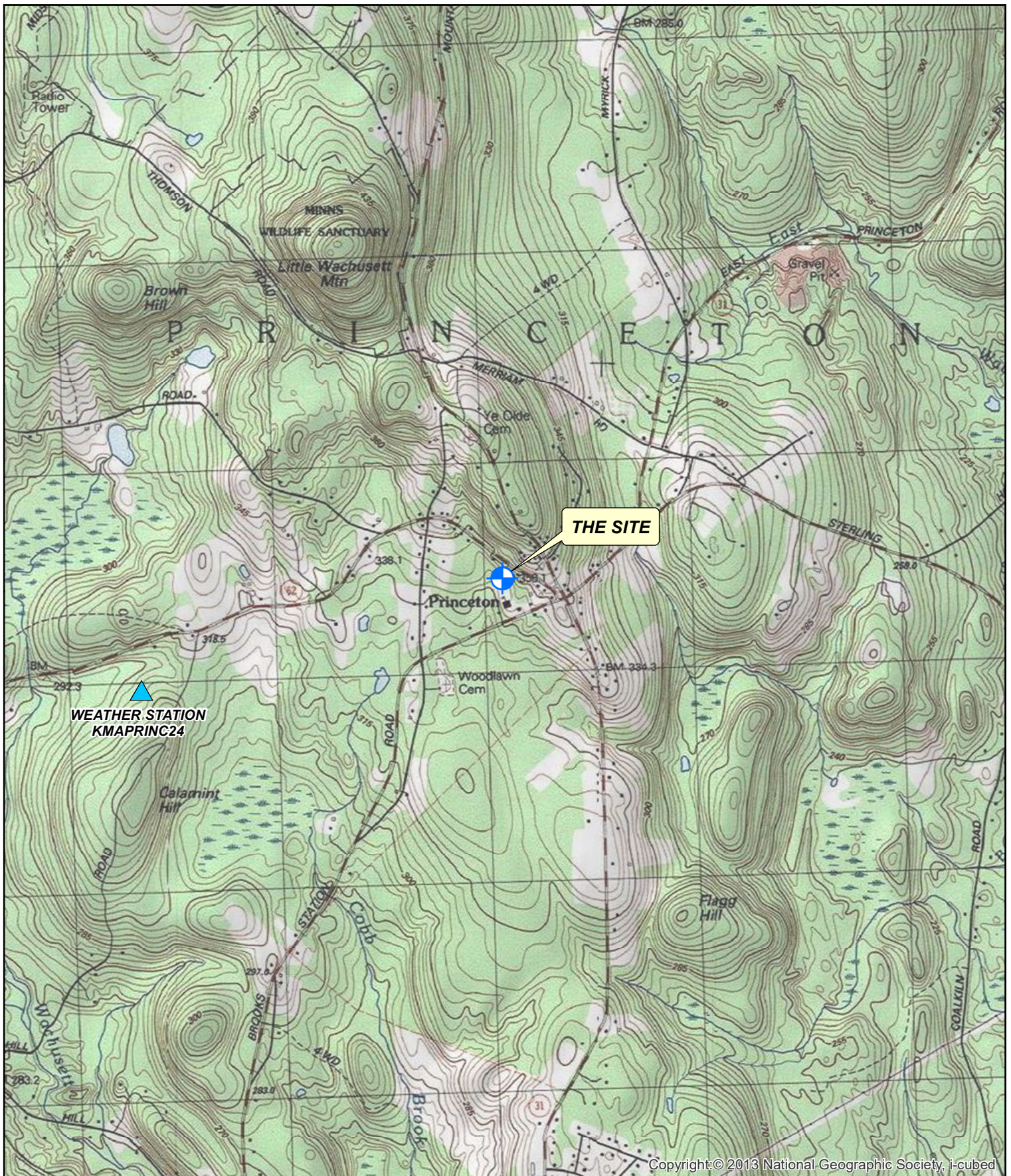
Appendices

Appendix A - MassDEP Well Site Approval Letter

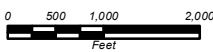
Appendix B - Well Completion Report

Appendix C - Laboratory Results

FIGURES



Copyright © 2013 National Geographic Society, I-cubed



LOCUS MAP
 PROPOSED PUBLIC SAFETY COMPLEX
 16 BOYLSTON AVENUE
 PRINCETON, MASSACHUSETTS

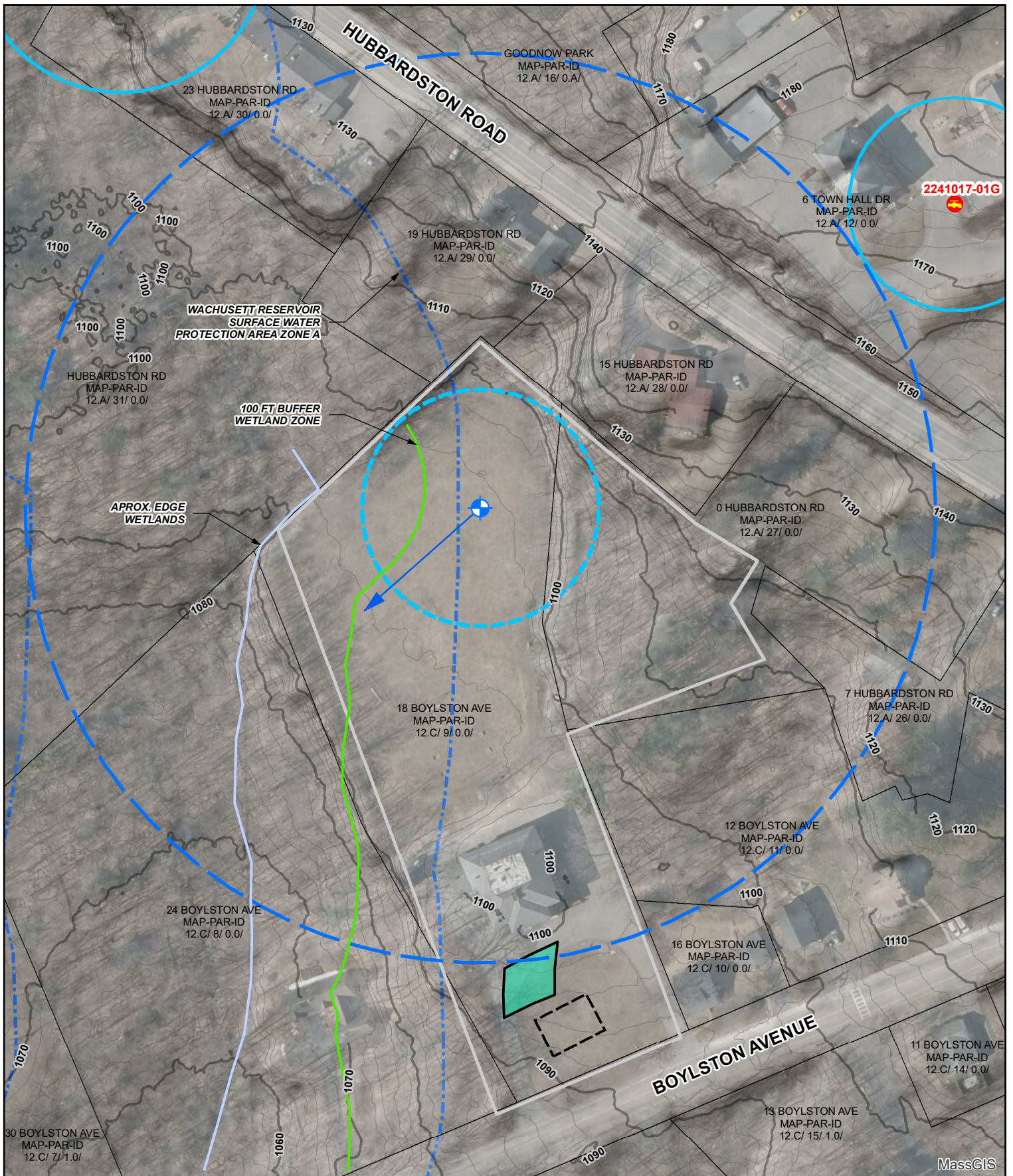
NGI REF: 221103 LocusMap.mxd

Drafted By: JAF

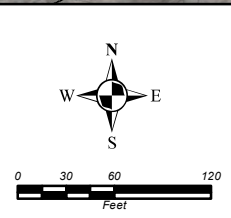
Date: 04/18/2025

Source: MassGIS; ArcGIS.com

FIGURE 1



	PROPOSED WELL		SURVEYED PROPERTY BOUNDARY
	DISCHARGE LINE		ASSESSOR PARCELS
			PROP. SEPTIC LEACH. AREA
NGI			PROP. ZONE 1 (111 FT)
Northeast Geoscience Inc			PROP. IWPA (426 FT)
<i>Water Supply and Environmental Consulting</i>			EXIST. LEACHING AREA



**EXISTING SITE PLAN
PROPOSED PUBLIC SAFETY COMPLEX
16 BOYLSTON AVENUE
PRINCETON, MASSACHUSETTS**

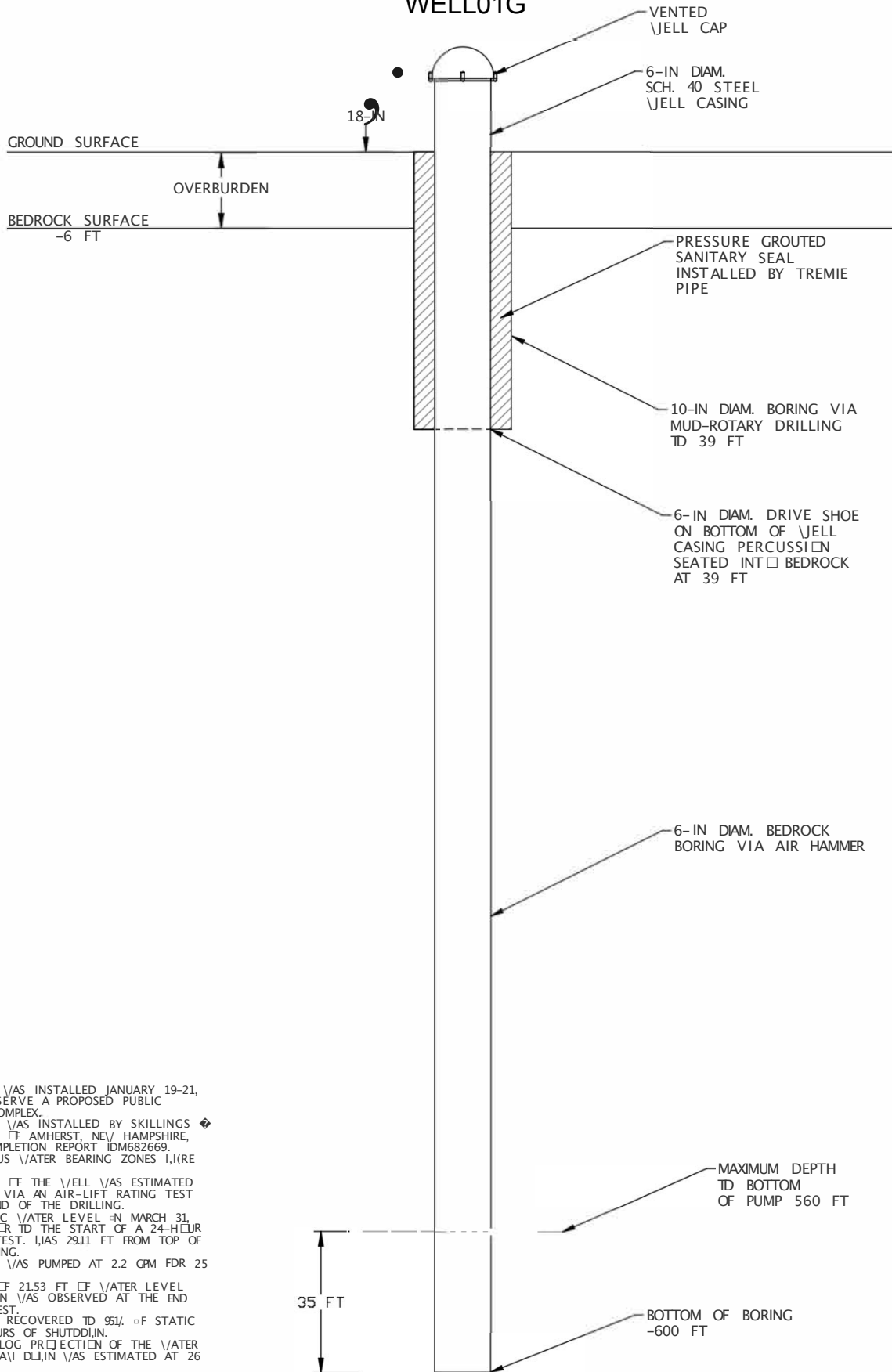
NGI REF: 250102 SiteMap.mxd

Drafted By: JAF	Date: 01/23/2025
-----------------	------------------

Source: MassGIS; ArcGIS.com, Berkshire Design Grp.

FIGURE 2

WELL01G



- NOTES**
- 1) WELL DIG WAS INSTALLED JANUARY 19-21, 2026 TO SERVE A PROPOSED PUBLIC SAFETY COMPLEX.
 - 2) THE WELL WAS INSTALLED BY SKILLINGS SCEN, LLC OF AMHERST, NEW HAMPSHIRE, WELL COMPLETION REPORT ID#682669.
 - 3) NO EVIDENT WATER BEARING ZONES WERE NOTED.
 - 4) THE YIELD OF THE WELL WAS ESTIMATED AT 2 GPM VIA AN AIR-LIFT RATING TEST AT THE END OF THE DRILLING.
 - 5) THE STATIC WATER LEVEL ON MARCH 31, 2026, PRIOR TO THE START OF A 24-HOUR PUMPING TEST, WAS 29.11 FT FROM TOP OF WELL CASING.
 - 6) THE WELL WAS PUMPED AT 2.2 GPM FOR 25 HOURS.
 - 7) A TOTAL OF 21.53 FT OF WATER LEVEL DRAWDOWN WAS OBSERVED AT THE END OF THE TEST.
 - 8) THE WELL RECOVERED TO 95% OF STATIC IN 21 HOURS OF SHUTDOWN.
 - 9) THE SEMI-LOG PLOT OF THE WATER LEVEL DRAWDOWN WAS ESTIMATED AT 26 FEET.

