



Microbac Laboratories, Inc., Lee

CERTIFICATE OF ANALYSIS

E4G0486

Project Description

Basic Chemistry

For:

Water Department

**Chester Water Department**

15 Middlefield RD

Chester, MA 01011

Director, Environmental  
Ron Warila

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

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

Microbac Laboratories, Inc.

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



# Lead and Copper Water Quality Parameter Report Initial Sampling

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

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

PWS Name:  PWS Class: COM  NTNC  TNC

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

SAMPLE NOTES


**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)
RW1 Austin Brook Res Raw Water	6.80	77	14.5				
RW Horn Pond	6.40	77	20.0				
10001 POE	7.80	77	30.0				
Wheeler Oil	8.80	77	42.5				
Chester Market	8.40	77	27.5				
424 Rte 20	8.00	77	37.5				

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

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

Primary Lab Director Signature: 

Date:

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

DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments	<input type="checkbox"/> WQTS Data Entered
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# 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
RW1	Austin Brook Res Raw Water	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	07/23/24	Jim Gobeille
Routine or Special Sample		If Resubmitted Report, list below			
Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input checked="" 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 - (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)

Contaminant	Result	Result Qualifier	SMCL	Lab MDL	Lab MRL	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert. #	Analysis Lab Sample ID#
ALKALINITY (CACO3), TOTAL (mg CaCO3/L)	14.5		None	1.00	1.00	1.00	SM 2320 B-1997	07/25/2024	M-CT008	E4G0486-01
IRON (mg/L)	1.62		0.3	0.00428	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-01
MANGANESE (mg/L)	0.346		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-01

\* 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	Result Qualifier Description

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

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		



Massachusetts Department of Environmental Protection - Drinking Water Program  
**Secondary Contaminant Report**

SEC

**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
RW	Horn Pond	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle <input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	07/23/24	Jim Gobeille
Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below		
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input 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 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)

Contaminant	Result	Result Qualifier	SMCL	Lab MDL	Lab MRL	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert. #	Analysis Lab Sample ID#
ALKALINITY (CaCO3), TOTAL (mg CaCO3/L)	20.0		None	1.00	1.00	1.00	SM 2320 B-1997	07/25/2024	M-CT008	E4G0486-02
IRON (mg/L)	0.162		0.3	0.00428	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-02
MANGANESE (mg/L)	0.0306		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-02

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

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**Secondary Contaminant Report**

SEC

**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
10001	POE	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	07/23/24	Jim Gobeille
Routine or Special Sample		If Resubmitted Report, list below			
Original, Resubmitted or Confirmation Report		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
<input checked="" 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 - (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)

Contaminant	Result	Result Qualifier	SMCL	Lab MDL	Lab MRL	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert. #	Analysis Lab Sample ID#
ALKALINITY (CACO3), TOTAL (mg CaCO3/L)	30.0		None	1.00	1.00	1.00	SM 2320 B-1997	07/25/2024	M-CT008	E4G0486-03
IRON (mg/L)	1.01		0.3	0.00428	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-03
MANGANESE (mg/L)	0.328		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-03

\* 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	Result Qualifier Description

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<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



# 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
	Wheeler Oil	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	07/23/24	Jim Gobeille
Routine or Special Sample	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 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)

Contaminant	Result	Result Qualifier	SMCL	Lab MDL	Lab MRL	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert. #	Analysis Lab Sample ID#
ALKALINITY (CACO3), TOTAL (mg CaCO3/L)	42.5		None	1.00	1.00	1.00	SM 2320 B-1997	07/25/2024	M-CT008	E4G0486-04
IRON (mg/L)	0.430		0.3	0.00428	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-04
MANGANESE (mg/L)	0.0541		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-04

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

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Date:

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Massachusetts Department of Environmental Protection - Drinking Water Program  
**Secondary Contaminant Report**

SEC

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

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
	Chester Market	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	07/23/24	Jim Gobeille
Routine or Special Sample  <input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	Original, Resubmitted or Confirmation Report  <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<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)

