



Certificate of Analysis

To: WhiteWater, Inc.
253 B Worcester Rd
Charlton, MA 01507

Date Reported: April 18, 2018

Date Received: April 10, 2018

PWS: Town of Eastham 4086095

Case No. **8D10056**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
RS	001	Library - 190 Samoset
RS	002	Elementary School
RS	003	Storage Tank - 2770 Nauset Road
PT	10000	NRHS Finish Water - 100 Cable Rd
PT	10001	District G Finish Water - 2740 N.Rd.
RW	01G	NRHS Well - 100 Cable Road
RW	02G	District G Well - 2740 Nauset Road

SUBJECT: Total Coliform Bacteria

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20th Edition, 1998, APHA, AWWA-WPCF.
Total Coliform: SM 9223B

New England Testing Laboratory is certified in the Commonwealth of Massachusetts (Lab ID M-RI010) for all tests performed on the premises.

This report shall not be reproduced, except in full, without written approval of the laboratory.

New England Testing certifies that the test results contained within this report meet all method and certification requirements except as detailed in the Case Narrative section of this report.

NEW ENGLAND TESTING LABORATORY, INC.

59 Greenhill St., West Warwick, RI 02893

(401) 353-3420



Massachusetts Department of Environmental Protection - Drinking Water Program
BACTERIOLOGICAL REPORT

B

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

PWS ID #: **4086095** PWS Name: **TOWN OF EASTHAM** City/Town: **EASTHAM** Class: COM NTNC TNC

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

Primary Lab MA Cert.#: **M-RI010** Primary Lab Name: **New England Testing Laboratory** Subcontracted? (Y/N): **N**
 Analysis Lab MA Cert.#: Analysis Lab:

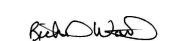
Original Report Resubmitted Report Confirmation Report (1) Reason for Resubmission: Resample Reanalysis Report Correction (2) Collection Date of Original Sample:

TC Method SM 9223	E.Coli Method	Fecal Coliform	HPC Method	Lab Sample Notes:
-----------------------------	----------------------	-----------------------	-------------------	--------------------------

DEP APPROVED SAMPLE SITE INFORMATION ¹			TOTAL COLIFORM RESULT ^{4,5}	E.COLI or FECAL RESULT ^{4,5}	CHLORINE RESULT ² mg/L	HPC RESULT ² # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
DEP Sample Type ^{1,3}	DEP Location Code # ¹	DEP Approved SAMPLE LOCATION ¹					DATE	TIME	DATE	TIME		
RS	001	Library - 190 Samoset	A		0.09		4/10/2018	13:15	4/10/2018	17:00	Roy Maher	8D10056-01
RS	002	Eastham Elementary School	A		0.27		4/10/2018	12:55	4/10/2018	17:00	Roy Maher	8D10056-02
RS	003	Storage Tank - 2770 Nauset Road	A		0.35		4/10/2018	08:25	4/10/2018	17:00	Roy Maher	8D10056-03
PT	10000	NRHS Finish Water - 100 Cable Rd	A		0.40		4/10/2018	09:45	4/10/2018	17:00	Roy Maher	8D10056-04
PT	10001	District G Finish Water - 2740 N.Rd.	A		0.35		4/10/2018	10:45	4/10/2018	17:00	Roy Maher	8D10056-05
RW	01G	NRHS Well - 100 Cable Road	A		-		4/10/2018	09:35	4/10/2018	17:00	Roy Maher	8D10056-06
RW	02G	District G Well - 2740 Nauset Road	A		-		4/10/2018	10:55	4/10/2018	17:00	Roy Maher	8D10056-07

¹ DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan
² 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.
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 #/100 mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).
⁵ Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

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:  **4/17/2018**

DEP Review Status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	Review Comments:	
--------------------	--	------------------	--

whitewater

WATER & WASTEWATER SOLUTIONS

253B Worcester Road, Charlton MA 01507 Phone: 888-377-7678 / Fax 508-248-2895

PWS ID#: 4086095 PWS CLASS COM JOB/PO# 917

PWS NAME: Town of Eastham

ADDRESS 2500 Rt 6 State Highway, Eastham, MA 02642 PHONE:

DATE COLLECTED: 4/10/18

Is the source treated? YES NO Sample after treatment? YES NO

ROUTINE SA

REPEAT SA

SPECIAL NOT

Revised November 16, 2016 Plan



8 D 1 0056 X

METER READINGS - Cu ft or Gal

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	TC	OTHER	IF bottles, how many?
001	Library - 190 Samoset Road	.06/.09	RS	1315	X	RH	1
002	Eastham Elem School- 200 Schoolhouse RD	.25/.27	RS	1255	X	7.47	1
003	Storage Tank - 2770 Nauset Road	.34/.35	RS	0825	X	7.46	1
10000	NRHS Finish water - 100 Cable Road	.39/.40	PT	0945	X	7.44	1
10001	District G Finish Water - 2740 Nauset Road	.32/.35	PT	1045	X	7.39	1
01G	NRHS Well - 100 Cable Road	—	RW	0935	X		1
02G	District G Well - 2740 Nauset Road	—	RW	1055	X		1

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	Roy Mabec	4/10/18	0800
Refrigerated by:	Roy G Mabec	4/10/18	
Received by:	Bruce Gooder	4-10-18	14:45
Refrigerated by:	Bruce Gooder	4-10-18	16:15
Received by:	Allysa Starr	4-10-18	1615

DO NOT MAIL HARD COPY! Please Email this report with results AND invoice to: vjain@rwhite.com

CS