DRAWING NOT TO SCALE



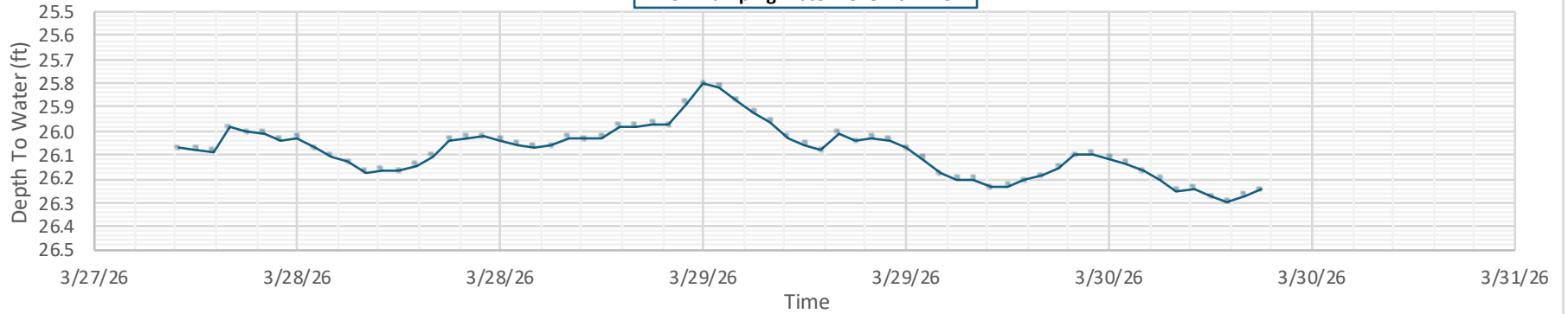
97 WILT STREET CUMMISSETT, MA
PHONE: (978) 465-9045

SCALE:	NONE	
DATE:	04-04-26	
JOB NO.:	250102	
DESIGNED BY:	JAF	
DRAWN BY:	JAF	
CHECKED BY:	JAF	
APPROVED BY:		
NO.	DESCRIPTION	DATE
	REVISIONS	

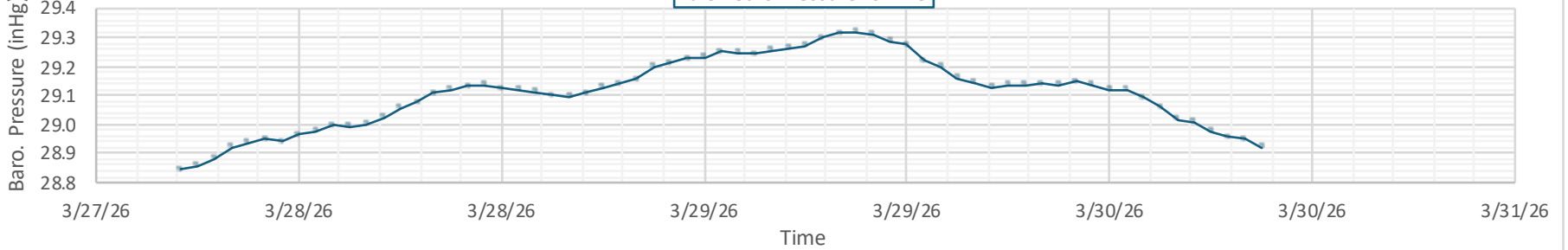
6-INCH DIAMETER WELL SCHEMATIC
PUBLIC SAFETY COMPLEX
18 BOYLSTON AVENUE
PRINCETON, MASSACHUSETTS

FIGURE 4
Antecedent Water Level and Weather Data - Well 01G
Proposed Public Safety Complex
Princeton, Massachusetts

Non-Pumping Water Level vs Time



Barometric Pressure vs Time



Precipitation vs Time

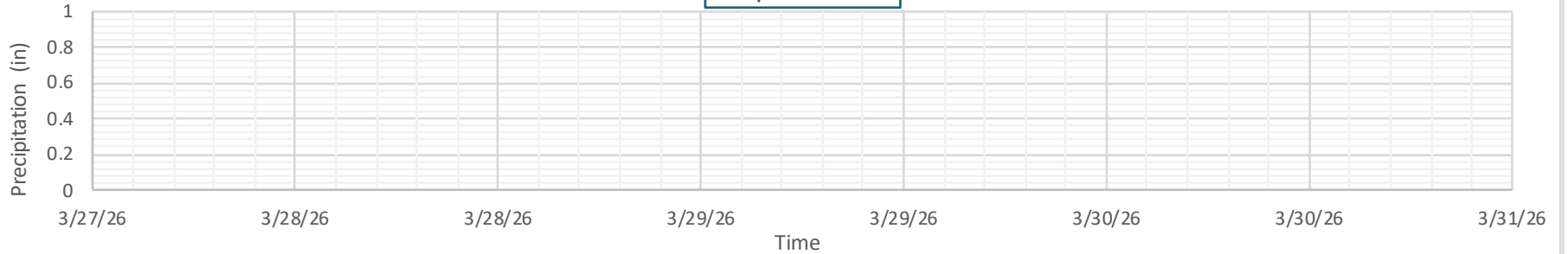


FIGURE 5
24-hour Pumping Test Data - Well 01G (2.2 gpm)
Proposed Public Safety Complex
Princeton, Massachusetts

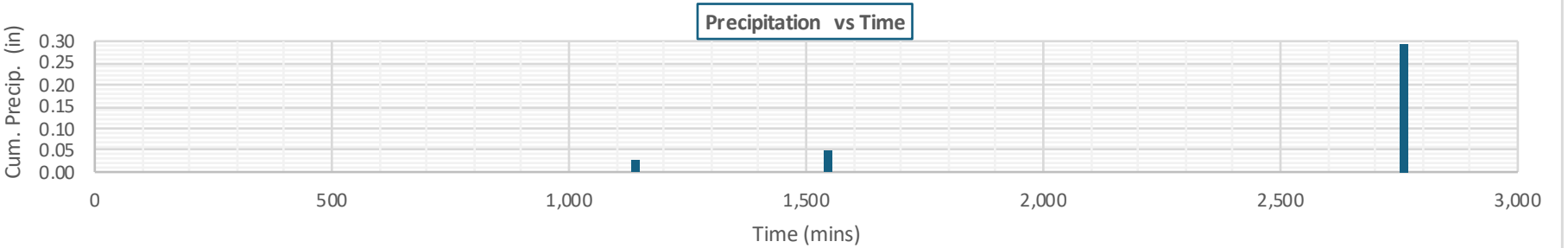
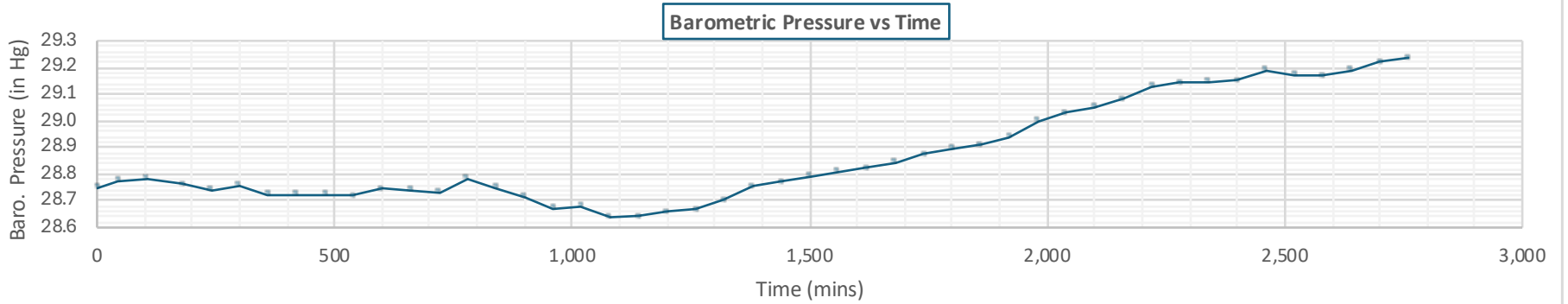
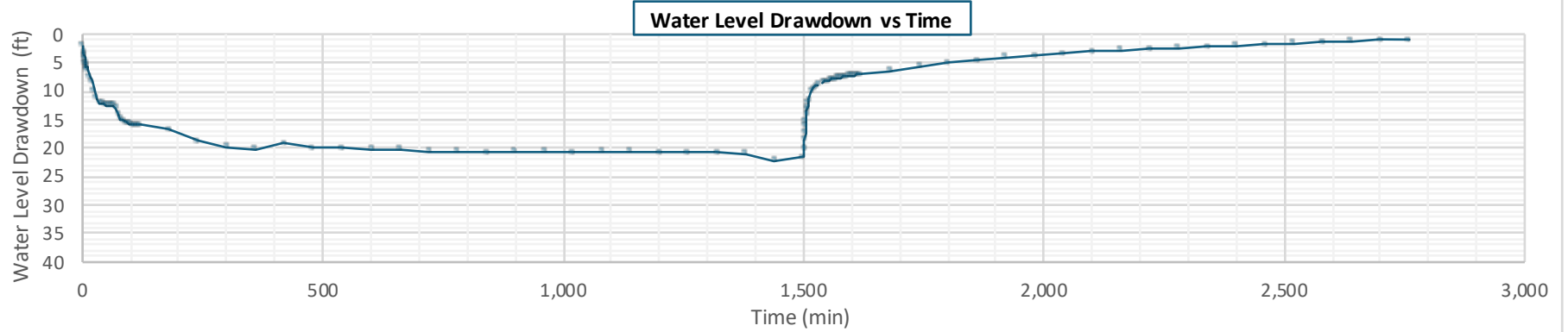
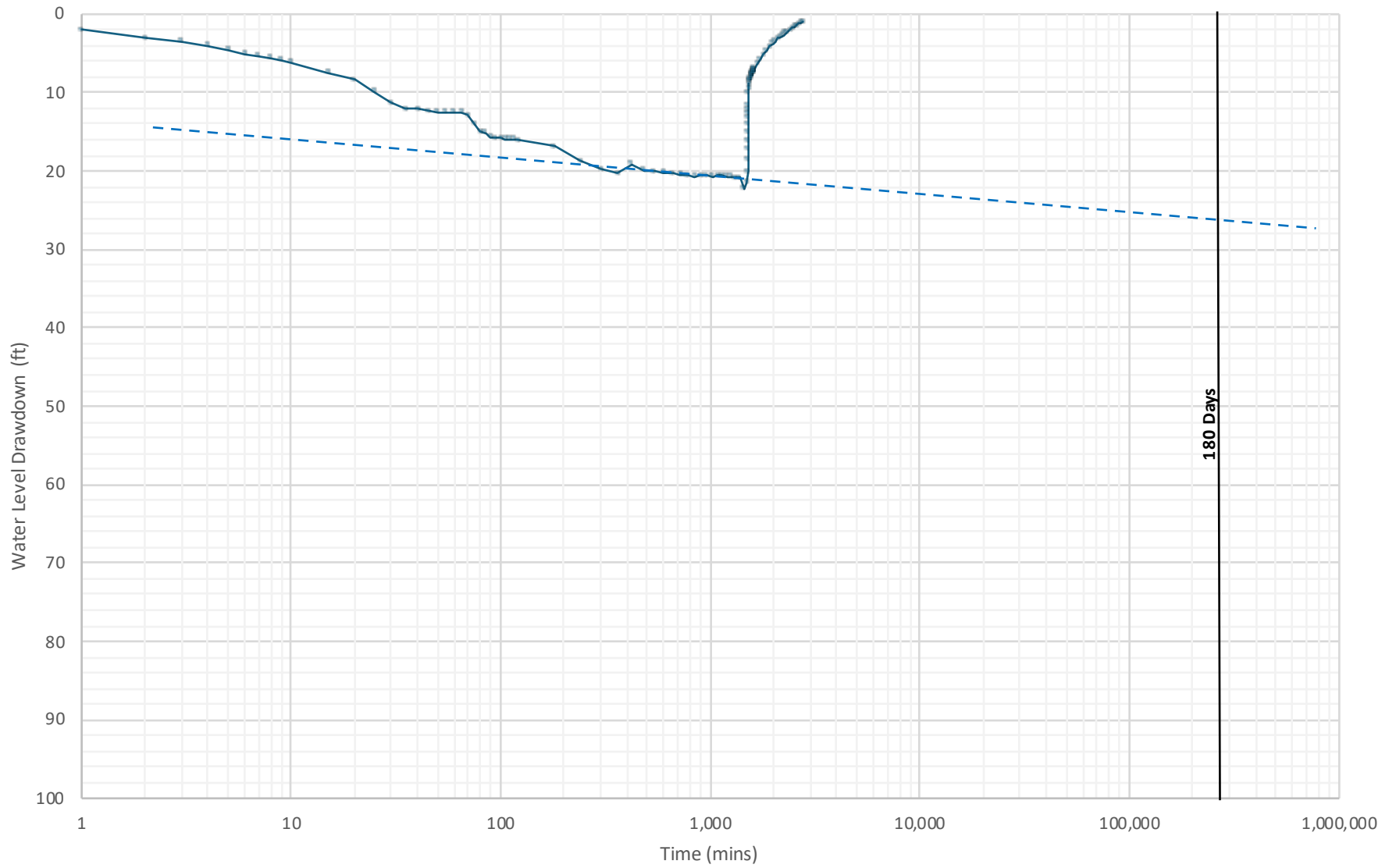
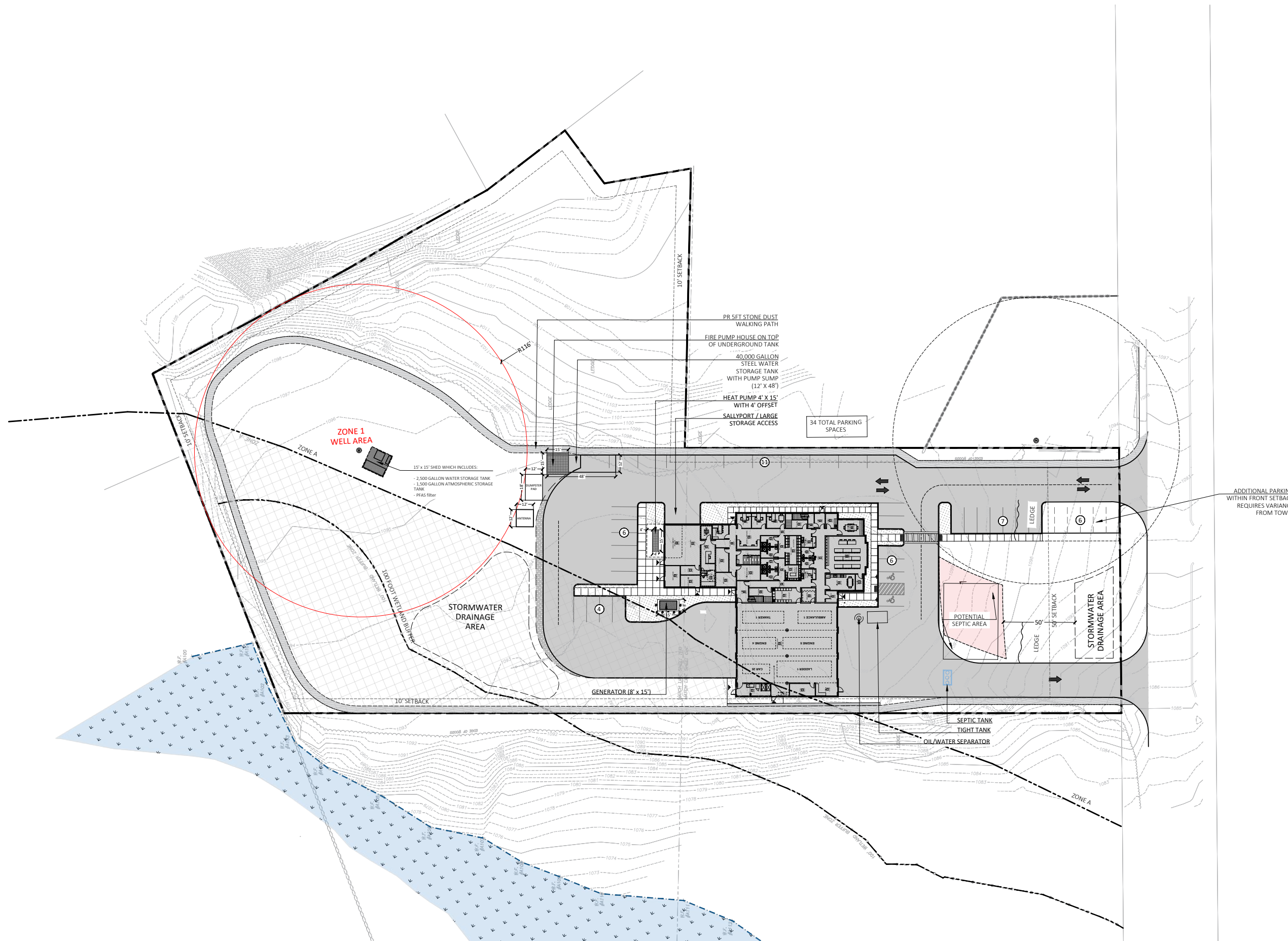


