

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Georgetown Water Department

1 Moulton Street

Georgetown, MA 01833-1943

ReportDate: 2/3/2015

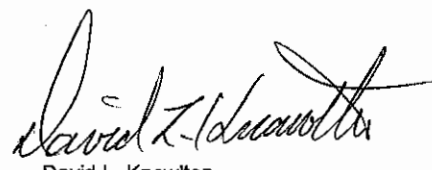
Certificate of Analysis

GEORGETOWN WATER DEPT. (GEORGETOWN) 3105000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Treatment Plant-Finished, RS 10010						
Sampled: 1/29/2015 8:00:00 AM by R Dash						
Manganese, MG/L	EPA 200.7	0.032	0.05	0.002	2/2/2015	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director

Phone: (978) 391-4428 / FAX: (978) 391-4643

Date Received: Jan. 29, 2015

CHAIN OF CUSTODY

[illegible]

Lab reserves the right to return unused samples to client

Client:

Georgetown Water Department

1 Moulton Street

Georgetown, MA 01833-1943

ReportDate: 4/24/2015

Certificate of Analysis

GEORGETOWN WATER DEPT. (GEORGETOWN) 3105000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Treatment Plant-Finished, RS 10010						
Sampled: 4/21/2015 1:10:00 PM by R. Dash						
Manganese, MG/L	EPA 200.7	0.004	0.05	0.002	4/24/2015	M-MA1118
Sodium, MG/L	EPA 200.7	21.7	See Note	0.2	4/24/2015	M-MA1118
Nitrate as N, MG/L	EPA 300.0	0.21	10	0.05	4/22/2015	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director

Date Received: April 21 2015

[illegible]

Lab reserves the right to return unused samples to client

Nashoba Analytical, LLC
31A Willow Road
Ayer MA 01432
USA

Phone: (978) 391-4428 / FAX: (978) 391-4643

Date Received:

April 21, 2015

CHAIN OF CUSTODY

SECONDARY

Comp: PWS ID # 3105000 Georgetown Water Department				Purchase Order				Project #				Project Name				Turn Around Time									
Contact Person Robert Dash				Address 1 Moulton Street				E-mail rdash@georgetownma.gov				ANALYSIS REQUIRED													
City Georgetown				State MA				ZIP 01833-2083												Phone: (978) 352-5750					
Bot #	LAB I.D.	Date	Time	COMP	GRAB	MATRIX	Sample Location / Source				Type	No. of Containers	CONTAINER	Nickle	Lead	Secondary Contaminants	Sodium	Arsenic	pH						
		4/21/15	13:10		X	DW	Plant Fin				1L		SS	1	1L P				X						
Matrix: DW=Drinking Water GW=Groundwater S=Soil O=Oil SL=Sludge WW=Wast Water												R=Routine		Sampler's Signature <i>R. Dash</i>											
Contamination Level L=Low (No Odor) M=Medium H=High U=Unknown												SS=Special		Sampler Type:											
Special Remarks / Requests												Turn-Around-Time (TAT) Surcharges													
												Normal (7-10 Working Days)= 0%													
												6 Working Days = 10%													
												3 Working Days = 75%													
												5 Working Days = 25%													
												48 Hours = 100%													
												4 Working Days = 50%													
												24 Hours = 150%													
Relinquished by: (Signature)												Date / Time		Received by: (Signature)				Date / Time		"- TAT begins when sample is received at test facility "- TAT for samples received after 3p.m. will begin on the next bussiness day "- All TAT's are subject to laboratory approval and customer consent					
<i>R. Dash</i>												4/21													
Relinquished by: (Signature)												Date / Time		Received by: (Signature)				Date / Time							

Lab reserves the right to return unused samples to client

Phone: (978) 391-4428 / FAX: (978) 391-4643

April 21, 2015

NITRATE

Lab reserves the right to return unused samples to client

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Georgetown Water Department

1 Moulton Street

Georgetown, MA 01833-1943

ReportDate: 7/9/2015

Certificate of Analysis

GEORGETOWN WATER DEPT. (GEORGETOWN) 3105000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Treatment Plant-Finished, RS 10010						
Sampled: 7/7/2015 8:00:00 AM by R Dash						
Manganese, MG/L	EPA 200.7	0.01	0.05	0.002	7/9/2015	M-MA1118

e-Filed

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director

Date Received: July 7 2015

Date Received: July 7 2015

Lab reserves the right to return unused samples to client

Lab reserves the right to return unused samples to client

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Georgetown Water Department

1 Moulton Street

Georgetown, MA 01833-1943

ReportDate: 8/13/2015

Certificate of Analysis

GEORGETOWN WATER DEPT. (GEORGETOWN) 3105000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Treatment Plant-Finished, RS 10010						
Sampled: 8/4/2015 8:15:00 AM by R. Dash						
Perchlorate, UG/L	EPA 314.0	ND	2	0.05	8/7/2015	M-MA009

