

CERTIFICATE OF ANALYSIS

E5A0065

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi 80 Run WAY Lee, MA 01238

Project Name: Farmington River Reg. Elem. - 1225040

Project / PO Number: 1225040-250107

Received: 01/07/2025 10:26 Reported: 01/09/2025 10:12

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Reviewed and Approved By:

17. Wank

Ron Warila Director, Environmental

01/09/2025 10:12

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included.

Microbac Laboratories, Inc.

80 Run Way | Lee, MA 01238 | 413-776-5025 p | www.microbac.com

1	$\overline{}$
Ш	1
Ш	$\langle \mathcal{A} \rangle$
Ш	- 4

Massachusetts Department of Environmental Protection - Drinking Water Program

В

Bacteriological Report

I. PWS	INFORMATIO	ON: Reter	to your DEP Co	ilitorm Sampling	Plan to neip	complete th	e PWS Intori	mation an	a DEP Approve	a Sampie	Site inform	nation seci	tions below.							
PWS ID	#: 122504	40	PWS Name	e: Farmington R	n.		Class: COM NT	NC X TNC												
II. ANAL`	. ANALYTICAL INFORMATION: Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.																			
Pri	mary Lab M	A Cert.#:	M-MA1146	Primary La	b Name: Mic	crobac Labo	oratories, In	c., Lee			Subcontracted?(Y/N): N									
Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac Laboratories, Inc., Lee																				
X Original Report Resubmitted Report Confirmation Report (1)Reason for Resubmission: Resample Reanalysis Report Correction (2)Collection Date of Original Sample:													le:							
TC Method Enterococci Method Enterococci Method						d	Fecal Colifor	m	HPC Meth	od			Lab Sample Notes:							
1 9223 B	(Colilert-18)-2	004 (18 19	223 B (Colilert-18)	-2004 (18																
DEP APPROVED SAMPLE SITE INFORMATION TOTAL E.COLI or						E.COLI or	CHLORINE	НРС	COLLECTI	ANA	LYSIS									
Sample Type ^{1,3}	Location Code # 1	DE	P Approved SAMPLI	E LOCATION 1	COLIFORM RESULT 4,5	FECAL RESULT 4,5	RESULT ²	RESULT ² # cfu/mL	DATE	TIME	DATE	TIME	COLLECTED BY	LAB SAMPLE ID #						
RS	002		Kitchen Hand Wash			Absent			01/07/2025 09:00		01/07/2025 15:3		Russ Hopkins	E5A0065-01						
RS	STOR		Tap After Tank-bo	Absent	Absent			01/07/2025	08:50	01/07/202	15:35	Russ Hopkins	E5A0065-02							
DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan 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. 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 Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(invalid) or TNCT-P(present). 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.								oratory Au	thorized Signa	ture and Date:		7. h	land	01/09/2025						
DEP R	view Status	,-	☐ Accepted	Disappr	oved I	Review Com	ments:													





Housatonic Basin Sampling and Testing

SAMPLE COLLECTION RECORD | CHAIN OF

	PWS NA	ME: FARMINGTON RIVER REG ELEM SCHOOL						T									1				N WAY		
	PWS I																	LEE, MA 01238 (413)248-4622					
****	PWS TO								Housatonic Basin Sampling & Testing									HBST P.O. # 1225040-25				7	
	PWS CLA	S CLASS: NTNC							58		PII	ng	y & Testing								of WO:		2
SAMPLE INFORMATION							FIELD RECORDED				MICRO BIOLOGY				CHEM	ICAL AN	VALYSI	ıs					
ID	SAMPLE TYPE	BACTERIA DEP ID	Chem Sample ID	LOCATION DESCRIPTION	DATE/TIME	SAMPLER	Field Temp F*	Field	Field Turbitity (NTU)	Field UV Absorb 254	Field UV Transmit 254	Chi2 Res (Free)	BACTERIA HPC	BACTERIA 9223 P/A	BACTERIA 9223 QT								Preserved Na2S203
	[RS]	[002]		KITCHEN HAND WASH-	1/7/25 9:00 AM	Russ Hopkins	-		<u> </u>					X			-			1			4
	[RS]	[STOR]		TAP AFTER TANK- BOILER RM-	1/7/25 8:50 AM	Russ Hopkins								Х			1		+	+		_	+
<u> </u>																						-	
																		_	-	\vdash			-
																			+-	+		-	+
																							+
							-																
																		_	-				
																				+		-	+
																			+	+		+	+
-			-																			1	+
																			-				1
																			+			+	
																			1		-	-	+-+
																						1	
	, CUSTODY TRANSFER							DATE/	TIME							NOTES			oxdot				
SAMPLER RUSSEIL HOMEN. 1/7/						125	25 10:26 6.6°C																
SAMPLER RUSSELL HIMON (1/7) RECEIVED (MELLINO)					25)	10:26 10:26																
RE	LINQUIS	HED						ı			7												
	RECEIVED													**									
RE	LINQUIS	HED																					

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.