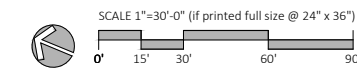
FIGURE 6
24-hour Pumping Test Data - Well 01G (2.2 gpm)
Proposed Public Safety Complex
Princeton, Massachusetts





Princeton Public Safety Complex

Boylston Ave, Princeton, MA 01541



TABLES

TABLE 1
Antecedent Water Level and Weather Data
Proposed Public Safety Complex
18 Boylston Avenue
Princeton, Massachusetts

Date/Time (mm/dd/yy hh:mm)	Depth To Water (ft)	Barometric Pressure (in Hg)	Precipitation (in)
3/27/26 17:00	26.07	28.85	
3/27/26 18:00	26.08	28.86	
3/27/26 19:00	26.08	28.88	
3/27/26 20:00	25.98	28.92	
3/27/26 21:00	26.00	28.94	
3/27/26 22:00	26.01	28.95	
3/27/26 23:00	26.04	28.94	
3/28/26 0:00	26.03	28.97	
3/28/26 1:00	26.07	28.98	
3/28/26 2:00	26.10	29.00	
3/28/26 3:00	26.13	28.99	
3/28/26 4:00	26.17	29.00	
3/28/26 5:00	26.17	29.03	
3/28/26 6:00	26.17	29.06	
3/28/26 7:00	26.14	29.08	
3/28/26 8:00	26.11	29.11	
3/28/26 9:00	26.04	29.12	
3/28/26 10:00	26.03	29.13	
3/28/26 11:00	26.02	29.14	
3/28/26 12:00	26.04	29.12	
3/28/26 13:00	26.06	29.12	
3/28/26 14:00	26.07	29.11	
3/28/26 15:00	26.06	29.10	
3/28/26 16:00	26.03	29.10	
3/28/26 17:00	26.03	29.11	
3/28/26 18:00	26.03	29.13	
3/28/26 19:00	25.98	29.14	
3/28/26 20:00	25.98	29.16	
3/28/26 21:00	25.97	29.20	
3/28/26 22:00	25.98	29.21	
3/28/26 23:00	25.88	29.23	
3/29/26 0:00	25.80	29.23	
3/29/26 1:00	25.82	29.25	
3/29/26 2:00	25.88	29.25	
3/29/26 3:00	25.92	29.24	
3/29/26 4:00	25.96	29.26	
3/29/26 5:00	26.03	29.26	
3/29/26 6:00	26.06	29.27	
3/29/26 7:00	26.08	29.30	
3/29/26 8:00	26.01	29.31	
3/29/26 9:00	26.04	29.32	
3/29/26 10:00	26.03	29.31	
3/29/26 11:00	26.04	29.29	
3/29/26 12:00	26.07	29.27	
3/29/26 13:00	26.12	29.22	
3/29/26 14:00	26.18	29.20	
3/29/26 15:00	26.20	29.16	
3/29/26 16:00	26.20	29.14	
3/29/26 17:00	26.24	29.13	
3/29/26 18:00	26.23	29.13	
3/29/26 19:00	26.21	29.14	
3/29/26 20:00	26.19	29.14	
3/29/26 21:00	26.15	29.14	
3/29/26 22:00	26.10	29.15	
3/29/26 23:00	26.10	29.14	
3/30/26 0:00	26.12	29.12	
3/30/26 1:00	26.13	29.12	
3/30/26 2:00	26.17	29.09	
3/30/26 3:00	26.20	29.06	
3/30/26 4:00	26.25	29.02	
3/30/26 5:00	26.24	29.01	
3/30/26 6:00	26.28	28.98	
3/30/26 7:00	26.30	28.96	
3/30/26 8:00	26.27	28.95	
3/30/26 9:00	26.25	28.92	

TABLE 2
24-Hour Pumping Test Data - Well 01G
Proposed Public Safety Complex
18 Boylston Avenue
Princeton, Massachusetts

Date/Time (mm/dd/yy hh:mm)	Time (mins)	Depth to Water (ft)	Drawdown (ft)	Observed Discharge (gpm)	Meter (gal)	Calculated Discharge (gpm)	Barometric Pressure (in Hg)	Cumulative Precipitation (in)
3/31/26 9:15	0	29.11	0.00	0.0	334,658	0.0	28.75	
3/31/26 9:16	1	31.09	1.98	2.0				
3/31/26 9:17	2	32.11	3.00	2.0				
3/31/26 9:18	3	32.54	3.43	2.0				
3/31/26 9:19	4	33.13	4.02	2.0				
3/31/26 9:20	5	33.62	4.51	2.0	334,664	1.2		
3/31/26 9:21	6	34.11	5.00	2.0				
3/31/26 9:22	7	34.41	5.30	2.0				
3/31/26 9:23	8	34.74	5.63	2.0				
3/31/26 9:24	9	35.02	5.91	2.0				
3/31/26 9:25	10	35.28	6.17	2.0	334,672	1.4		
3/31/26 9:30	15	36.49	7.38	2.0	334,681	1.5		
3/31/26 9:35	20	37.42	8.31	2.0	334,690	1.6		
3/31/26 9:40	25	38.91	9.80	2.0	334,702	1.8		
3/31/26 9:45	30	40.41	11.30	2.0	334,714	1.9		
3/31/26 9:50	35	41.16	12.05	2.1	334,727	2.0		
3/31/26 9:55	40	41.21	12.10	2.1	334,738	2.0		
3/31/26 10:00	45	41.45	12.34	2.1	334,748	2.0	28.77	
3/31/26 10:05	50	41.55	12.44	2.1	334,759	2.0		
3/31/26 10:10	55	41.59	12.48	2.1	334,770	2.0		
3/31/26 10:15	60	41.59	12.48	2.2	334,781	2.1		
3/31/26 10:20	65	41.62	12.51	2.2	334,792	2.1		
3/31/26 10:25	70	41.99	12.88	2.2	334,804	2.1		
3/31/26 10:30	75	43.10	13.99	2.2	334,816	2.1		
3/31/26 10:35	80	44.10	14.99	2.2	334,827	2.1		
3/31/26 10:40	85	44.27	15.16	2.2	334,839	2.1		
3/31/26 10:45	90	44.72	15.61	2.2	334,851	2.1		
3/31/26 10:50	95	44.88	15.77	2.2	334,863	2.2		
3/31/26 10:55	100	44.88	15.77	2.2	334,875	2.2		
3/31/26 11:00	105	44.99	15.88	2.2	334,887	2.2	28.78	
3/31/26 11:05	110	45.04	15.93	2.2	334,899	2.2		
3/31/26 11:10	115	45.09	15.98	2.2	334,911	2.2		
3/31/26 11:15	120	45.12	16.01	2.2	334,924	2.2		
3/31/26 12:15	180	45.94	16.83	2.2	335,067	2.3	28.76	
3/31/26 13:15	240	47.81	18.70	2.2	335,123	1.9	28.74	
3/31/26 14:15	300	48.95	19.84	2.2	335,266	2.0	28.76	
3/31/26 15:15	360	49.39	20.28	2.2	335,418	2.1	28.72	
3/31/26 16:15	420	48.28	19.17	2.2	335,561	2.2	28.72	
3/31/26 17:15	480	49.09	19.98	2.2	335,710	2.2	28.72	
3/31/26 18:15	540	49.13	20.02	2.2	335,851	2.2	28.72	
3/31/26 19:15	600	49.27	20.16	2.2	335,989	2.2	28.75	
3/31/26 20:15	660	49.38	20.27	2.2	336,126	2.2	28.74	
3/31/26 21:15	720	49.60	20.49	2.2	336,262	2.2	28.73	
3/31/26 22:15	780	49.65	20.54	2.2	336,398	2.2	28.78	
3/31/26 23:15	840	49.84	20.73	2.2	336,535	2.2	28.75	
4/1/26 0:15	900	49.71	20.60	2.2	336,671	2.2	28.71	
4/1/26 1:15	960	49.73	20.62	2.2	336,806	2.2	28.67	
4/1/26 2:15	1,020	49.83	20.72	2.2	336,939	2.2	28.68	
4/1/26 3:15	1,080	49.68	20.57	2.2	337,074	2.2	28.64	
4/1/26 4:15	1,140	49.72	20.61	2.2	337,208	2.2	28.64	0.02
4/1/26 5:15	1,200	49.87	20.76	2.2	337,242	2.2	28.66	
4/1/26 6:15	1,260	49.83	20.72	2.2	337,477	2.2	28.67	
4/1/26 7:15	1,320	49.92	20.81	2.2	337,612	2.2	28.70	
4/1/26 8:15	1,380	50.02	20.91	2.2	337,746	2.2	28.76	
4/1/26 9:15	1,440	51.40	22.29	2.2	337,880	2.2	28.77	
4/1/26 10:15	1,500	50.64	21.53	2.2	%Recovery		28.79	
4/1/26 10:16	1,501	49.18	20.07	0	6.8	0.0		
4/1/26 10:17	1,502	47.74	18.63	0	13.5	0.0		

TABLE 2
24-Hour Pumping Test Data - Well 01G
Proposed Public Safety Complex
18 Boylston Avenue
Princeton, Massachusetts

Date/Time (mm/dd/yy hh:mm)	Time (mins)	Depth to Water (ft)	Drawdown (ft)	Observed Discharge (gpm)	Meter (gal)	Calculated Discharge (gpm)	Barometric Pressure (in Hg)	Cumulative Precipitation (in)
4/1/26 10:18	1,503	46.41	17.30	0	19.6	0.0		
4/1/26 10:19	1,504	45.24	16.13	0	25.1	0.0		
4/1/26 10:20	1,505	44.18	15.07	0	30.0	0.0		
4/1/26 10:21	1,506	43.25	14.14	0	34.3	0.0		
4/1/26 10:22	1,507	42.44	13.33	0	38.1	0.0		
4/1/26 10:23	1,508	41.73	12.62	0	41.4	0.0		
4/1/26 10:24	1,509	41.14	12.03	0	44.1	0.0		
4/1/26 10:25	1,510	40.66	11.55	0	46.4	0.0		
4/1/26 10:30	1,515	39.27	10.16	0	52.8	0.0		
4/1/26 10:35	1,520	38.56	9.45	0	56.1	0.0		
4/1/26 10:40	1,525	38.20	9.09	0	57.8	0.0		
4/1/26 10:45	1,530	37.93	8.82	0	59.0	0.0		
4/1/26 10:50	1,535					0.0		
4/1/26 10:55	1,540	37.50	8.39	0	61.0	0.0		
4/1/26 11:00	1,545	37.42	8.31	0	61.4	0.0		0.04
4/1/26 11:05	1,550	37.30	8.19	0	62.0	0.0		
4/1/26 11:10	1,555	37.18	8.07	0	62.5	0.0		
4/1/26 11:15	1,560	37.07	7.96	0	63.0	0.0	28.81	
4/1/26 11:20	1,565	36.95	7.84	0	63.6	0.0		
4/1/26 11:25	1,570	36.85	7.74	0	64.1	0.0		
4/1/26 11:30	1,575	36.77	7.66	0	64.4	0.0		
4/1/26 11:35	1,580	36.68	7.57	0	64.8	0.0		
4/1/26 11:40	1,585	36.60	7.49	0	65.2	0.0		
4/1/26 11:45	1,590	36.50	7.39	0	65.7	0.0		
4/1/26 11:50	1,595	36.44	7.33	0	66.0	0.0		
4/1/26 11:55	1,600	36.36	7.25	0	66.3	0.0		
4/1/26 12:00	1,605	36.28	7.17	0	66.7	0.0		
4/1/26 12:05	1,610	36.22	7.11	0	67.0	0.0		
4/1/26 12:10	1,615	36.15	7.04	0	67.3	0.0		
4/1/26 12:15	1,620	36.08	6.97	0	67.6	0.0	28.82	
4/1/26 13:15	1,680	35.50	6.39	0	70.3	0.0	28.84	
4/1/26 14:15	1,740	34.84	5.73	0	73.4	0.0	28.87	
4/1/26 15:15	1,800	34.25	5.14	0	76.1	0.0	28.89	
4/1/26 16:15	1,860	33.71	4.60	0	78.6	0.0	28.91	
4/1/26 17:15	1,920	33.25	4.14	0	80.8	0.0	28.94	
4/1/26 18:15	1,980	32.87	3.76	0	82.5	0.0	29.00	
4/1/26 19:15	2,040	32.54	3.43	0	84.1	0.0	29.03	
4/1/26 20:15	2,100	32.22	3.11	0	85.6	0.0	29.05	
4/1/26 21:15	2,160	31.99	2.88	0	86.6	0.0	29.08	
4/1/26 22:15	2,220	31.78	2.67	0	87.6	0.0	29.13	
4/1/26 23:15	2,280	31.53	2.42	0	88.8	0.0	29.14	
4/2/26 0:15	2,340	31.33	2.22	0	89.7	0.0	29.14	
4/2/26 1:15	2,400	31.11	2.00	0	90.7	0.0	29.15	
4/2/26 2:15	2,460	30.91	1.80	0	91.7	0.0	29.19	
4/2/26 3:15	2,520	30.70	1.59	0	92.6	0.0	29.17	
4/2/26 4:15	2,580	30.53	1.42	0	93.4	0.0	29.17	
4/2/26 5:15	2,640	30.35	1.24	0	94.2	0.0	29.19	
4/2/26 6:15	2,700	30.21	1.10	0	94.9	0.0	29.22	
4/2/26 7:15	2,760	30.06	0.95	0	95.6	0.0	29.24	0.28