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director

Phone: (978) 391-4428 / FAX: (978) 391-4643

PERCHLORITE

Lab reserves the right to return unused samples to client



Volatile Organic Contaminant Report

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

PWS ID #: 3105000

City / Town: GEORGETOWN

PWS Name: GEORGETOWN WATER DEPARTMENT

PWS Class: COM ☒ INTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Sample Acidified?	Date Collected	Collected By
	COMMISSIONER'S WELL RAW	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	7/7/2015	R. Dash
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 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 source(s) that were on-line during sample collection.					

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert #:

M-MA1118

Primary Lab Name:

Nashoba Analytical, LLC

Subcontracted? (Y/N)

Y

Analysis Lab MA Cert #:

M-NH003

Analysis Lab Name:

Granite State Analytical

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID #	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected.
EPA524.2		7/8/2015	157172-1	
Was this Sample composited by the Lab?				
COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX) - up to five individual sources.				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS #	REGULATED VOC CONTAMINANT	Results $\mu\text{g/L}$	MCL $\mu\text{g/L}$	MDL $\mu\text{g/L}$
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-80-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50

PWS ID#: 3105000

Lab Sample ID#: 157172-1

CAS#	UNREGULATED VOC CONTAMINANTS	Results ug/L	MDL µg/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50
87-61-6	1,2,3-TRICHLOROBENZENE	ND	0.50
103-65-1	N-PROPYLBENZENE	ND	0.50
104-51-8	N-BUTYLBENZENE	ND	0.50
91-20-3	NAPHTHALENE*	ND	0.50
87-68-3	HEXACHLOROBTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
98-82-8	ISOPROPYLBENZENE	ND	0.50
98-06-6	TERT-BUTYLBENZENE	ND	0.50
135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)*	ND	0.50

Required

* DEP ORSG limit established

Surrogate Name	% Recovery (70 - 130%)
1,2-Dichlorobenzene-d4	88
Bromoflourobenezene	80

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: 7-13-15

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
--	--------------------	---



Volatile Organic Contaminant Report

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

PWS ID #: 3105000

City / Town: GEORGETOWN

PWS Name: GEORGETOWN WATER DEPARTMENT

PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
	DUFFY WELL RAW	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	7/7/2015	R. Dash
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 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 source(s) that were on-line during sample collection.						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert #: M-MA1118

Primary Lab Name: Nashoba Analytical, LLC

Subcontracted? (Y/N) Y

Analysis Lab MA Cert #: M-NH003

Analysis Lab Name: Granite State Analytical

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID #	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected
EPA524.2		7/8/2015	157172-2	
Was this Sample composited by the Lab?				
COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXXX-XXX) - up to five individual sources.				
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS #	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
108-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50

PWS ID#: 3105000

Lab Sample ID#: 157172-2

CAS#	UNREGULATED VOC CONTAMINANTS	Results ug/L	MDL µg/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50
87-81-6	1,2,3-TRICHLOROBENZENE	ND	0.50
103-65-1	N-PROPYLBENZENE	ND	0.50
104-51-8	N-BUTYLBENZENE	ND	0.50
91-20-3	NAPHTHALENE*	ND	0.50
87-68-3	HEXACHLOROBUTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
98-82-8	ISOPROPYLBENZENE	ND	0.50
98-06-8	TERT-BUTYLBENZENE	ND	0.50
135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)*	ND	0.50

Required

* DEP ORSG limit established

[illegible]

☐ Check this box if attaching lab report to show additional VOC results/contaminants tested.

