
CERTIFICATE OF ANALYSIS

E6C0083

prepared for:

Housatonic Basin Sampling & Testing

Nick Bruzzi
80 Run WAY
Lee, MA 01238

Project Name: Farmington River Reg. Elem. - 1225040

Project / PO Number: 1225040-260303

Received: 03/03/2026 11:57

Reported: 03/04/2026 11:30

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
03/04/2026 11:30

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.

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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 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 # |
|---|------------------------------|---|--------------------------------------|---------------------------------------|-----------------------------------|----------------------------------|------------|-------|------------|-------|--------------|-----------------|
| Sample Type ^{1,3} | Location Code # ¹ | DEP Approved SAMPLE LOCATION ¹ | | | | | DATE | TIME | DATE | TIME | | |
| RS | 002 | Kitchen Hand Wash | Absent | Absent | | | 03/03/2026 | 10:30 | 03/03/2026 | 15:02 | Russ Hopkins | E6C0083-01 |
| RS | STOR | Tap After Tank-boiler room | Absent | Absent | | | 03/03/2026 | 10:30 | 03/03/2026 | 15:02 | Russ Hopkins | E6C0083-02 |

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 #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I(Invalid) or TNCT-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:  03/04/2026

DEP Review Status: Accepted Disapproved Review Comments:

