Microbac Laboratories, Inc., Lee

CERTIFICATE OF ANALYSIS

E6H0546

Project Description

Chester Water Department - 1059000

For:

Nick Bruzzi

Housatonic Basin Sampling & Testing

80 Run WAY

Lee, MA 01238

Director, Environmental
Ron Warila

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

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

Massachusetts Department of Environmental Protection - Drinking Water Program

WQA-A

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 #:	1059000	**City / Town:**	Chester	**Sample Collection Date:**	08/20/2026
PWS Name:	Chester Water			**PWS Class:**	**COM** [X] **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

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 Raw	6.86	65.8	61.6				

* 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: B. Wait

Date: 9/10/2026

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) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

Massachusetts Department of Environmental Protection - Drinking Water Program

SEC

Secondary Contaminant Report

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

PWS ID #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ] TNC [ ]

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
10001	POE Post Treat- Horn Pond	[ ] (M)ultiple [ ] (R)aw [X] (S)ingle [X] (F)inished	08/20/26	Erick Bartlett

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
[X] 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. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

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	0.00565	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	08/24/2026	M-CT008	E6H0546-01
MANGANESE (mg/L)	ND		0.05*	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	08/24/2026	M-CT008	E6H0546-01

* 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: R. Wait

Date: 9/10/2026

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) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

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 #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ] TNC [ ]

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
RW2	Horn Pond Reservoir Raw	[ ] (**M**)ultiple [X] (**S**)ingle	[X] (**R**)aw [ ] (**F**)inished	08/20/26	Erick Bartlett

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
[X] 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. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

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)	0.775		**0.3**	0.00565	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	08/24/2026	M-CT008	E6H0546-02
MANGANESE (mg/L)	0.0194		**0.05***	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	08/24/2026	M-CT008	E6H0546-02

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

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: R. Wait

Date: 9/10/2026

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DEP REVIEW STATUS (Initial & Date) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

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 #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ] TNC [ ]

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
RW1	Austin Brook Raw	[ ] (M)ultiple [ ] (R)aw [X] (S)ingle [X] (F)inished	08/20/26	Erick Bartlett

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
[ ] RS [X] 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. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

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)	61.6	A4	*None*	1.00	1.00	1.00	SM 2320 B-1997	09/03/2026	M-CT008	E6H0546-03
IRON (mg/L)	ND		**0.3**	0.00565	0.0500	1.00	EPA 200.7, Rv. 4.4 (1994)	08/24/2026	M-CT008	E6H0546-03
MANGANESE (mg/L)	ND		**0.05***	0.000584	0.00204	1.00	EPA 200.7, Rv. 4.4 (1994)	08/24/2026	M-CT008	E6H0546-03

* 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
	A4	Sample was received with head space.

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: 9/10/2026

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DEP REVIEW STATUS (Initial & Date) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

Massachusetts Department of Environmental Protection - Drinking Water Program

THM

Total Trihalomethanes Report

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

PWS ID #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ]

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A			Yes [ ]		
B			Yes [ ]		
C			Yes [ ]		
D	10007	191 Huntington Road	Yes [ ]	08/20/2026	Erick Bartlett

	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	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
B	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
C	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
D	[ ] RS [X] SS	[X] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	

	SAMPLE COMMENTS
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

Analysis Lab MA Cert. #: M-CT008 **Analysis Lab Name:** Microbac Laboratories, Inc. - Dayville

Contaminant	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	A µg/L	Result Qualifier	B µg/L	Result Qualifier	C µg/L	Result Qualifier	D µg/L	Result Qualifier
TOTAL TRIHALOMETHANES [1]	80	0.0850	0.500	1.00							19.8	
BROMODICHLOROMETHANE		0.0850	0.500	1.00							2.96	
BROMOFORM		0.110	0.500	1.00							ND	
CHLORODIBROMOMETHANE		0.142	0.500	1.00							ND	
CHLOROFORM		0.170	0.500	1.00							16.8	
Lab Method											EPA 524.2, Rv. 4.1 (1	
Date Extracted											08/27/2026	
Date Analyzed											08/27/2026	
Lab Sample ID#											E6H0546-04	
Surrogate: 4-Bromofluorobenzene											103%	
Surrogate: 1,2-Dichlorobenzene-d4											102%	

1 Report Total THMs result as a number greater than 0 or ND (not a < MDL value) to 2 significant figures.

	Lab Sample Notes	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: R. Wait

Date: 9/10/2026

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) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

Massachusetts Department of Environmental Protection - Drinking Water Program

THM

Total Trihalomethanes Report

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

PWS ID #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ]

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A	10011	381 Huntington Road	Yes [ ]	08/20/2026	Erick Bartlett
B			Yes [ ]		
C			Yes [ ]		
D			Yes [ ]		

	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	[ ] RS [X] SS	[X] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
B	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
C	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
D	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	

	SAMPLE COMMENTS
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

Analysis Lab MA Cert. #: M-CT008 **Analysis Lab Name:** Microbac Laboratories, Inc. - Dayville

Contaminant	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	A µg/L	Result Qualifier	B µg/L	Result Qualifier	C µg/L	Result Qualifier	D µg/L	Result Qualifier
TOTAL TRIHALOMETHANES [1]	80	0.0850	0.500	1.00	23.8							
BROMODICHLOROMETHANE		0.0850	0.500	1.00	3.35							
BROMOFORM		0.110	0.500	1.00	ND							
CHLORODIBROMOMETHANE		0.142	0.500	1.00	0.510							
CHLOROFORM		0.170	0.500	1.00	19.9							
Lab Method					EPA 524.2, Rv. 4.1							
Date Extracted					08/27/2026							
Date Analyzed					08/27/2026							
Lab Sample ID#					E6H0546-05							
Surrogate: 4-Bromofluorobenzene					104%							
Surrogate: 1,2-Dichlorobenzene-d4					102%							

1 Report Total THMs result as a number greater than 0 or ND (not a < MDL value) to 2 significant figures.

	Lab Sample Notes	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: R. Wait

Date: 9/10/2026

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DEP REVIEW STATUS (Initial & Date) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

Massachusetts Department of Environmental Protection - Drinking Water Program

Haloacetic Acids Report

HAA

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

PWS ID #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ]

	DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A				
B				
C				
D	10007	191 Huntington Road	08/20/2026	Erick Bartlett

	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	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
B	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
C	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
D	[ ] RS [X] SS	[X] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	

	SAMPLE COMMENTS
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

Analysis Lab MA Cert. #: M-CT008 **Analysis Lab Name:** Microbac Laboratories, Inc. - Dayville

Contaminant	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	A µg/L	Result Qualifier	B µg/L	Result Qualifier	C µg/L	Result Qualifier	D µg/L	Result Qualifier
HALOACETIC ACIDS 1	60	0.0980	1.00	1.00							11.3	
MONOCHLOROACETIC ACID		0.278	1.00	1.00							ND	
DICHLOROACETIC ACID		0.293	1.00	1.00							4.98	
TRICHLOROACETIC ACID		0.146	1.00	1.00							6.27	
MONOBROMOACETIC ACID		0.242	1.00	1.00							ND	
DIBROMOACETIC ACID		0.0980	1.00	1.00							ND	
Lab Method											EPA 552.2, Rv. 1 (19	
Date Extracted											08/31/2026	
Date Analyzed											09/08/2026	
Lab Sample ID#											E6H0546-04	
Surrogate: 2,3-Dibromopropionic acid											107%	
Surrogate: 2,3-Dibromopropionic acid [2C]											125%	

1 Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value) to 2 significant figures.

	Lab Sample Notes	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: R. Wait

Date: 9/10/2026

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DEP REVIEW STATUS (Initial & Date) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

Massachusetts Department of Environmental Protection - Drinking Water Program

Haloacetic Acids Report

HAA

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

PWS ID #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ]

	DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A	10011	381 Huntington Road	08/20/2026	Erick Bartlett
B				
C				
D				

	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	[ ] RS [X] SS	[X] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
B	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
C	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
D	[ ] RS [ ] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	

	SAMPLE COMMENTS
A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

Analysis Lab MA Cert. #: M-CT008 **Analysis Lab Name:** Microbac Laboratories, Inc. - Dayville

Contaminant	MCL µg/L	MDL µg/L	MRL µg/L	Dilution Factor	A µg/L	Result Qualifier	B µg/L	Result Qualifier	C µg/L	Result Qualifier	D µg/L	Result Qualifier
HALOACETIC ACIDS [1]	60	0.0980	1.00	1.00	ND							
MONOCHLOROACETIC ACID		0.278	1.00	1.00	ND							
DICHLOROACETIC ACID		0.293	1.00	1.00	ND							
TRICHLOROACETIC ACID		0.146	1.00	1.00	ND							
MONOBROMOACETIC ACID		0.242	1.00	1.00	ND							
DIBROMOACETIC ACID		0.0980	1.00	1.00	ND							
Lab Method					EPA 552.2, Rv. 1 (							
Date Extracted					08/31/2026							
Date Analyzed					09/08/2026							
Lab Sample ID#					E6H0546-05							
Surrogate: 2,3-Dibromopropionic acid					112%							
Surrogate: 2,3-Dibromopropionic acid [2C]					126%							

1 Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value) to 2 significant figures.