Surrogate Name	% Recovery (70 - 130%)
1,2-Dichlorobenzene-d4	93
Bromoflourobenezene	83

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: 7-13-15

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
--	--------------------	---



Volatile Organic Contaminant Report

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

PWS ID #: 3105000 City / Town: GEORGETOWN

PWS Name: GEORGETOWN WATER DEPARTMENT PWS Class: COM ☒ NTNC ☐ TNC ☐

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information		Sample Acidified?	Date Collected	Collected By
	MARSHALL WELL RAW	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	Yes <input checked="" type="checkbox"/>	7/7/2015	R. Dash
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 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 source(s) that were on-line during sample collection.						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert #: M-MA1118 Primary Lab Name: Nashoba Analytical, LLC Subcontracted? (Y/N) Y

Analysis Lab MA Cert #: M-NH003 Analysis Lab Name: Granite State Analytical

Lab Method	Date Extracted (551.1 only)	Date Analyzed	Lab Sample ID #	LAB SAMPLE NOTES - Include information as to whether sample was diluted or additional contaminants detected
EPA524.2		7/8/2015	157172-3	
Was this Sample composited by the Lab?	COMPOSITE SAMPLE NOTES - Please list the composited sources by DEP Source Code (XXXXXX-XXX); up to five individual sources			
Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>				

CAS #	REGULATED VOC CONTAMINANT	Results µg/L	MCL µg/L	MDL µg/L
71-43-2	BENZENE	ND	5	0.50
56-23-5	CARBON TETRACHLORIDE	ND	5	0.50
75-35-4	1,1-DICHLOROETHYLENE	ND	7	0.50
107-06-02	1,2-DICHLOROETHANE	ND	5	0.50
106-46-7	PARA-DICHLOROBENZENE	ND	5	0.50
79-01-6	TRICHLOROETHYLENE (TCE)	ND	5	0.50
71-55-6	1,1,1-TRICHLOROETHANE	ND	200	0.50
75-01-4	VINYL CHLORIDE	ND	2	0.50
106-90-7	MONOCHLOROBENZENE	ND	100	0.50
95-50-1	O-DICHLOROBENZENE	ND	600	0.50
156-60-5	TRANS-1,2-DICHLOROETHYLENE	ND	100	0.50
156-59-2	CIS-1,2-DICHLOROETHYLENE	ND	70	0.50
78-87-5	1,2-DICHLOROPROPANE	ND	5	0.50
100-41-4	ETHYLBENZENE	ND	700	0.50
100-42-5	STYRENE	ND	100	0.50
127-18-4	TETRACHLOROETHYLENE (PCE)	ND	5	0.50
108-88-3	TOLUENE	ND	1000	0.50
1330-20-7	XYLENES (TOTAL)	ND	10000	0.50
75-09-2	DICHLOROMETHANE	ND	5	0.50
120-82-1	1,2,4-TRICHLOROBENZENE	ND	70	0.50
79-00-5	1,1,2-TRICHLOROETHANE	ND	5	0.50

PWS ID#: 3105000

Lab Sample ID#: 157172-3

CAS#	UNREGULATED VOC CONTAMINANTS	Results ug/L	MDL µg/L
67-66-3	CHLOROFORM*	ND	0.50
75-27-4	BROMODICHLOROMETHANE	ND	0.50
124-48-1	CHLORODIBROMOMETHANE	ND	0.50
75-25-2	BROMOFORM	ND	0.50
541-73-1	M-DICHLOROBENZENE	ND	0.50
74-95-3	DIBROMOMETHANE	ND	0.50
563-58-6	1,1-DICHLOROPROPENE	ND	0.50
75-34-3	1,1-DICHLOROETHANE*	ND	0.50
79-34-5	1,1,2,2-TETRACHLOROETHANE	ND	0.50
142-28-9	1,3-DICHLOROPROPANE	ND	0.50
74-87-3	CHLOROMETHANE	ND	0.50
74-83-9	BROMOMETHANE*	ND	0.50
96-18-4	1,2,3-TRICHLOROPROPANE	ND	0.50
630-20-6	1,1,1,2-TETRACHLOROETHANE	ND	0.50
75-00-3	CHLOROETHANE	ND	0.50
594-20-7	2,2-DICHLOROPROPANE	ND	0.50
95-49-8	O-CHLOROTOLUENE	ND	0.50
106-43-4	P-CHLOROTOLUENE	ND	0.50
108-86-1	BROMOBENZENE	ND	0.50
542-75-6	1,3-DICHLOROPROPENE*	ND	0.50
95-63-6	1,2,4-TRIMETHYLBENZENE	ND	0.50
87-61-6	1,2,3-TRICHLOROBENZENE	ND	0.50
103-65-1	N-PROPYLBENZENE	ND	0.50
104-51-8	N-BUTYLBENZENE	ND	0.50
91-20-3	NAPHTHALENE*	ND	0.50
87-68-3	HEXACHLOROBTADIENE	ND	0.50
108-67-8	1,3,5-TRIMETHYLBENZENE	ND	0.50
99-87-6	P-ISOPROPYLTOLUENE	ND	0.50
98-82-8	ISOPROPYLBENZENE	ND	0.50
98-06-6	TERT-BUTYLBENZENE	ND	0.50
135-98-8	SEC-BUTYLBENZENE	ND	0.50
75-69-4	FLUOROTRICHLOROMETHANE	ND	0.50
75-71-8	DICHLORODIFLUOROMETHANE*	ND	0.50
74-97-5	BROMOCHLOROMETHANE	ND	0.50
1634-04-4	METHYL TERTIARY BUTYL ETHER (MTBE)*	ND	0.50