TABLE 3
Water Quality Data - 24-Hour Pumping Test - Well 01G
Proposed Public Safety Complex
18 Boylston Avenue
Princeton, Massachusetts

APPENDIX A CATEGORY	PARAMETER	RESULTS		STANDARD
		3/31/26 1-hr	4/1/26 Shutdown	
1	BACTERIOLOGICAL			
	Coliform Bacteria (col/100 ml)		Absent	Absent
	E. coli (col/100 ml)		Absent	Absent
2	SECONDARY CONTAMINANTS			
	Alkalinity (CaCO3)(mg/L)	87.6	97.5	NCS
	Aluminum (mg/L)	0.242	<0.0100	0.05 - 0.2 ²
	Calcium (mg/L)	48.8	96.2	NCS
	Chloride (mg/L)	114	160	250 ²
	Aparent Color (CU)	10	<5	15 ²
	Copper (mg/L)	0.118	<0.0100	1.3 ²
	Hardness (CaCO3) (mg/L)	137	270	NCS
	Total Iron (mg/L)	0.620	<0.0100	0.3 ²
	Total Manganese (mg/L)	0.0180	0.0161	0.05 ²
	Magnesium (mg/L)	3.64	7.32	NCS
	Odor (TON)	0	0	3 ²
	pH (S.U.)	8.15	7.73	6.5 - 8.5 ²
	Potassium (mg/L)	5.55	4.60	NCS
	Silver (mg/L)	<0.00500	<0.0100	0.1 ²
	Sulfate (mg/L)	17.2	20.1	250 ²
	Total Dissolved Solids (mg/L)	256	390	500 ²
	Turbidity (NTU)	6.30	0.179	1
Zinc (mg/L)	0.0192	0.0143	5 ²	
3	LEAD (mg/L)		<0.00200	0.015
4	NITRATE (mg/L)		<0.050	10
5	NITRITE (mg/L)		<0.050	10
6	PERCHLORATE (ug/L)		<0.050	2
7	INORGANIC COMPOUNDS (mg/L)			
	Antimony		<0.00200	6
	Arsenic		0.00488	0.010
	Barium		0.0749	2
	Beryllium		<0.0100	0.004
	Cadmium		0.00475	0.005
	Chromium		<0.0100	0.1
	Cyanide		<0.010	0.2
	Fluoride		0.627	2 ²
	Mercury		<0.000200	0.002
	Nickel		<0.0100	0.1 ¹
	Selenium		<0.00200	0.05
	Sodium		30.3	20 ¹
Thallium		<0.00200	0.002	
8	VOLATILE ORGANIC COMPOUNDS (EPA 524.2; ug/L)			
	Toluene (ug/L)		11.5	1,000
9	SYNTHETIC ORGANIC COMPOUNDS (ug/L)			
	Miscellaneous Compounds		ND	Misc.
10	RADIONUCLIDES			
	Radon-222 (pCi/L)		1,980 ± 150	10,000
	Gross Alpha Activity (pCi/L)		5.56 ± 1.93	15
	Uranium (ug/L)		5.16	30
	Uranium (pCi/L = ppb x 0.67)		3.46	NCS
	Radium-226 (pCi/L)		0.621 ± 0.483	5
	Radium-228 (pCi/L)		0.512 ± 0.314	5
Radium 226 + 228 (pCi/L)		1.133 ± 0.576	5	
11	FIELD AND OTHER TESTING	1-hr	Shutdown	
	pH (S.U.)	7.57	7.37	6.5 - 8.5 ²
	Specific Conductance (uS/cm)	137	195	NCS
	Ammonia (mg/L)		0.136	NCS
	Total Organic Carbon (mg/L)		0.529	NCS
	Carbon Dioxide (mg/L)	1.5	9	NCS
	Dissolved Oxygen (mg/l)	6.9	2.8	NCS
	Oxidation Reduction Potential (mv)	212.7	152	NCS
Temperature (C)	11.6	10.8	NCS	
12	REGULATED PER- AND POLYFLUOROALKYL SUBSTANCES COMPOUNDS (ppt)			
	Total MassDEP Regulated PFAS Compounds (PFAS6; ng/L)		15.6	MA 20
	Perfluorooctane Sulfonic Acid (PFOS; ng/L)		1.60 J	MA 20 / EPA 4
	Perfluorooctanoic Acid (PFOA; ng/L)		2.22	MA 20 / EPA 4
	Perfluorohexane Sulfonic Acid (PFHxS; ng/L)		13.4	MA 20 / EPA 10
	Perfluorononanoic Acid (PFNA; ng/L)		0.275 J	MA 20 / EPA 10
	Perfluoroheptanoic Acid (PFHpA; ng/L)		0.620 J	MA 20
	Perfluorodecanoic Acid (PFDA; ng/L)		<2.00	MA 20
	Other EPA Regulated PFAS Compounds and Standards:			
	Hexafluoropropylene Oxide (HFPO-DA / GenX Chemicals; ng/L)		<2.00	EPA 10
Perfluorobutanesulfonic acid (PFBS; ng/L)		2.56	NCS	
Hazard Index (GenX/10)+(PFBS/2000)+(PFNA/10)+(PFHxS/10)		1.49	EPA HA <1.0	

Notes: 1 - Massachusetts Drinking Water Guideline
2 - Massachusetts Secondary Maximum Contaminant Level
- Shading indicates result exceeds standard
ND - None Detected above Laboratory Reporting Limit
NS - No Sample Collected

J - Value below the laboratory's reporting limit
MA - Massachusetts Stanadard
EPA - Federal EPA Value
NA - Not Applicable
NCS - No Criteria Set

APPENDIX A



Commonwealth of Massachusetts
Executive Office of Energy & Environmental Affairs

Department of Environmental Protection

Central Regional Office • 8 New Bond Street, Worcester MA 01606 • 508-792-7650

Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Rebecca L. Tepper
Secretary

Bonnie Heiple
Commissioner

June 6, 2025

Town of Princeton
Attn: Sherry Patch, Town Administrator
6 Town Hall Drive
Princeton, MA 01541

Re: PWS Town: Princeton
PWS Name: Princeton Public Safety Complex
PWS ID: TBD
Program: WS 37 Site Examination
Action: Approval

VIA ELECTRONIC MAIL
townadministrator@town.princeton.ma.us

Dear Ms. Patch:

The Massachusetts Department of Environmental Protection (MassDEP) received a request for a proposed new Transient Non-Community (TNC) Public Water System (PWS) bedrock well to serve the proposed Princeton Public Safety Complex in Princeton, Massachusetts. The request was submitted on your behalf by Northeast Geoscience, Inc. A WS37 pre-submittal meeting and site examination was conducted on June 3, 2025, and was attended by representatives of MassDEP, the Town of Princeton, and Northeast Geoscience, Inc.

The property proposed to be redeveloped is located at 18 Boylston Avenue in Princeton and contains an existing vacant building that was formerly used as a school and community center. The school was formerly registered as a Non-Transient Non-Community (NTNC) PWS with MassDEP under PWS ID# 2241004 and was subsequently declassified as a PWS in 1996. The property is approximately 4.5 acres in size and is located in the Town of Princeton's Residential-Agricultural zoning district. The proposed project is the construction of a new 14,000 square foot two-story public safety complex building. The building is proposed to serve as the Town of Princeton's primary police, fire, and emergency medical service headquarters. These departments are currently served by the Princeton Town Campus (PWS ID# 2241017), located nearby at 6 Town Hall Drive. The building's fire station section is proposed to house offices, bunks, locker rooms, storage, and a three-bay drive-through apparatus bay. The building's police station section is proposed to house offices, locker rooms, a booking area, a sally port, and storage. A shared fitness center is also proposed on the second floor. Two public single-occupancy restrooms, a shared conference room and kitchen, and a communal area are proposed to be located in the front of the building.

The property contains an existing abandoned PWS bedrock well (ID# 2241004-01G) and septic system that formerly served the existing building. The well is located in the basement of the building and the leach field for the septic system is located in front of the building (south side of property). The

This information is available in alternate format. Please contact MassDEP at 617-292-5500.
TTY# MassRelay Service 1-800-439-2370
MassDEP Website: www.mass.gov/dep

Printed on Recycled Paper

existing building is proposed to be demolished. The existing well has been decommissioned and the existing septic system is proposed to be replaced by a new Title 5 compliant system. The Title 5 design flow of the proposed septic system is 1,171 gallons per day (gpd) based on the following uses: office building (11,425 square feet x 75 gpd/1,000 square feet); and theater, auditorium (104 seats x 3 gpd/seat). The leach field for the new septic system is proposed to be sited adjacent to the existing leach field in the front of the property. A new PWS well is proposed to be installed on the northern portion of the property to achieve a compliant Zone I radius owned by the Town of Princeton. In addition to domestic water use, the new well is also proposed to serve non-potable uses including fire cistern make-up water and town vehicle washing. Using a rate of 1,171 gpd from the proposed well, the Zone I radius is 110 feet and the Interim Wellhead Protection Area (IWPA) is 426 feet. The Zone I area consists of a field/lawn area and forest that is proposed to remain in its current state. The field area is used for recreational activities by town residents. No septic system components from the existing or proposed systems are located in the proposed Zone I. A wetland resource area is located to the southwest of the wellsite. The proposed well is located outside of the 100-foot buffer zone to the wetland.

Based on a search of MassDEP GIS data layers, within the IWPA of the proposed source there are no public water supply wells, landfills or other solid waste facilities, road salt stockpile areas, generators of hazardous waste, EPA Tier II Classified Sites, reportable hazardous waste release sites, underground fuel storage tanks (USTs), groundwater discharges, or National Pollutant Discharge Elimination System surface water discharges. The wellsite is not within an area mapped as Priority Habitat for Rare Species or an Area of Critical Environmental Concern. The proposed well is located further than 100 feet from a surface water feature and is therefore exempt from Microscopic Particulate Analysis testing. The IWPA of the proposed source captures portions of the proposed septic system to serve the facility as well as portions of abutting residential lots which are assumed to be served by private wells and septic systems due to the absence of municipal water or sewer infrastructure in the area. The Zone I and IWPA capture a field that may have been fertilized in the past. The property abutting the wellsite to the east is a historic cemetery that is maintained by the Town and is no longer active. This property is located in the IWPA, outside of the Zone I of the proposed well.

Although no reportable hazardous waste release sites were identified in the IWPA, three release sites are located just outside of the IWPA of the proposed source to the northeast and northwest that are noted below. Each site is assigned a Release Tracking Number (RTN).

- RTN 2-0012073 and 2-0000951, 1992, UST release, 23 Hubbardston Road
- RTN 2-0011327, 1996, UST release, 6 Town Hall Drive
- RTN 2-0021072, 2019, PFAS Detections in Groundwater, 6 Town Hall Drive

RTNs 2-0012073, 2-0000951, and 2-0011327 have been closed or achieved a compliance status of Response Action Outcome (RAO), which asserts that response actions were sufficient to achieve a level of no significant risk or at least ensure that all substantial hazards were eliminated. RTN 2-0021072 is currently in Tier 1 status and compliance activities are ongoing. It should be noted that PFAS has been detected in a number of private and PWS wells within the half-mile radius of the proposed well.

The property captures surface water supply zones of protection (Zone A and Zone C) for the Wachusett Reservoir, which supplies drinking water to the Massachusetts Water Resource Authority (6000000-01S), as well as the Clinton Water Department (2064000-03S). The majority of the north, south, and east sides of the property are located in the Zone C, and portions of the northwest and west sides of the property are located in the Zone A. The proposed well is located within the Zone C. A request for advisory ruling was submitted to the Department of Conservation & Recreation (DCR), Division of Water Supply Protection to determine the jurisdiction and applicability of the Watershed Protection Act (WsPA) as it pertains to the project proposal. DCR issued a letter on May 7, 2025, stating that no portion of the lot is located within WsPA jurisdiction and that no further action is needed. The letter also notes the presence of the Zone A on the property and that stormwater BMPs are prohibited within the Zone A pursuant to the MA Stormwater Standards.

A 24-hour pumping test is proposed in accordance Appendix G of MassDEP's Guidelines and Policies for Public Water Systems. Pending water quantity estimates after drilling, the test is expected to be conducted at a rate of 5 gallons per minute (gpm) or greater. The discharge will be directed approximately 130 feet to the southwest of the wellhead, outside of the Zone I to prevent recirculation of water.

