

---

## CERTIFICATE OF ANALYSIS

**E5J0143**

prepared for:

**Housatonic Basin Sampling & Testing**

Nick Bruzzi  
80 Run WAY  
Lee, MA 01238

**Project Name: Farmington River Reg. Elem. - 1225040**

Project / PO Number: 1225040-251007

Received: 10/07/2025 11:25

Reported: 10/08/2025 13:04

### Report Comments

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

Reviewed and Approved By:



Ron Warila  
Director, Environmental  
10/08/2025 13:04

*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](http://www.microbac.com)



# Bacteriological Report

**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 #:  PWS Name:  City/Town:  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.#:  Primary Lab Name:  Subcontracted?(Y/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	E.Coli Method	Enterococci Method	Fecal Coliform	HPC Method	Lab Sample Notes:
SM 9223 B (Colilert-18)-2004 (18hr)	SM 9223 B (Colilert-18)-2004 (18hr)				

DEP APPROVED SAMPLE SITE INFORMATION <sup>1</sup>			TOTAL COLIFORM RESULT <sup>4,5</sup>	E.COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # cfu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type <sup>1,3</sup>	Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION <sup>1</sup>					DATE	TIME	DATE	TIME		
RS	002	Kitchen Hand Wash	Absent	Absent			10/07/2025	10:15	10/07/2025	14:55	Russ Hopkins	E5J0143-01
RS	STOR	Tap After Tank-boiler room	Absent	Absent			10/07/2025	10:10	10/07/2025	14:55	Russ Hopkins	E5J0143-02

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan  
<sup>2</sup> 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.  
<sup>3</sup> 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  
<sup>4</sup> Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(Invalid) or TNCT-P(present).  
<sup>5</sup> 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:  10/08/2025

DEP Review Status:  Accepted  Disapproved Review Comments:

