



## *Certificate of Analysis*

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

Date Reported: September 10, 2018

Date Received: August 27, 2018

PWS: Town of Eastham 4086095

Case No. **8H27042**

Submitted samples from:

DEP Sample Type	DEP Location Code	DEP Sample Location
F	100010	Wildcare
F	10005	11 Whelpley

**SUBJECT:** Total Trihalomethanes, Haloacetic Acids

**METHOD:** *Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water, USEPA/EMSL.*  
Total Trihalomethanes: Method 524.2 Haloacetic Acids: Method 552.2

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



# Haloacetic Acids Report

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

PWS ID #: **4086095** City / Town: **EASTHAM**  
 PWS Name: **Town Of Eastham** PWS Class: **COM**  **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
<b>A</b>	<b>100010 Wild Care</b>	8/15/2018	Roy Maher
<b>B</b>	<b>10005 11 Whelpley</b>	8/15/2018	Roy Maher
<b>C</b>			
<b>D</b>			

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
<b>A</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	
<b>B</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	
<b>C</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	
<b>D</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	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	

**II. ANALYTICAL LABORATORY INFORMATION:**


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

Contaminant	MCL µg/L	MDL µg/L	RESULTS <sup>1</sup> µg/L			
			A	B	C	D
<b>TOTAL HAA5</b>	<b>60</b>	<b>-----</b>	<b>2.6</b>	<b>ND</b>		
MONOCHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>	<b>ND</b>		
DICHLOROACETIC ACID		<b>0.50</b>	<b>1.6</b>	<b>ND</b>		
TRICHLOROACETIC ACID		<b>0.50</b>	<b>ND</b>	<b>ND</b>		
MONOBROMOACETIC ACID		<b>0.50</b>	<b>ND</b>	<b>ND</b>		
DIBROMOACETIC ACID		<b>0.50</b>	<b>0.95</b>	<b>ND</b>		
Lab Method			<b>552.2</b>	<b>552.2</b>		
Date Extracted			<b>8/28/2018</b>	<b>8/28/2018</b>		
Date Analyzed			<b>8/29/2018</b>	<b>8/29/2018</b>		
Lab Sample ID#			<b>8H27042-01</b>	<b>8H27042-02</b>		
Surrogate:	<b>Dibromopropionic aci</b>		<b>79.6 %</b>	<b>101 %</b>	<b>%</b>	<b>%</b>

<sup>1</sup> Report Total HAA5s result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</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: **9/8/2018**

If not submitting these 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.



## Total Trihalomethanes Report

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

PWS ID #: **4086095** City / Town: **EASTHAM**  
 PWS Name: **Tow Of Eastham** PWS Class: **COM**  **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
<b>A</b>	<b>100010 Wild Care</b>	Yes <input checked="" type="checkbox"/>	8/15/2018	Roy Maher
<b>B</b>	<b>10005 11 Whelpley</b>	Yes <input checked="" type="checkbox"/>	8/15/2018	Roy Maher
<b>C</b>		Yes <input type="checkbox"/>		
<b>D</b>		Yes <input type="checkbox"/>		
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
<b>A</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	
<b>B</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	
<b>C</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	
<b>D</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				
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				

## II. ANALYTICAL LABORATORY INFORMATION:

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

Contaminant	MCL µg/L	MDL µg/L	RESULTS <sup>1</sup> µg/L			
			A	B	C	D
<b>TOTAL THMs</b>	<b>80</b>	<b>-----</b>	<b>9.9</b>	<b>3.2</b>		
Bromoform		<b>0.5</b>	<b>1.9</b>	<b>ND</b>		
Chloroform		<b>0.5</b>	<b>3.1</b>	<b>3.2</b>		
Bromodichloromethane		<b>0.5</b>	<b>1.8</b>	<b>ND</b>		
Dibromochloromethane		<b>0.5</b>	<b>3.1</b>	<b>ND</b>		
Lab Method			<b>524.2</b>	<b>524.2</b>		
Date Extracted (551.1 only)						
Date Analyzed			<b>8/29/2018</b>	<b>8/29/2018</b>		
Lab Sample ID#			<b>8H27042-01</b>	<b>8H27042-02</b>		
Surrogate #1:	<b>1,2-Dichlorobenzene</b>		<b>98.2 %</b>	<b>98.0 %</b>	<b>%</b>	<b>%</b>
Surrogate #2:	<b>4-Bromofluorobenzene</b>		<b>98.7 %</b>	<b>99.2 %</b>	<b>%</b>	<b>%</b>

<sup>1</sup> Report result as a number greater than 0 or ND (not a < MDL value).

LAB SAMPLE NOTES	
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</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: **9/8/2018**

If not submitting these 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)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		