[illegible]

☐ Check this box if attaching lab report to show additional VOC results/contaminants tested.

[#] Required

* DEP ORSG limit established

Surrogate Name	% Recovery (70 - 130%)
1,2-Dichlorobenzene-d4	93
Bromoflourobenezene	83

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: 7-13-15

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) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
--	--------------------	---

Nashoba Analytical, LLC
31A Willow Road
Ayer MA 01432
USA

Phone: (978) 391-4428 / FAX: (978) 391-4643

Date Received: July 7 2015

CHAIN OF CUSTODY

VOC

Comp: PWS ID # 3105000 Georgetown Water Department		Purchase Order		Project #		No. of Containers		Project Name		Turn Around Time							
Contact Person Robert Dash		Address 1 Moulton Street		E-mail rdash@georgetownma.gov				ANALYSIS REQUIRED									
City Georgetown		State MA		ZIP 01833-2083													
				Phone: (978) 352-5750													
Bot #	LAB I.D.	Date	Time	COMP	GRAB	MATRIX	Sample Location / Source		Type		VOC						
		7-7-15	9:00		X	GW	Comm. Well		RAW	R	2	X					
		7-7-15	8:25		X	GW	Duffy's Well		RAW	R	2	X					
		7-7-15	8:20		X	GW	Marshall Well		RAW	R	2	X					
Matrix: DW=Drinking Water GW=Groundwater S=Soil O=Oil SL=Sludge WW=Wast Water										R=Routine	Sampler's Signature <u>R. Dash</u>						
Contamination Level L=Low (No Odor) M=Medium H=High U=Unknown										SS=Special	Sampler Type:						
Special Remarks / Requests											Turn-Around-Time (TAT) Surcharges						
											Normal (7-10 Working Days)= 0% 6 Working Days = 10% 3 Working Days = 75% 5 Working Days = 25% 48 Hours = 100% 4 Working Days = 50% 24 Hours = 150%						
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Date / Time		"- TAT begins when sample is received at test facility "- TAT for samples received after 3p.m. will begin on the next bussiness day "- All TAT's are subject to laboratory approval and customer consent									
<u>R. Dash</u>		7/7															
Relinquished by: (Signature)		Date / Time		Received by: (Signature)		Date / Time											

Lab reserves the right to return unused samples to client



Total Trihalomethanes Report

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

PWS ID #: 3105000 City / Town: GEORGETOWN

PWS Name: GEORGETOWN WATER DEPT. PWS Class: X COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A 902	12 BAILEY LANE	Yes	8/4/2015	R. Dash
B 905	PATRIOTS LANE BOOSTER STATION	Yes	8/4/2015	R. Dash
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	X RS SS	X Original Resubmitted Confirmation	Resample	Reanalysis Report Correction		
B	X RS SS	X 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 NOTES

A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA1118 Primary Lab Name: Nashoba Analytical, LLC Subcontracted? (Y/N) Y

Analysis Lab MA Cert. #: M-MA072 Analysis Lab Name: New England ChromaChem

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL THMs	80		66.5	79.7		
Bromoform		0.5	ND	ND		
Chloroform		0.5	58.4	68.1		
Bromodichloromethane		0.5	7.40	10.6		
Dibromochloromethane		0.5	0.69	0.98		
Lab Method	EPA524.2		EPA524.2	EPA524.2	EPA524.2	EPA524.2
Date Extracted (551.1 only)						
Date Analyzed			8/7/2015	8/7/2015		
Lab Sample ID#			158222-1	158222-2		
Surrogate #1: %	1,2-dichlorobenzene		108	110		
Surrogate #2: %	4-bromofluorobenzene		108	104		

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

LAB SAMPLE NOTES	
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: David Z. L...

