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Dayville, CT 06241
Fax: 860-774-2689
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ANALYTICAL DATA REPORT

prepared for:

Housatonic Basin Samp & Test
80 Run Way
Lee, MA 01238
Nick Bruzzi

Report Number: E608C95
Revision 1
Project: Housatonic Water Works

Received Date: 08/10/2016

Report Date: 08/16/2016

Revision Date: 08/16/2016



David Dickinson
Technical Director



CT DPH #PH-0465
ME DHHS #CT0050
VA #460279

EPA #CT00008
NH ELAP #2020
VT DOH #VT11549

KY EEC #90151
NY ELAP #11549

MA DEP #M-CT008
PA DEP #68-04413

MD #349
RI DOH #LAO00346

TN #04903



101-000000515301

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Report No: E608C95
Client: Housatonic Basin Sampling Test
Project: Housatonic Water Works

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

The results presented in this report relate only to the samples received.

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Microbac Laboratories, Inc. received three samples from Housatonic Basin Sampling Test on 08/10/2016. The samples were analyzed for the following list of analyses in accordance with MA DEP regulations unless otherwise indicated:

Alkalinity, Total by SM2320B in DW/WW
SM2320B
Client Reported Temperature
170.1
Specific Conductance by SM2510B in DW/WW
SM2510B

Calcium by ICP by 200.7
200.7[3000]
Lead and Copper by 200.8 DW/WW
200.8[3000]
pH by SM 4500-H+B
4500H-B

Non-Conformances:
Work Order:

None

Sample:

None

Analysis:

None



Secondary 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
A 001	Aberdales	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (F)inished	8/9/2016	Tim Vreeland
B 10002	Source Pre-Treat	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	8/9/2016	Tim Vreeland
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 checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
SAMPLE NOTES				
A				
B				

II. ANALYTICAL LABORATORY INFORMATION

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

Contaminant	Results		SMCL	MDL (mg/L)	Lab Method	Date Analyzed	Lab Sample ID#
	A	B					
IRON (mg/L)			0.3				
MANGANESE (mg/L)			0.05*				
ALKALINITY (mg/L as CaCO ₃)	74	71	none	1.0	SM2320B	8/11/2016	E608C95-1, E608C95-2
CALCIUM (mg/L)	18	19	none	0.051	200.7	8/11/2016	E608C95-1, E608C95-2
MAGNESIUM (mg/L)			none				
HARDNESS (mg/L as CaCO ₃)			none				
POTASSIUM (mg/L)			none				
TURBIDITY (NTU)			none				
ALUMINUM (mg/L)			0.2				
CHLORIDE (mg/L)			250				
COLOR (C.U)			15				
COPPER (mg/L)			1				
ODOR (T.O.N)			3				
pH	7.4	7.1	6.5 to 8.5		4500H-B	8/10/2016	E608C95-1, E608C95-2
SILVER (mg/L)			0.10				
SULFATE (mg/L)			250				
TDS (mg/L)			500				
ZINC (mg/L)			5				
* 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 SAMPLE NOTES							
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 Lab Director Signature:

Date:

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

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

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

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

II. ANALYTICAL LABORATORY INFORMATION

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

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert#	Analysis Lab Name
Lead:	0.015	200.8	0.001	M-CT008	Microbac Laboratories, Inc.
Copper:	1.3	200.8	0.001	M-CT008	Microbac Laboratories, Inc.

LAB SAMPLE NOTES

DEP Approved Sample Location (See DEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 Source Pre-Treat	8/9/2016	0.0012	08/15/2016	0.0083	08/15/2016	E608C95-3
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

DEP Approved Sample Location (See DEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	

Report SCHOOL RESULTS collected 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						



Lead and Copper Analysis 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


Routine or Special Sample	Original, Resubmitted or Confirmation Report			If Resubmitted, list below			
				(1) Reason for Resubmission			(2) Collection Date of Original Sample
RS SS	Original	Resubmitted	Confirmation	Resample	Reanalysis	Report Correction	

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

II. ANALYTICAL LABORATORY INFORMATION

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

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:  Date:

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

COM & NTNC Public Water Supplies must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.

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



Lead and Copper Water Quality Parameter Report

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

PWS ID #: 1113003 City / Town: Great Barrington, MA Sample Collection Date: 8/9/2016
 PWS Name: Housatonic Water Works PWS Class: COM NTNC TNC

Number of Distribution Samples Required: Number of Distribution Tap Samples Submitted:
 Number of Entry Point Samples Required: Number of Entry Point Samples Submitted:

SAMPLE NOTES
 E608C95

II. ANALYTICAL LABORATORY INFORMATION

Sample Site Address		Field Parameters				Parameter		
		pH	Temperature (°F)	Alkalinity (mg/L)	Conductivity (µmho/cm)	Calcium (mg/L)	Orthophosphate* (mg/L)	Silica* (mg/L)
001	Aberdales		63.0		210			
10002	Source Pre-Treat		78.0		200			

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

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature:
 Date: 8/16/2016

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

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Report To:
 HOUSATONIC BASIN SAMPLING & TESTING
 80 Run Way | Lee, MA 01238
 (413)248-4622
 email: admin@housatonicbasin.com

Project Information

Route: 6.2

PWS ID: 1113003
 HOUSATONIC WATER WORKS
 LOCATION: HOUSATONIC
 CLASS: COM

CHAIN OF CUSTODY

Laboratory: Premier Laboratory

E608C95

Type-Location-Description	Analysis	Cl2 Res	Preservatives	Date and Time
RS 001 S F Aberdales	Alkalinity & pH Calcium Spec. Cond.			8/9/10 3:57p
RW 10002 Source Pre Treat	Alk + pH Calcium Spec. Cond.			3:42p
RW 10002 Source Pre Treat	Lead + Copper			3:43p
Preserved Upon Receipt at Lab		Good on Ice		
Initials <u>A L</u>		Initials <u>ML</u>		
Date <u>8/10/16</u> @ <u>11:59</u>				

Custody Transfer	DATE	TIME	Notes:
SAMPLER: MTB	8-9-10	4:37	2.6 **Submit eDEP unless designated private sample or otherwise noted.
RECEIVED: MTB 14.10	8/10/16	16:38	
RELINQUISHED: Andrew Lockman	8/10/16	12:00	
RECEIVED: MTB	8-10-16	1711	
RELINQUISHED: MTB	8-10-16	1711	
RECEIVED: MTB	8-10-16	1711	
RELINQUISHED: MTB			