Contaminant	Result	Result Qualifier	SMCL	Lab MDL	Lab MRL	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert. #	Analysis Lab Sample ID#
ALKALINITY (CACO3), TOTAL (mg CaCO3/L)	27.5		None	1.00	1.00	1.00	SM 2320 B-1997	07/25/2024	M-CT008	E4G0486-05
IRON (mg/L)	0.935		0.3	0.00428	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-05
MANGANESE (mg/L)	0.177		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-05

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Massachusetts Department of Environmental Protection - Drinking Water Program  
**Secondary Contaminant Report**

SEC

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

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
	424 Rte 20	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	07/23/24	Jim Gobeille
Routine or Special Sample  <input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	Original, Resubmitted or Confirmation Report  <input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below			
		(1) Reason for Resubmission		(2) Collection Date of Original Sample	
		<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)

Contaminant	Result	Result Qualifier	SMCL	Lab MDL	Lab MRL	Dilution Factor	Lab Method	Date Analyzed	Analysis Lab MA Cert. #	Analysis Lab Sample ID#
ALKALINITY (CaCO3), TOTAL (mg CaCO3/L)	37.5		None	1.00	1.00	1.00	SM 2320 B-1997	07/25/2024	M-CT008	E4G0486-06
IRON (mg/L)	0.950		0.3	0.00428	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-06
MANGANESE (mg/L)	0.247		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	07/24/2024	M-CT008	E4G0486-06

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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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**CHAIN OF CUSTODY RECORD**

Number 486  
Instructions on back  
TO BE COMPLETED BY MICROBAC

Temperature Upon Receipt (°C) 11/ice  
Therm ID

me  
to 7 business days  
LJ KUSH\* (notify lab)

Holding Time  
Samples Received on Ice? Yes No N/A  
Custody Seals Intact? Yes No N/A  
[] Results Only [] Level 1 [] Level 2 [] Level 3 [] Level 4 [] EDD  
[] Mail [] Fax [] e-mail (address)  
Send Invoice via:  
Compliance Monitoring? [] Yes [] No  
( ) Agency/Program

Sampler Phone No.: 413-454-5372

Lab Report Address

Client Name: Chester Water Dept.

Address: 15 Middlefield Rd.  
City, State, Zip: Chester, Ma 01011

Contact: Telephone No.:  
Send Report via: [] Mail [] Fax [] e-mail (address)

Project: Location:  
Sampled by (PRINT): James Gobeille  
Sampler Signature:

PO No.:

80 Run Way, Lee, MA 01238 | 413.7.

Address: Chester Water Dept.

Address: 15 Middlefield Rd.  
City, State, Zip: Chester, Ma 01011

Contact: Telephone No.:  
Send Report via: [] Mail [] Fax [] e-mail (address)

Project: Location:  
Sampled by (PRINT): James Gobeille  
Sampler Signature:

PO No.:

Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)

Preservative Types: (1) HNO3, (2) H2SO4, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bisulfate, (8) Hexane, (U) Unpreserved

Requested Analysis

Dep Sample type	Loc Code	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix	Grab / Comp	Preservative Types	C	o	r	i	n	e	Additional Notes
Rw	Rw	Austin Brook	11:30	11:30	2				6.8	25	X	X	X	X	Temp 6 AIR R/L/M
Rw	Rw	Haw Pond	11:40	11:40	2				6.4	25	X	X	X	X	
Rs	EPI	POE	11:15	11:15	2				7.8	26	X	X	X	X	
Spent		Wheeler oil	11:10	11:10	2				8.0	25	X	X	X	X	
Spent		Chester market.	11:05	11:05	2				8.0	25	X	X	X	X	
Spent		424 Rte 30	10:55	10:55	2				8.0	25	X	X	X	X	

Requested Analysis

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Requested Analysis

PRESERVATIVE  
VERIFIED  
Initials (PK)

Sample Disposition

Received By (signature)

Date/Time

Received By (signature)

Date/Time

Received By (signature)

Date/Time

Received By (signature)

Date/Time

Received By (signature)

Requested Analysis

Requested Analysis

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