Review and Approval

Pursuant to MassDEP's authority under 310 CMR 22.04(7) to require that each supplier of water operate and maintain its system in a manner that ensures the delivery of safe drinking water to consumers, this approval is made subject to the conditions set forth below.

General Permit Conditions:

1. Compliance with MassDEP Approvals – The Supplier of Water shall conduct activities in accordance with the approved plans, reports, and other submissions, except as may be modified by the conditions set forth in this approval. No material changes in the design or activities described in the approved documents shall be performed without prior written MassDEP approval. This document does not relieve the owner or operator of this Public Water System from fully complying with all Regulations, Guidelines, and Policies issued by the Department at present or any future time.
2. Compliance with Other Approvals – The activities at this Public Water System shall be performed in compliance with all other applicable local, state, and federal laws and regulations. This approval does not relieve the owner or operator of this Public Water System from complying with all other applicable local, state, and federal requirements, licenses and permits.
3. Duty to Mitigate – The Supplier of Water shall remedy and shall act to prevent all potential and actual adverse impacts to public health or the environment resulting from noncompliance with the terms or conditions of this approval.

4. Duty to Provide Information – The Supplier of Water shall furnish to MassDEP, within a reasonable time, any information MassDEP may request, and which is deemed by MassDEP to be relevant in determining compliance with permits, regulations, guidelines and policies.

Specific Permit Conditions:

1. Well 2241004-01G Physical Closure – Within thirty (30) days of the date of this letter, submit a well completion report prepared by the well driller for the decommissioning of the existing well in the existing vacant building.
2. Project Proposal – Prior to well drilling, submit written confirmation to MassDEP that the Title 5 design flow and pump test design for the project have not changed. Any changes require MassDEP review and approval.
3. Zone A Surface Water Supply Protection Zone – Portions of the property and proposed project are located within the Zone A of a Public Water Supply. All land uses and activities in the Zone A shall be compliant with Massachusetts Drinking Water Regulations at 310 CMR 22.20B(2).
4. Proposed Well Location – The proposed well location shall be surveyed and staked in the field prior to well drilling. The driller shall install the well at the location as proposed in the site proposal.
5. Pumping Test – A minimum 24-hour pumping test shall be conducted in accordance with Appendix G of MassDEP’s Guidelines and Policies for Public Water Systems (<https://www.mass.gov/service-details/guidelines-for-new-and-existing-transient-non-community-groundwater-sources>). The following conditions apply for the 24-hour pump test:
 - The test must be conducted at a minimum rate of approximately 1 gpm to obtain an approved rate of 1,171 gpd. A step-drawdown test is not required due to the low rate requested.
6. Laboratory Water Quality Sampling – All water quality analyses must be conducted by a Massachusetts certified laboratory (see list at <https://eeaonline.eea.state.ma.us/DEP/Labcert/Labcert.aspx>), using approved methods and achieving the required method detection limits, and submitted on MassDEP reporting forms. The laboratory should be instructed to leave the Public Water System ID blank on the forms. Additional sampling instructions are as follows:
 - A sample for secondary contaminants shall be collected at the beginning and end of the test.
 - Samples shall be collected at the end of the test for the following constituents: total coliform bacteria, total organic carbon, lead, nitrate, nitrite, perchlorate, inorganic compounds, all regulated and unregulated volatile organic compounds, radionuclides (gross alpha, uranium, radium 226, radium 228, and radon) and synthetic organic compounds.
 - Sampling for the six regulated per- and polyfluoroalkyl substances (PFAS) is required at the end of the test. EPA method 537 (14 compounds) or method 537.1 (18 compounds) shall be used and all contaminants in the scope of either method shall be reported.

Reporting limits of 2 parts per trillion (ppt) or lower for each of the following (6) PFAS compounds, PFOS, PFOA, PFNA, PFHxS, PFHpA and PFDA is required. All other contaminants must be reported at this level or, if not achievable, at the lowest feasible Minimum Reporting Level (MRL). Results of the analytical testing must be reported on the MassDEP Per- and Polyfluoroalkyl Substances report form, and the laboratory quality control documents shall be included (surrogate recoveries and the results of the ongoing quality control results for the extraction batch that includes the sample – including LRB, LFB, LFSM and either a FD or LFSMD as specified in the method).

7. Water Quality Sample Results – If water samples collected during the pumping test exhibit the need for treatment (e.g. violations of MCLs), an application for permit “BRP WS 23A: Approval to Construct a Facility to Treat less than 40,000 gallons per day (gpd)” shall be submitted in addition to the WS37 permit application. This application shall be submitted electronically via the MassDEP permit web portal. Information regarding this application can be found here: <https://www.mass.gov/how-to/ws-23-24-approval-to-construct-a-water-treatment-facility>. Consultation with MassDEP to review the water quality data is recommended prior to preparing a water treatment application.
8. WS37 Source Final Report – A WS37 permit application (source final report) shall be submitted electronically via the MassDEP web portal after the pumping test and prior to water system construction. The source final report must include pumping test and recovery water level data, precipitation data, demonstration that stabilization criteria was met, graphs showing time-drawdown and time-recovery for the well, copies of water quality analyses on MassDEP forms, and approvable yield requested. If treatment is required, the water system design should be submitted under a separate WS23A permit application as noted in Condition #7 above. If no treatment is required, the water system design shall be submitted under the WS37 application, including a description of the system and plans and specifications for the proposed system and components. The WS37 application shall also include a schematic cross section of the well including its depth, depth of casing, sanitary seal, pump setting, etc., and information on the submersible well pump including the make, model, horsepower, gallons per minute (gpm), pumping curve, etc. The report shall also include water system design demand calculations and show how the well and storage will meet all water system design demands, including average and maximum day demands (in gallons per day) as well as peak instantaneous demand (in gallon per minute). Information regarding this application can be found here: <https://www.mass.gov/how-to/ws-37-approval-of-transient-non-community-source-less-than-7-gallons-per-minute>.
9. Zone I Compliance – The Drinking Water Program Regulations at 310 CMR 22.21(3)(b) require that the Public Water System must have the ownership or control of the area within the Zone I radius of the proposed PWS well to protect the water from contamination. The Applicant shall submit to MassDEP as part of the final report, a surveyed plot plan of the Zone I area, clearly delineating the limits of Zone I property ownership. Furthermore, current and future land uses within the Zone I shall be limited to those land uses directly related to the provision of public water system. If recreational activities are proposed to continue in the Zone I of the proposed well, include in the source final report a description of these activities for MassDEP review and approval. MassDEP requires that all passive recreational activities have

no significant adverse impact on drinking water quality. Passive recreation is defined as walking, hiking, cross-country skiing, and bicycling. Other recreational activities may be considered on a case-by-case basis and require MassDEP written approval.

10. Non-potable Water Use – As part of the source final report, submit a detailed description of all non-potable uses proposed from the PWS well for MassDEP review and approval.

If you have any questions regarding this approval, please contact Tim O’Keefe of the Drinking Water Program at 781-686-6867 or by email at timothy.okeefe@mass.gov.

Sincerely,



Robert A. Bostwick
Section Chief
Drinking Water Program

ecc: Drinking Water Program, BWR, MassDEP-Boston, CERO
Bernadette DeBlander, MassDCR – Bernadette.DeBlander2@mass.gov
Joel Frisch, Northeast Geoscience, Inc. – jfrisch@ngeo.net
Princeton Board of Health – tlongtine@town.princeton.ma.us

APPENDIX B



Massachusetts Department of Environmental Protection

eDEP Transaction Copy

Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **SKILLINGSWELL**

Transaction ID: **2006186**

Document: **Well Completion Reports**

Size of File: **396.55K**

Status of Transaction: **Submitted**

Date and Time Created: **4/21/2026:11:47:35 AM**

Note: This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



Well Completion Reports

Please specify work performed:

New Well

Please specify well type:

Public Water Supply

Number Of Wells:

1

Well Location

In public right-of-way:

Yes No

Subdivision/Property/Description:

NORTHEAST GEOSCIENCE

Property Owner:

Engineering Firm:

CAOLO AND BIENIEK ASSOCIATES INC

Address at well location:

Street Number: 18 Street Name: BOYLSTON AVE
Building Lot#: Assessor's Map #:

Assessor's Lot#: ZIP Code:
01541

City/Town:

PRINCETON

GPS (GPS for the deepest well)

North: 42.44898 West: 71.88021

Mailing Address:

click here if same as well location address

Street Number: 521 Street Name: EAST STREET
City/Town: CHICOPEE State: MASSACHUSETTS

ZIP Code:
01020

Board of health permit obtained:

Yes Not Required

Permit Number: TW 01 26 Date Issued: 01/15/2026



Well Driller - General Well Form

DRILLING METHOD

Overburden	Bedrock
Air Hammer	Air Hammer

WELL LOG OVERBURDEN LITHOLOGY

From(ft)	To(ft)	Code	Color	Comment	Drop in drill stem	Extra fast or slow drill rate	Loss or addition of fluid
0	6	Clay	Brown	MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition

WELL LOG BEDROCK LITHOLOGY

From(ft)	To(ft)	Code	Comment	Drop in drill stem	Extra fast or slow drill rate	Loss or addition of fluid	Visible Rust Staining	Extra Large Chips
6	100	Gneiss	DARK GRAY / MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
100	200	Gneiss	DARK GRAY / MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
200	300	Gneiss	DARK GRAY / MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
300	400	Gneiss	DARK GRAY / MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
400	500	Gneiss	DARK GRAY / MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
500	600	Gneiss	DARK GRAY / MEDIUM	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> Fast <input type="radio"/> Slow	<input type="radio"/> Loss <input type="radio"/> Addition	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

ADDITIONAL WELL INFORMATION

Developed Yes No Disinfected Yes No

Total Well Depth 600 Depth to Bedrock 6

Surface Seal Type None Fracture Enhancement Yes No

CASING

Is Casing above ground?

From: 1.5 To: 0

From	To	Type	Thickness	Diameter	Driveshoe
0	38.5	Steel	Schedule 40	6	<input checked="" type="checkbox"/> Yes

SCREEN No Screen

From	To	Type	Slot Size	Diameter
		--- Choose Screen Type ---		

WATER-BEARING ZONES DRY WELL

From	To	Yield (gpm)



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection – Well Driller Program
Well Completion Reports(General)

340 360 2

PERMANENT PUMP (IF AVAILABLE)

Pump Description 2 Wire Constant Speed Submersible Horsepower 1
 Pump Intake Depth (ft) 500 Nominal Pump Capacity (gpm) 10

ANNULAR SEAL / FILTER PACK

From	To	Material 1	Weight	Material 2	Weight	Water (gal)	Batches (count)	Method Of Placement
0	38.5	Cement/Bentonite Grout		Choose Material				Tremie

WELL TEST DATA

Date	Method	Yield (gpm)	Time Pumped (HH:MM)	Pumping Level (ft BGS)	Time To Recover (HH:MM)	Recovery (ft BGS)
01/22/2026	Air Blow With Drill Stem	2	01:00	600		
03/31/2026	Constant Rate Pump	2	25:00	50.64	01:05	13.69

WATER LEVEL

Date Measured	Static Depth BGS (ft)	Flowing Rate (gpm)
03/31/2026	29.11	0

COMMENTS

WELL DRILLERS STATEMENT

This well was drilled or altered under my direct supervision, according to the applicable rules and regulations, and this report is complete and accurate to the best of my knowledge.

JOHN
 Driller GALLELLO Registration # 546 Monitoring [M] Supervising Driller Signature SKILLINGS, ROGER, B
 SKILLINGS AND
 Firm SONS, LLC Rig Permit # 11 Date Job Complete 04/01/2026

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.

APPENDIX C



Massachusetts Department of Environmental Protection - Drinking Water Program **Sec**
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 #: City / Town:
PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	3/31/2026	Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<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).

New site. PWS not assigned yet

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

Primary Lab MA Cert. #: Primary Lab Name: Primary Lab Sample ID#: Subcontracted? (Y/N)

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)	0.620		0.3	0.00500	0.00500	1	EPA 200.7	4/7/2026	M-RI015	AA51624
MANGANESE (mg/L)	0.0180		0.05*	0.00500	0.00500	1	EPA 200.7	4/7/2026	M-RI015	AA51624
ALKALINITY (mg/L as CaCO3)	87.6		None	1.00	1.00	1	SM2320B	4/1/2026	M-RI015	AA51624
CALCIUM (mg/L)	48.8		None	0.0500	0.0500	1	EPA 200.7	4/7/2026	M-RI015	AA51624
MAGNESIUM (mg/L)	3.64		None	0.0500	0.0500	1	EPA 200.7	4/7/2026	M-RI015	AA51624
HARDNESS (mg/L as CaCO3)	137		None	0.662	0.662	1	EPA 200.7	4/13/2026	M-RI015	AA51624
POTASSIUM (mg/L)	5.55		None	0.250	0.250	1	EPA 200.7	4/7/2026	M-RI015	AA51624
TURBIDITY (NTU)	6.30		None	0.100	0.100	1	EPA 180.1	4/1/2026	M-RI015	AA51624
ALUMINUM (mg/L)	0.242		0.2	0.00500	0.00500	1	EPA 200.7	4/7/2026	M-RI015	AA51624
CHLORIDE (mg/L)	114		250	1.00	1.00	1	EPA 300.0	4/2/2026	M-RI015	AA51624
COLOR (C.U.)	10		15	5	5	1	SM2120B	4/1/2026	M-RI015	AA51624
COPPER (mg/L)	0.118		1	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51624
ODOR (T.O.N)	ND		3	0	0	1	EPA 140.1	4/1/2026	M-RI015	AA51624
pH	8.15		6.5-8.5				SM4500H+B	4/1/2026	M-RI015	AA51624
SILVER (mg/L)	ND		0.10	0.00500	0.00500	1	EPA 200.7	4/7/2026	M-RI015	AA51624
SULFATE (mg/L)	17.2		250	1.00	1.00	1	EPA 300.0	4/2/2026	M-RI015	AA51624
TDS (mg/L)	256		500	10.0	10.0	1	SM2540C	4/6/2026	M-RI015	AA51624
ZINC (mg/L)	0.0192		5	0.00500	0.00500	1	EPA 200.7	4/7/2026	M-RI015	AA51624

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

LAB ANALYSIS COMMENTS	Result Qualifier(s)	Result Qualifier Description (s)

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:

Katie Amara

Date:

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Massachusetts Department of Environmental Protection - Drinking Water Program

B

BACTERIOLOGICAL REPORT

I. PWS INFORMATION: Refer to your MassDEP Coliform Sampling Plan to help complete the PWS Information and MassDEP Approved Sample Site Information sections below.