Date: 8-18-15

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	WQTS Data Entered
Accepted _____ Disapproved _____		



Haloacetic Acids Report

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

PWS ID #: 3105000 City / Town: GEORGETOWN

PWS Name: GEORGETOWN WATER DEPT. PWS Class: X COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A 902	12 BAILEY LANE	8/4/2015	R. Dash
B 905	PATRIOTS LANE BOOSTER STATION	8/4/2015	R. Dash
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	X RS SS	X Original Resubmitted Confirmation	Resample	Reanalysis Report Correction		
B	X RS SS	X 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 NOTES

A	
B	
C	
D	

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA1118 Primary Lab Name: Nashoba Analytical, LLC Subcontracted? (Y/N) Y

Analysis Lab MA Cert. #: M-MA072 Analysis Lab Name: New England ChromaChem

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	1	56.8	17.0		
MONOCHLOROACETIC ACID		1	3.19	1.13		
DICHLOROACETIC ACID		1	28.6	3.57		
TRICHLOROACETIC ACID		1	25.0	12.3		
MONOBROMOACETIC ACID		1	ND	ND		
DIBROMOACETIC ACID		1	ND	ND		
Lab Method			EPA 552.2	EPA 552.2	EPA 552.2	EPA 552.2
Date Extracted			8/12/2015	8/12/2015		
Date Analyzed			8/12/2015	8/12/2015		
Lab Sample ID#			158222-1	158222-2		
Surrogate: %	2,3-dibromopropionic acid		87	82		

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

LAB SAMPLE NOTES	
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: David L. Luando

Date: 8-18-15

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	WQTS Data Entered
Accepted _____ Disapproved _____		

Nashoba Analytical, LLC
31A Willow Road
Ayer MA 01432
USA

Phone: (978) 391-4428 / FAX: (978) 391-4643

Date Received:

August 4, 2015

THM & HAA5

Comp: PWS ID # 3105000 Georgetown Water Department				Purchase Order				Project #		No. & Color of Containers	Container Type	Project Name						Turn Around Time			
Contact Person Robert Dash				Address 1 Moulton Street				E-mail rdash@georgetownma.gov				ANALYSIS REQUIRED									
City Georgetown		State MA		ZIP 01833-1943		Phone: (978) 352-5750						THM	HAA5						Preserved		
Bot #	LAB I.D.	Date	Time	COMP	GRAB	MATRIX	Sample Location / Source					Type									
		8/4/2015	9:30	X	DW		12 Bailey Ln.			SS	2-60ml Amber	VOC	X	X			Ascorbic Acid				
		8/4/2015	9:00	X	DW		Patriots Lane Booster Sta.			SS	2-60ml Amber	VOC	X	X			Ascorbic Acid				
Matrix: DW=Drinking Water GW=Groundwater S=Soil O=Oil SL=Sludge WW=Wast Water										R=Routine	Sampler's Signature <i>R. Dash</i>										
Contamination Level L=Low (No Odor) M=Medium H=High U=Unknown										SS=Special	Sampler Type:										
Special Remarks / Requests										Turn-Around-Time (TAT) Surcharges											
										Normal (7-10 Working Days)= 0%											
										6 Working Days = 10% 3 Working Days = 75%											
										5 Working Days = 25% 48 Hours = 100%											
										4 Working Days = 50% 24 Hours = 150%											
Relinquished by: (Signature) <i>R. Dash</i>										Date / Time		Received by: (Signature)		Date / Time		"- TAT begins when sample is received at test facility "- TAT for samples received after 3p.m. will begin on the next bussiness day "- All TAT's are subject to laboratory approval and customer consent					
Relinquished by: (Signature)										Date / Time		Received by: (Signature)		Date / Time							

Lab reserves the right to return unused samples to client