	Lab Sample Notes	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: R. Wait

Date: 9/10/2026

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Massachusetts Department of Environmental Protection - Drinking Water Program

Total Organic Carbon (TOC) Report

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

PWS ID #: 1059000 **City / Town:** Chester

PWS Name: Chester Water **PWS Class:** COM [X] NTNC [ ] TNC [ ]

	DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Date Collected	Collected By
A	RW1	Austin Brook Raw	[ ] (M)ultiple [X] (S)ingle	[ ] (R)aw [X] (F)inished	08/20/2026	Erick Bartlett
B			[ ] (M)ultiple [ ] (S)ingle	[ ] (R)aw [ ] (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	[ ] RS [X] SS	[ ] Original [ ] Resubmitted [ ] Confirmation	[ ] Resample [ ] Reanalysis [ ] Report Correction	
B	[ ] 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).

A	
B	

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-MA1146 **Primary Lab Name:** Microbac Laboratories, Inc., Lee **Subcontract? (Y/N)** Y

TOC Analyzed by (check one): PWS or Lab ✓ **Samples Acidified** ✓ Yes or ✓ No

	TOC Result (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
A	2.51	0.500	SM 5310 C-2000	08/31/2026	M-CT008	Microbac Laboratories, Inc. - Dayville	E6H0546-03
B					M-CT008	Microbac Laboratories, Inc. - Dayville	

Surface or GWUDI systems >= 500 persons.
Monthly source (raw) water TOC sampling is required at each surface/GWUIDI 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 < 4.0 mg/L (calculated quarterly).
TOC analysis does not require the use of a Massachusetts or EPA certified laboratory .
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.

Alkalinity Analyzed by (check one): PWS or Lab ✓

	Alkalinity Result (mg/L as CaCO3)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert #	Analysis Lab Name	Lab Sample ID#
A	61.6	1.00	SM 2320 B-1997	09/03/2026	M-CT008	Microbac Laboratories, Inc. - Dayville	E6H0546-03
B							

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 not require the use of a Massachusetts or EPA certified laboratory .

Lab Sample Notes

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: R. Wait

Date: 9/10/2026

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) ☐ Accepted ☐ Disapproved	Review Comments		☐ WQTS Data Entered

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Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD

PWS NAME: CHESTER WATER DEPT
PWS ID: 1059000
PWS TOWN: Chester
PWS CLASS: COM

Housatonic Basin Sampling & Testing

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

HBST P.O. # 1059000-260820
# of WO: 10

SAMPLE INFORMATION							FIELD RECORDED						MICRO BIOLOGY			CHEMICAL ANALYSIS											
ID	SAMPLE TYPE	BACTERIA DEP ID	Chem Sample ID	LOCATION DESCRIPTION	DATE/TIME	SAMPLER	Field Temp F°	Field pH	Field Turbitity (NTU)	Field UV Absorb 254	Field UV Transmit 254	Chl2 Res (Free)	BACTERIA HPC	BACTERIA 9223 P/A	BACTERIA 9223 QT	FeMn*	Alkalinity	TOC	HAATHM								Preserved Na2S2o3
	[RS]		[10001]	POE Post Treat-Horn Pond [10001]-	8/20/26 8:40 AM	Erick Bartlett										X											
	[RW]		[RW2]	HORN POND RES RAW [RW2]-	8/20/26 8:31 AM	Erick Bartlett										X											
	[SS]		[RW1]	AUSTIN BROOK RAW [SS]-	8/20/26 8:24 AM	Erick Bartlett	65.8	6.86	1.61	0.0965	80.04					X	X	X									
	[DBP]		[10007]	191 HUNTINGTON ROAD [DBP]-	8/20/26 8:46 AM	Erick Bartlett													X								
	[DBP]		[10011]	381 HUNTINGTON ROAD [DBP]-	8/20/26 8:54 AM	Erick Bartlett													X								

CUSTODY TRANSFER		DATE/TIME	NOTES
SAMPLER		8/20/26 13:45	UVA: 0.0965
RECEIVED	Jess Sammons	8/20/26 13:45	UVT 80.04
RELINQUISHED			14.4°C
RECEIVED			
RELINQUISHED			

Note: Submit via EDEP unless designated Private or otherwise noted. Email report to: Admin@HousatonicBasin.com. Lab testing shall be in compliance with all State and Federal Drinking Water and applicable regulations.

PRESERVATIVE VERIFIED
Initials JRS