PWS ID # TBD PWS Name: PRINCETON PUBLIC SAFETY City/Town: Princeton, MA Class: COM NTNQ TNC

II. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert. # and certified methods.

Primary Lab MA Cert.#: M-RI015 Primary Lab Name: R.I. Analytical Subcontracted? (Y/N): N
Analysis Lab MA Cert.#: M-RI015 Analysis Lab Name: R.I. Analytical

Original Report Resubmitted Report Confirmation Report Reason for Resubmission: Resample Reanalysis Report Correction Collection Date of Original Sample: 4/1/2026

Table with 5 columns: Total Coliform (TC) Method, E.coli (EC) Method, Enterococci (ET) Method, Fecal Coliform (FC) Method, HPC Method. Includes Lab Sample Notes: New site, PWSID not assigned yet.

Main data table with columns: MassDEP Approved Sample Site Information, TC Result, EC Result, ET Result, FC Result, Chlorine Result, HPC Result, COLLECTION (DATE, TIME), ANALYSIS (DATE, TIME), COLLECTED BY, LAB SAMPLE ID #.

1 Sample Type, Location Code#, and Approved Sample Location must correspond to the sample information on your MassDEP Coliform Sampling Plan. 2A 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. 2BFecal reporting is for unfiltered SWTR sources only. 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 TNTC-P (present). Notify MassDEP of any E.coli or enterococci positive results by the end of the business day. 5 Collect appropriate number of repeat samples within 24 hours of laboratory notification for total coliform-positive or invalid samples and E.coli or enterococci-positive raw water samples.

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.

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: Katie Amara 5/4/2026

MassDEP Review Status: Accepted Disapproved Review Comments: Laboratory Director



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 #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample		
		<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).

New site. PWS not assigned yet

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

Primary Lab MA Cert. #: Primary Lab Name: Primary Lab Sample ID#: Subcontracted? (Y/N)

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)	ND		0.3	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
MANGANESE (mg/L)	0.0161		0.05*	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
ALKALINITY (mg/L as CaCO3)	97.5		None	1.00	1.00	1	SM2320B	4/1/2026	M-RI015	AA51621
CALCIUM (mg/L)	96.2		None	0.100	0.100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
MAGNESIUM (mg/L)	7.32		None	0.100	0.100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
HARDNESS (mg/L as CaCO3)	270		None	0.662	0.662	1	EPA 200.7	4/8/2026	M-RI015	AA51621
POTASSIUM (mg/L)	4.60		None	0.500	0.500	1	EPA 200.7	4/7/2026	M-RI015	AA51621
TURBIDITY (NTU)	0.179		None	0.100	0.100	1	EPA 180.1	4/1/2026	M-RI015	AA51621
ALUMINUM (mg/L)	ND		0.2	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
CHLORIDE (mg/L)	160		250	1.00	1.00	1	EPA 300.0	4/2/2026	M-RI015	AA51621
COLOR (C.U.)	ND		15	5	5	1	SM2120B	4/1/2026	M-RI015	AA51621
COPPER (mg/L)	ND		1	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
ODOR (T.O.N)	ND		3	0	0	1	EPA 140.1	4/1/2026	M-RI015	AA51621
pH	7.73		6.5-8.5				SM4500H+B	4/1/2026	M-RI015	AA51621
SILVER (mg/L)	ND		0.10	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621
SULFATE (mg/L)	20.1		250	1.00	1.00	1	EPA 300.0	4/2/2026	M-RI015	AA51621
TDS (mg/L)	390		500	10.0	10.0	1	SM2540C	4/6/2026	M-RI015	AA51621
ZINC (mg/L)	0.0143		5	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621

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

LAB ANALYSIS COMMENTS	Result Qualifier(s)	Result Qualifier Description (s)

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:

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Lead and Copper Analysis Report doc rev 12/2020

I. PWS INFORMATION: Please refer to your MassDEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: City / Town:
 PWS Name: PWS Class: COM TNC

Routine or Special Samples	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input type="checkbox"/> RS <input checked="" 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	

SAMPLE COMMENTS
 New site, PWS not assigned yet

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.00200	0.00200	M-RI015	R.I. Analytical
Copper:	1.3	EPA 200.7	0.0100	0.0100	M-RI015	R.I. Analytical


LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description

#	MassDEP Approved LCR Plan Sample Location	Collection Date	Dilution Factor	LEAD		Result Qualifier	COPPER		Result Qualifier	Primary Lab Sample ID# & Analysis Lab Sample ID#
				Date Analyzed	Result (mg/L)		Date Analyzed	Result (mg/L)		
1	01G	4/1/2026	1	4/3/2026	ND		4/7/2026	ND		AA51621
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Report SCHOOL RESULTS (250 ml) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations.

1										
2										
3										
4										

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:

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.

COM & NTNC public water suppliers must submit forms LCR-D or LCR-E with this form to the appropriate MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	



Nitrate 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 #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By		
A	01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>	4/1/2026	Joel Frisch
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
C			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
D			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input type="checkbox"/>		
		If Resubmitted Report, list below:					
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	(1) Reason for Resubmission		(2) Collection Date of Original Sample		
A	<input type="checkbox"/> RS <input checked="" 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 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				
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	New Site, PWS not assigned yet						
B							
C							
D							

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)

Analysis Lab MA Cert. #: Analysis Lab Name:

NITRATE Result (mg/L)	Result Qualifier	MCL (mg/L)	MDL (mg/L)	MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#
								Analysis Lab Sample ID#
A	ND	10	0.050	0.050	1	EPA 300.0	4/2/2026	AA51621 AA51621
B		10						
C		10						
D		10						

Finished water results equal to or exceeding 1/2 of the MCL (5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL of 10 mg/L requires confirmation sampling within 24 hours. Notify MassDEP of any MCL exceedances.

LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description
A		
B		
C		
D		

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:

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Nitrite 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 #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	01G	01G <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	Joel Frisch
B		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
C		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle <input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished		
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 type="checkbox"/> RS <input checked="" 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 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	
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	New site, PWS not assigned yet			
B				
C				
D				

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

NITRITE Result (mg/L)	Result Qualifier	MCL (mg/L)	MDL (mg/L)	MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#	Analysis Lab Sample ID#
A	ND	1	0.050	0.050	1	EPA 300.0	4/2/2026	AA51621	AA51621
B		1							
C		1							
D		1							

Finished water results equal to or exceeding 1/2 of the MCL (0.5 mg/L) triggers quarterly monitoring.
 Finished water results exceeding the MCL of 1 mg/L requires confirmation sampling within 24 hours. Notify MassDEP of any MCL exceedances.

LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description
A		
B		
C		
D		

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:

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 & Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
--	-----------------	--

Perchlorate 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 #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE COMMENTS – (Such as, if a Manifold/Multiple sample, list any sources that were on-line during collection).					
New Site, PWS not assigned yet					

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

CONTAMINANT	Result	Result Qualifier	MCL	MDL	MRL	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#
									Analysis Lab Sample ID#
PERCHLORATE µg/L	ND		2.0	0.012	0.050	1	EPA 331.0	4/7/2026	AA51621 810-186524-1
CONDUCTIVITY umhos/cm			----						
<p>Conductivity must be reported when measuring with either EPA Method 314 or 314.1.</p> <p>Perchlorate concentrations between the Method Detection Limit (MDL) and the Minimum Reporting Level (MRL) must be reported as estimated (J) values (i.e. perchlorate is positively present but tentatively quantified).</p> <p>All field samples analyzed with either EPA Method 314.0 or EPA Method 314.1 with measured native perchlorate concentrations between 0.8 µg/L and 2.0 µg/L must be retested with and without a perchlorate spike approximately equal to the native perchlorate concentration.</p>									
LAB ANALYSIS COMMENTS			Result Qualifier	Result Qualifier					

Reanalysis and Spike Recovery (required for results between 0.8 µg/L and 2.0 µg/L or samples subject to pretreatment in method EPA 314.0)

Compound	Result (µg/L)	MDL (µg/L)	MRL (µg/L)	Spike Concentration (µg/L)	Spike Recovery (%)	Lab Method	Date Analyzed
Perchlorate (reanalysis)				----	----		
Perchlorate (spike)							

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: Katie AmaraDate: 5/4/2026

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved		

Inorganic 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 #:	TBD	City / Town:	PRINCETON, MA
PWS Name:	Princeton Public Safety	PWS Class:	COM <input type="checkbox"/> NTNC <input type="checkbox"/> TNC <input checked="" type="checkbox"/>

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
01G	01G	*Please note all samples are considered representative of finished water if there is no treatment applied <input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	09:00
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
		<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).				
New site, no PWS ID# assigned yet				

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

Primary Lab MA Cert. #:	M-RI015	Primary Lab Name:	R.I. Analytical	Subcontracted? (Y/N)	N
-------------------------	----------------	-------------------	------------------------	----------------------	----------

Contaminant	Result (mg/L)	Result Qualifier	MCL (mg/L)	MDL (mg/L)	MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Sample ID#	Primary Lab Sample ID#
ANTIMONY	ND		0.006	0.0020	0.0020	1	EPA 200.8	4/3/2026	M-RI015	AA51621	AA51621
ARSENIC	0.00488		0.010	0.0020	0.0020	1	EPA 200.8	4/3/2026	M-RI015	AA51621	AA51621
BARIUM	0.0749		2	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621	AA51621
BERYLLIUM	0.0050		0.004	0.0010	0.0010	1	EPA 200.7	4/7/2026	M-RI015	AA51621	AA51621
CADMIUM	0.00475		0.005	0.0010	0.0010	1	EPA 200.7	4/7/2026	M-RI015	AA51621	AA51621
CHROMIUM	ND		0.1	0.0100	0.0100	1	EPA 200.7	4/7/2026	M-RI015	AA51621	AA51621
CYANIDE			0.2						M-RI015	AA51621	AA51621
FLUORIDE ¹	0.627		4.0	0.050	0.050	1	EPA 300.0	4/2/2026	M-RI015	AA51621	AA51621
MERCURY ²	ND		0.002	0.0002	0.0002	1	EPA 245.1	4/7/2026	M-RI015	AA51621	AA51621
NICKEL	ND		0.1*	0.010	0.010	1	EPA 200.7	4/7/2026	M-RI015	AA51621	AA51621
SELENIUM	ND		0.05	0.0020	0.0020	1	EPA 200.8	4/3/2026	M-RI015	AA51621	AA51621
SODIUM	30.3		20*	0.100	0.100	1	EPA 200.7	4/9/2026	M-RI015	AA51621	AA51621
THALLIUM	ND		0.002	0.0020	0.0020	1	EPA 200.8	4/3/2026	M-RI015	AA51621	AA51621

¹Fluoride also has a secondary MCL of 2.0 mg/L. Community water systems which exceed this limit must provide public notice pursuant to 310 CMR 22.16.

²Please note that if method 245.1 is used for mercury, only method revision 3.0 will be accepted by MassDEP.

*No current MCL, however MassDEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES
Yes <input type="checkbox"/>	List the composited sources by DEP Source Code (e.g. 1004000-01G), up to five individual sources per sample.

LAB ANALYSIS COMMENTS	Result Qualifier(s)	Result Qualifier Description(s)

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: *Kate Amaral*

Date: **5/4/2026**

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		

Volatile Organic 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 #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	4/1/2026	Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:				Collected By
		(1) Reason for Resubmission		(2) Collection Date of Original Sample		
<input type="checkbox"/> RS <input checked="" 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				

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

New site, PWS# not assigned yet

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample IDs#	
EPA 524.2		4/3/2026	Primary Lab Sample ID#:	AA51621
			Analysis Lab Sample ID#:	AA51621
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (e.g. 1004000-01G), up to five individual sources.			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				

CAS#	REGULATED VOC CONTAMINANT	Result µg/L	Result Qualifier	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor
71-43-2	BENZENE	ND		5	0.500	0.500	1
56-23-5	CARBON TETRACHLORIDE	ND		5	0.500	0.500	1
75-35-4	1,1-DICHLOROETHYLENE	ND		7	0.500	0.500	1
107-06-2	1,2-DICHLOROETHANE	ND		5	0.500	0.500	1
106-46-7	PARA-DICHLOROBENZENE	ND		5	0.500	0.500	1
79-01-6	TRICHLOROETHYLENE (TCE)	ND		5	0.500	0.500	1
71-55-6	1,1,1-TRICHLOROETHANE	ND		200	0.500	0.500	1
75-01-4	VINYL CHLORIDE	ND		2	0.500	0.500	1
108-90-7	MONOCHLOROBENZENE	ND		100	0.500	0.500	1
95-50-1	O-DICHLOROBENZENE	ND		600	0.500	0.500	1
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND		100	0.500	0.500	1
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND		70	0.500	0.500	1
78-87-5	1,2-DICHLOROPROPANE	ND		5	0.500	0.500	1
100-41-4	ETHYLBENZENE	ND		700	0.500	0.500	1
100-42-5	STYRENE	ND		100	0.500	0.500	1
127-18-4	TETRACHLOROETHYLENE (PCE)	ND		5	0.500	0.500	1
108-88-3	TOLUENE	11.5		1000	0.500	0.500	1
1330-20-7	XYLENES (TOTAL)	ND		10000	1.0	1.0	1
75-09-2	DICHLOROMETHANE	ND		5	0.500	0.500	1
120-82-1	1,2,4-TRICHLOROBENZENE	ND		5	0.500	0.500	1
79-00-5	1,1,2-TRICHLOROETHANE	ND		5	0.500	0.500	1



Volatile Organic Contaminant Report

doc rev 12/2020

PWS ID#: TBD		Primary Lab Sample ID#: AA51621					
CAS#	UNREGULATED VOC CONTAMINANTS	Result µg/L	Result Qualifier	ORSG* µg/L	MDL µg/L	MRL µg/L	Dilution Factor
67-66-3	CHLOROFORM*	ND		70	0.500	0.500	1
75-27-4	BROMODICHLOROMETHANE	ND		--	0.500	0.500	1
124-48-1	CHLORODIBROMOMETHANE	ND		--	0.500	0.500	1
75-25-2	BROMOFORM	ND		--	0.500	0.500	1
541-73-1	M-DICHLOROBENZENE	ND		--	0.500	0.500	1
74-95-3	DIBROMOMETHANE	ND		--	0.500	0.500	1
563-58-6	1,1-DICHLOROPROPENE	ND		--	0.500	0.500	1
75-34-3	1,1-DICHLOROETHANE*	ND		70	0.500	0.500	1
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND		--	0.500	0.500	1
142-28-9	1,3-DICHLOROPROPANE	ND		--	0.500	0.500	1
74-87-3	CHLOROMETHANE	ND		--	0.500	0.500	1
74-83-9	BROMOMETHANE*	ND		10	0.500	0.500	1
96-18-4	1,2,3-TRICHLOROPROPANE	ND		--	0.500	0.500	1
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND		--	0.500	0.500	1
75-00-3	CHLOROETHANE	ND		--	0.500	0.500	1
594-20-7	2,2-DICHLOROPROPANE	ND		--	0.500	0.500	1
95-49-8	O-CHLOROTOLUENE	ND		--	0.500	0.500	1
106-43-4	P-CHLOROTOLUENE	ND		--	0.500	0.500	1
108-86-1	BROMOBENZENE	ND		--	0.500	0.500	1
542-75-6	1,3-DICHLOROPROPENE*	ND		0.4	0.500	0.500	1
95-63-6	1,2,4-TRIMETHYLBENZENE	ND		--	0.500	0.500	1
87-61-6	1,2,3-TRICHLOROBENZENE	ND		--	0.500	0.500	1
103-65-1	N-PROPYLBENZENE	ND		--	0.500	0.500	1
104-51-8	N-BUTYLBENZENE	ND		--	0.500	0.500	1
91-20-3	NAPHTHALENE*	ND		140	0.500	0.500	1
87-68-3	HEXACHLOROBUTADIENE	ND		--	0.500	0.500	1
108-67-8	1,3,5-TRIMETHYLBENZENE	ND		--	0.500	0.500	1
99-87-6	P-ISOPROPYLTOLUENE	ND		--	0.500	0.500	1
98-82-8	ISOPROPYLBENZENE	ND		--	0.500	0.500	1
98-06-6	TERT-BUTYLBENZENE	ND		--	0.500	0.500	1
135-98-8	SEC-BUTYLBENZENE	ND		--	0.500	0.500	1
75-69-4	FLUOROTRICHLOROMETHANE	ND		--	0.500	0.500	1
75-71-8	DICHLORODIFLUOROMETHANE*	ND		1400	0.500	0.500	1
74-97-5	BROMOCHLOROMETHANE	ND		--	0.500	0.500	1
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)* [#]	ND		70	0.500	0.500	1
CAS#	ADDITIONAL UNREGULATED and/or NON-TARGET VOC CONTAMINANTS (Report if analyzed)	Result µg/L	Result Qualifier		MDL µg/L	MRL µg/L	Dilution Factor
109-99-9	TETRAHYDROFURAN (THF)*			600			
75-65-0	TERT-BUTYL ALCOHOL (TBA)*			120			
994-05-8	TERT-AMYL METHYL ETHER (TAME)*			90			
637-92-3	ETHYL TERTIARY BUTYL ETHER (ETBE)			--			
108-20-3	DI-ISOPROPYL ETHER (DIPE)			--			
67-64-1	ACETONE*			6300			
76-13-1	FREON 113*			210,000			
78-93-3	METHYL ETHYL KETONE (MEK)*			4000			
108-10-1	METHYL-ISOBUTYL KETONE (MIBK)*			350			

[#] Required * No MCL, however the MassDEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.



Synthetic Organic Contaminant Report

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

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026 Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE COMMENTS - (Such as, if a Manifold/Multiple sample, list any sources that were on-line during sample collection).				
New Site, PWS # not assigned yet				

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)

Analytical Methods (List All)	Date Extracted	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Analysis Lab Sample ID#	Primary Lab Sample ID#
EPA 505	4/6/2026	4/6/2026	M-NH003	Eurofins Derry	291-1666-1	AA51621
EPA 525	4/8/2026	4/8/2026	M-NH003	Eurofins Derry	291-1666-1	AA51621
EPA 515.3	4/7/2026	4/8/2026	M-NH003	Eurofins Derry	291-1666-1	AA51621
EPA 531.1		4/7/2026	M-NH003	Eurofins Derry	291-1666-1	AA51621
EPA 504.1	4/6/2026	4/6/2026	M-NH003	Eurofins Derry	291-1666-1	AA51621

Was this Sample composited by the Lab? <input type="checkbox"/>	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (e.g. 1004000-01G), up to five individual sources.
LAB ANALYSIS COMMENTS - Information on matrix spike/method blank sample information is on file at our office.	Result Qualifier
	Result Qualifier Description

CAS #	SOC Regulated Contaminants	Result µg/L	Result Qualifier	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	Analytical Method
1563-66-2	CARBOFURAN	ND		40	0.3	0.9	1	EPA 531.1
23135-22-0	OXAMYL (VYDATE)	ND		200	0.3	1	1	EPA 531.1
94-75-7	2,4-D	ND		70	0.056	1.0	1	EPA 515.3
93-72-1	2,4,5-TP (SILVEX)	ND		50	0.019	0.25	1	EPA 515.3
75-99-0	DALAPON	ND		200	0.066	1.0	1	EPA 515.3
88-85-7	DINOSEB	ND		7	0.097	0.50	1	EPA 515.3
1918-02-1	PICLORAM	ND		500	0.11	1.3	1	EPA 515.3
87-86-5	PENTACHLOROPHENOL	ND		1	0.069	0.10	1	EPA 515.3
15972-60-8	ALACHLOR	ND		2	0.053	0.099	1	EPA 525
1912-24-9	ATRAZINE	ND		3	0.076	0.099	1	EPA 525
72-20-8	ENDRIN	ND		2	0.036	0.099	1	EPA 525
76-44-8	HEPTACHLOR	ND		0.4	0.025	0.040	1	EPA 525
1024-57-3	HEPTACHLOR EPOXIDE	ND		0.2	0.026	0.059	1	EPA 525
58-89-9	LINDANE	ND		0.2	0.038	0.069	1	EPA 525
72-43-5	METHOXYCHLOR	ND		40	0.056	0.099	1	EPA 525
118-74-1	HEXACHLOROBENZENE	ND		1	0.025	0.099	1	EPA 525
77-47-4	HEXACHLOROCYCLOPENTADIENE	ND		50	0.087	0.099	1	EPA 525
122-34-9	SIMAZINE	ND		4	0.042	0.099	1	EPA 525
50-32-8	BENZO(A)PYRENE	ND		0.2	0.060	0.099	1	EPA 525
103-23-1	DI(2-ETHYLHEXYL)ADIPATE	ND		400	0.18	0.59	1	EPA 525
117-81-7	DI(2-ETHYLHEXYL)PHTHALATE	ND		6	0.25	3.0	1	EPA 525



Synthetic Organic Contaminant Report

PWS ID#: TBD

Primary Lab Sample ID's#:

AA51621

CAS #	SOC Regulated Contaminants	Result µg/L	Result Qualifier	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	Analytical Method
57-74-9	CHLORDANE	ND		2	0.051	0.19	1	EPA 505
8001-35-2	TOXAPHENE	ND		3	0.20	0.95	1	EPA 505
12674-11-2	PCB AROCLOR 1016	ND		---	0.028	0.077	1	EPA 505
11104-28-2	PCB AROCLOR 1221	ND		---	0.031	0.077	1	EPA 505
11141-16-5	PCB AROCLOR 1232	ND		---	0.028	0.077	1	EPA 505
53469-21-9	PCB AROCLOR 1242	ND		---	0.025	0.077	1	EPA 505
12672-29-6	PCB AROCLOR 1248	ND		---	0.040	0.077	1	EPA 505
11097-69-1	PCB AROCLOR 1254	ND		---	0.030	0.077	1	EPA 505
11096-82-5	PCB AROCLOR 1260	ND		---	0.045	0.077	1	EPA 505
1336-36-3	PCBS (DECACHLOROBIPHENYL)	ND		0.5		0.077	1	EPA 505
Monitoring requirements for DBCP and EDB have been waived statewide for SURFACE WATER SOURCES ONLY. All groundwater sources must monitor for these two contaminants.								
96-12-8	DIBROMOCHLOROPROPANE (DBCP)	ND		0.2	0.0039	0.019	1	EPA 504.1
106-93-4	ETHYLENEDIBROMIDE (EDB)	ND		0.02	0.0049	0.019	1	EPA 504.1
Monitoring requirements for the following four contaminants have been waived statewide for both groundwater and surface water sources, however monitoring and reporting for Diquat is required for surface waters that have applied Diquat.								
85-00-7	DIQUAT			20				
145-73-3	ENDOTHALL			100				
1071-83-6	GLYPHOSATE			700				
1746-01-6	2,3,7,8-TCDD (DIOXIN)			3.0x10 ⁻⁵				

CAS#	SOC Unregulated Contaminants	Result µg/L	Result Qualifier	ORSG µg/L	MDL µg/L	MRL µg/L	Dilution Factor	Analytical Method
116-06-3	ALDICARB	ND		3*	0.3	1	1	EPA 531.1
1646-88-4	ALDICARB SULFONE	ND		2*	0.2	1	1	EPA 531.1
1646-87-3	ALDICARB SULFOXIDE	ND		4*	0.3	1	1	EPA 531.1
63-25-2	CARBARYL	ND		---	0.3	1	1	EPA 531.1
16655-82-6	3-HYDROXYCARBOFURAN	ND		---	0.3	1	1	EPA 531.1
16752-77-5	METHOMYL	ND		---	0.2	1	1	EPA 531.1
1918-00-9	DICAMBA	ND		---	0.056	0.18	1	EPA 515.3
309-00-2	ALDRIN	ND		---	0.023	0.099	1	EPA 525
23184-66-9	BUTACHLOR	ND		---	0.061	0.099	1	EPA 525
60-57-1	DIELDRIN	ND		---	0.029	0.040	1	EPA 525
51218-45-2	METOLACHLOR	ND		---	0.057	0.099	1	EPA 525
21087-64-9	METRIBUZIN	ND		100*	0.063	0.099	1	EPA 525
1918-16-7	PROPACHLOR	ND		---	0.063	0.099	1	EPA 525

* No MCL, however the MassDEP Office of Research and Standards has established a guideline (ORSG) limit for this contaminant.

Method	Surrogate Name	% Recovery (70 – 130%)
EPA 525	1,3-Dimethyl-2-nitrobenzene	104
EPA 525	Perylene-d12	91
EPA 525	Perylene-d10	96
EPA 525	Triphenylphosphate	112
EPA 515	2,4-Dichlorophenylacetic acid	114

Method	Surrogate Name	% Recovery (70 – 130%)

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: Katie AmaraDate: 5/4/2026

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		

Radionuclide 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 #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	Joel Frisch
Routine or Special Sample <input type="checkbox"/> RS <input checked="" 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 any sources that were on-line during sample collection).					
New Site. PWS not assigned yet					

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)

Was this sample composited by the Lab? <input type="checkbox"/>	COMPOSITE SAMPLE NOTES List the composited source by DEP Source Code (e.g. 1004000-01G) and dates collected, up to four consecutive quarterly samples per single entry point.
LAB ANALYSIS COMMENTS	

Contaminant	RESULT	Std Dev (+/-)	MCL	MDL	Lab Method	Date Analyzed	Analysis Lab Sample ID#	Analysis Lab MA Cert#
GROSS ALPHA (pCi/L)	5.56	1.93		2.60	EPA 900.0	4/18/2026	30857779001	M-PA1457
URANIUM – activity (pCi/L)	3.46			0.67	EPA 200.8	4/9/2026	291-1669-1	M-NH003
Report Uranium result and MDL in pCi/L as analyzed, otherwise use formula to calculate [Uranium µg/L x 0.67 = Uranium pCi/L]. Check this box if result is calculated <input type="checkbox"/>								
ADJUSTED GROSS ALPHA (pCi/L)	2.10	----	15		The MCL for <i>Adjusted Gross Alpha</i> (Gross Alpha minus Uranium) is 15 pCi/L. A gross alpha measurement may be substituted for the uranium analysis, if the gross alpha result is equal to or less than 15 pCi/L. If gross alpha exceeds 15 pCi/L, uranium must also be measured.			
URANIUM – mass (µg/L)	5.16		30	1.00	EPA 200.8	4/7/2026	291-1669-1	M-NH003
Report Uranium result and MDL in µg/L as analyzed, otherwise use formula to calculate [Uranium pCi/L / 0.67 = Uranium µg/L]. Check this box if result is calculated <input type="checkbox"/>								
RADIUM-226 (pCi/L)	ND	0.483		0.678	EPA 903.1	4/22/2026	30857779001	M-PA1457
RADIUM-228 (pCi/L)	ND	0.314		0.601	EPA 904.0	4/20/2026	30857779001	M-PA1457
COMBINED RADIUM (pCi/L)		----	5		The MCL for <i>Combined Radium</i> (Radium-226 plus Radium-228) is 5 pCi/L. A gross alpha measurement may be substituted for the Radium-226 analysis if the gross alpha result is equal to or less than 5 pCi/L. If gross alpha exceeds 5 pCi/L, Radium-226 must also be measured.			
GROSS BETA (pCi/L)	6.07	0.963	*	1.03	EPA 900.0	4/18/2026	30857779001	M-PA1457
*The MCL for gross beta is 4 mrem/year. If gross beta exceeds 50 pCi/L, analysis of the sample for Photon Activity shall be performed to identify the major radioactive constituents. Gross Beta testing is optional, unless specifically required by DEP.								
RADON (pCi/L)	1980	150	**		EPA 913.0	4/3/2026	8900177	NA
**Radon testing is optional, unless specifically required by DEP. The MA guideline for Radon is 10,000 pCi/L.								

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: Katie AmaraDate: 5/4/2026

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 & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
--	-----------------	--



Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS**
Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 3

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

PWS ID #: City / Town:
PWS Name: PWS Class: COM NTNC TNC

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information		Date Collected	Collected By
01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction				
SAMPLE COMMENTS - Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection or if this is a field reagent blank					
New site, PWS not assigned yet					

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab Cert. #: Primary Lab Name: Subcontracted? (Y/N)
Analysis Lab Cert. #: Analysis Lab Name:
If Analysis Lab is not certified by MassDEP or U.S. EPA, list certification authority:

Lab Method	Date Extracted	Date Analyzed	Dilution Factor	Lab Sample IDs#	
EPA 537.1	4/9/2026	4/9/2026	1	Primary Lab:	AA51621
				Subcontracted Lab:	

CAS#	REGULATED PFAS CONTAMINANTS (ABBREVIATION)	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	1.60	J	-	0.090	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	2.22			0.15	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	13.4			0.072	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	0.275	J		0.19	2.00
375-85-9	Perfluoroheptanoic Acid (PFHpA)	0.620	J		0.11	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.12	2.00
PFAS6 (sum of PFOS, PFOA, PFHxS, PFNA, PFHpA and PFDA; only include Results at or above the MRL; do not include estimated Results as described by a Result Qualifier in the next column) =		15.6	--	20	-	-
UNREGULATED PFAS CONTAMINANTS (ABBREVIATION)						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	2.56		-	0.059	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.17	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	0.404	J		0.12	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.30	2.00
72629-94-8	Perfluorotridecanoic acid (PFTTrDA)	ND			0.19	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.13	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NETFOSAA)	ND			0.15	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMEFOSAA)	ND			0.13	2.00
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.080	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.070	2.00
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.16	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.12	2.00

¹ A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

² All qualifiers must be described under Lab Analysis Comments on page 2.



Per- and Polyfluoroalkyl Substances (PFAS) Report

PWS ID#: TBD

Lab Sample ID#:

Primary Lab:	AA51621
Subcontracted Lab:	

CAS#	UNREGULATED PFAS CONTAMINANTS (ABBREVIATION)	Result ¹ ng/L	Result ² Qualifier	MCL * ng/L	MDL ng/L	MRL ng/L
757124-72-4	1H,1H, 2H, 2H-Perfluorohexane sulfonic acid (4:2FTS)			-		
27619-97-2	1H,1H, 2H, 2H-Perfluorooctane sulfonic acid (6:2FTS)					
39108-34-4	1H,1H, 2H, 2H-Perfluorodecane sulfonic acid (8:2FTS)					
151772-58-6	Nonafluoro-3,6-dioxaheptanoic acid (NFDHA)					
375-22-4	Perfluorobutanoic acid (PFBA)					
113507-82-7	Perfluoro(2-ethoxyethane)sulfonic acid (PFEESA)					
375-92-8	Perfluoroheptanesulfonic acid (PFHpS)					
863090-89-5	Perfluoro-4-methoxybutanoic acid (PFMBA)					
377-73-1	Perfluoro-3-methoxypropanoic acid (PFMPA)					
2706-90-3	Perfluoropentanoic acid (PFPeA)					
2706-91-4	Perfluoropentanesulfonic acid (PFPeS)					

EPA Method 537 and 537.1		
Surrogate Abbreviation	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	99.3	
¹³ C ₂ -PFDA	108	
d ₅ -NETFOSAA	97.9	
¹³ C ₃ -HFPO-DA	95.8	

Note: ¹³C₃-HFPO-DA is not required for EPA Method 537 v1.1

EPA Method 533		
Analogue Abbreviation	% Recovery (50 – 200%)	Alternate Analogue (must document reason for change)
¹³ C ₄ -PFBA		
¹³ C ₅ -PFPeA		
¹³ C ₃ -PFBS		
¹³ C ₂ -4:2FTS		
¹³ C ₅ -PFHxA		
¹³ C ₃ -HFPO-DA		
¹³ C ₄ -PFHpA		
¹³ C ₃ -PFHxS		
¹³ C ₂ -6:2FTS		
¹³ C ₈ -PFOA		
¹³ C ₉ -PFNA		
¹³ C ₈ -PFOS		
¹³ C ₂ -8:2FTS		
¹³ C ₆ -PFDA		
¹³ C ₇ -PFUnA		
¹³ C ₂ -PFDoA		



Per- and Polyfluoroalkyl Substances (PFAS) Report

In addition to the SUR above you must attach the results of the ongoing QC results as specified by the method for the sample's extraction batch.

Laboratory analytical report with QC attached (check one item below).

All associated QC criteria reported within control limits including Lab Reagent/Method Blank (LRB), Field Reagent Blank (FRB), Surrogate Standards (SUR), Laboratory Fortified Blank (LFB), Matrix Spike/Duplicate (LFSM/LFSMD or FD) and RPD.

All associated sample and/or QC batch criteria not met. See Lab Analysis Comments below and narrative in attached report.

Lab Analysis Comments: (include sample/method parameters outside of or affecting QC controls/limits and result qualifiers)

Table with 2 columns: Result Qualifier, Qualifier Description. Row 1: J, Result is greater than the MDL but below the MRL.

Other Analysis Comments:

* MCL or proposed MCL

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:

Katie Amara

Date:

5/4/2026

If not submitting these results electronically, mail TWO copies of this report to your MassDEP 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. Note that during the Massachusetts COVID-19 state of emergency, in addition to submitting by mail reports may be emailed to program.director-dwp@mass.gov.

Table with 3 columns: MassDEP REVIEW STATUS (Initial & Date), Review Comments, WQTS Data Entered. Includes checkboxes for Accepted and Disapproved.



Massachusetts Department of Environmental Protection - Drinking Water Program **PFAS**
Per- and Polyfluoroalkyl Substances (PFAS) Report

Page 1 of 3

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

PWS ID #: City / Town:
PWS Name: PWS Class: COM NTNC TNC

MassDEP Location (LOC) ID#	MassDEP Location Name	Sample Information		Date Collected	Collected By
01G-FRB	01G - Field Reagent Blank	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	Joel Frisch
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:			
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE COMMENTS - Such as, if a Manifold/Multiple sample, list the source(s) that were on-line during sample collection or if this is a field reagent blank					
New site, PWS not assigned yet					

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab Cert. #: Primary Lab Name: Subcontracted? (Y/N)
Analysis Lab Cert. #: Analysis Lab Name:
If Analysis Lab is not certified by MassDEP or U.S. EPA, list certification authority:

Lab Method	Date Extracted	Date Analyzed	Dilution Factor	Lab Sample IDs#	
EPA 537.1	4/9/2026	4/9/2026	1	Primary Lab:	AA51622
				Subcontracted Lab:	

CAS#	REGULATED PFAS CONTAMINANTS (ABBREVIATION)	Result ¹ ng/L	Result ² Qualifier	MCL* ng/L	MDL ng/L	MRL ng/L
1763-23-1	Perfluorooctane Sulfonic Acid (PFOS)	ND		-	0.090	2.00
335-67-1	Perfluorooctanoic Acid (PFOA)	ND			0.15	2.00
355-46-4	Perfluorohexane Sulfonic Acid (PFHxS)	ND			0.072	2.00
375-95-1	Perfluorononanoic Acid (PFNA)	ND			0.19	2.00
375-85-9	Perfluoroheptanoic Acid (PFHpA)	ND			0.11	2.00
335-76-2	Perfluorodecanoic acid (PFDA)	ND			0.12	2.00
PFAS6 (sum of PFOS, PFOA, PFHxS, PFNA, PFHpA and PFDA; only include Results at or above the MRL; do not include estimated Results as described by a Result Qualifier in the next column)		=	<2.00	--	20	-
UNREGULATED PFAS CONTAMINANTS (ABBREVIATION)						
375-73-5	Perfluorobutane sulfonic acid (PFBS)	ND		-	0.059	2.00
307-55-1	Perfluorododecanoic acid (PFDoA)	ND			0.17	2.00
307-24-4	Perfluorohexanoic acid (PFHxA)	ND			0.12	2.00
376-06-7	Perfluorotetradecanoic acid (PFTA)	ND			0.30	2.00
72629-94-8	Perfluorotridecanoic acid (PFTTrDA)	ND			0.19	2.00
2058-94-8	Perfluoroundecanoic acid (PFUnA)	ND			0.13	2.00
2991-50-6	N-ethyl perfluorooctanesulfonamidoacetic acid (NETFOSAA)	ND			0.15	2.00
2355-31-9	N-methyl perfluorooctanesulfonamidoacetic acid (NMEFOSAA)	ND			0.13	2.00
763051-92-9	11-chloroeicosafuoro-3-oxaundecane-1-sulfonic acid (11CI-PF3OUdS)	ND			0.080	2.00
756426-58-1	9-chlorohexadecafluoro-3-oxanone-1-sulfonic acid (9CI-PF3ONS)	ND			0.070	2.00
919005-14-4	4,8-dioxa-3H-perfluorononanoic acid (ADONA)	ND			0.16	2.00
13252-13-6	Hexafluoropropylene oxide dimer acid (HFPO-DA)	ND			0.12	2.00

¹ A field reagent blank (FRB) must be analyzed and reported on a separate PFAS form if any PFAS are detected above the MRL.

² All qualifiers must be described under Lab Analysis Comments on page 2.



Per- and Polyfluoroalkyl Substances (PFAS) Report

PWS ID#: TBD

Lab Sample ID#:

Primary Lab:	AA51622
Subcontracted Lab:	

CAS#	UNREGULATED PFAS CONTAMINANTS (ABBREVIATION)	Result ¹ ng/L	Result ² Qualifier	MCL * ng/L	MDL ng/L	MRL ng/L
757124-72-4	1H,1H, 2H, 2H-Perfluorohexane sulfonic acid (4:2FTS)			-		
27619-97-2	1H,1H, 2H, 2H-Perfluorooctane sulfonic acid (6:2FTS)					
39108-34-4	1H,1H, 2H, 2H-Perfluorodecane sulfonic acid (8:2FTS)					
151772-58-6	Nonafluoro-3,6-dioxaheptanoic acid (NFDHA)					
375-22-4	Perfluorobutanoic acid (PFBA)					
113507-82-7	Perfluoro(2-ethoxyethane)sulfonic acid (PFEESA)					
375-92-8	Perfluoroheptanesulfonic acid (PFHpS)					
863090-89-5	Perfluoro-4-methoxybutanoic acid (PFMBA)					
377-73-1	Perfluoro-3-methoxypropanoic acid (PFMPA)					
2706-90-3	Perfluoropentanoic acid (PFPeA)					
2706-91-4	Perfluoropentanesulfonic acid (PFPeS)					

EPA Method 537 and 537.1		
Surrogate Abbreviation	% Recovery (70 – 130%)	Alternate Surrogate (must document reason for change)
¹³ C ₂ -PFHxA	109	
¹³ C ₂ -PFDA	108	
d ₅ -NETFOSAA	98.0	
¹³ C ₃ -HFPO-DA	103	

Note: ¹³C₃-HFPO-DA is not required for EPA Method 537 v1.1

EPA Method 533		
Analogue Abbreviation	% Recovery (50 – 200%)	Alternate Analogue (must document reason for change)
¹³ C ₄ -PFBA		
¹³ C ₅ -PFPeA		
¹³ C ₃ -PFBS		
¹³ C ₂ -4:2FTS		
¹³ C ₅ -PFHxA		
¹³ C ₃ -HFPO-DA		
¹³ C ₄ -PFHpA		
¹³ C ₃ -PFHxS		
¹³ C ₂ -6:2FTS		
¹³ C ₈ -PFOA		
¹³ C ₉ -PFNA		
¹³ C ₈ -PFOS		
¹³ C ₂ -8:2FTS		
¹³ C ₆ -PFDA		
¹³ C ₇ -PFUnA		
¹³ C ₂ -PFDoA		



Per- and Polyfluoroalkyl Substances (PFAS) Report

In addition to the SUR above you must attach the results of the ongoing QC results as specified by the method for the sample's extraction batch.

Laboratory analytical report with QC attached (check one item below).

All associated QC criteria reported within control limits including Lab Reagent/Method Blank (LRB), Field Reagent Blank (FRB), Surrogate Standards (SUR), Laboratory Fortified Blank (LFB), Matrix Spike/Duplicate (LFSM/LFSMD or FD) and RPD.

All associated sample and/or QC batch criteria not met. See Lab Analysis Comments below and narrative in attached report.

Lab Analysis Comments: (include sample/method parameters outside of or affecting QC controls/limits and result qualifiers)

Result Qualifier	Qualifier Description

Other Analysis Comments:

* MCL or proposed MCL

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: _____

5/4/2026

If not submitting these results electronically, mail TWO copies of this report to your MassDEP 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. Note that during the Massachusetts COVID-19 state of emergency, in addition to submitting by mail reports may be emailed to program.director-dwp@mass.gov.

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

Total Organic Carbon (TOC) 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 #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Collected		Collected By	
				Date	Time		
A	01G	01G	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	4/1/2026	09:00	Joel Frisch
B			<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished			
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 type="checkbox"/> RS <input checked="" 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 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 NOTES							
A	New site, PWS ID# not assigned yet						
B							

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

Primary Lab MA Cert. #: Primary Lab Name: Subcontracted? (Y/N)
 Analysis Lab MA Cert. #: Analysis Lab Name:

TOC Analyzed by (check one):		Samples Acidified?							
<input type="checkbox"/> PWS or <input checked="" type="checkbox"/> Lab		<input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO							
TOC Result (mg/L)	Result Qualifier	MDL (mg/L)	MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#	Analytical Lab or PWS Sample ID#	
A	0.529	0.050	0.050	1	SM5310C	4/8/2026	AA51621	AA51621	
B									
<p>Surface or GWUDI systems \geq 500 persons. Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring. Each source must maintain a running annual average source (raw) water TOC level of \leq 4.0 mg/L (calculated quarterly). TOC analysis does <u>not</u> require the use of a Massachusetts or EPA certified laboratory.</p> <p>Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative of normal operating conditions and influent water quality. The time between collection of raw and treated (finished) water must not exceed the time it takes the water to move through the plant.</p>									

ALKALINITY Analyzed by (check one):								
<input type="checkbox"/> PWS or <input checked="" type="checkbox"/> Lab								
AKLALINITY Result (mg/L as CaCO3)	Result Qualifier	MDL (mg/L)	MRL (mg/L)	Dilution Factor	Lab Method	Date Analyzed	Primary Lab Sample ID#	Analytical Lab or PWS Sample ID#
A	97.5	1.00	1.00	1	SM2320B	4/1/2026	AA51621	AA51621
B								
<p>If using conventional filtration - Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected. Alkalinity analysis does <u>not</u> require the use of a Massachusetts or EPA certified laboratory.</p>								

LAB ANALYSIS COMMENTS	Result Qualifier	Result Qualifier Description
A		
B		

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 Certified Operator or Lab Director Signature: _____

Katie O'mara

Date: 5/4/2026

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 & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		