



REPORT OF ANALYTICAL RESULTS

NETLAB Case Number W1227-16

Prepared for:

Attn: Dave Condrey
Milford Water Company
66 Dilla Street
Milford, MA 01757

Report Date: January 3, 2012

Reviewed By:

Richard Warila
Laboratory Director

Lab # RI010

NEW ENGLAND TESTING LABORATORY, INC.

1254 Douglas Avenue, North Providence, RI 02904

(401) 353-3420

SAMPLES SUBMITTED and REQUEST FOR ANALYSIS:

The samples listed in Table I were submitted to New England Testing Laboratory on December 27, 2011. The group of samples appearing in this report was assigned an internal identification number (case number) for laboratory information management purposes. The client's designations for the individual samples, along with our case numbers, are used to identify the samples in this report. This report of analytical results pertains only to the sample(s) provided to us by the client which are indicated on the custody record. The case number for this sample submission is W1227-16.

TABLE I, Samples Submitted

Sample ID	Date Sampled	Matrix	Analysis Requested
01-266 Purchase Street	12/23/11	Drinking Water	Table II
02-230 Main Street	12/23/11	Drinking Water	Table II
03-1 Countryside Drive	12/23/11	Drinking Water	Table II
04-22 Beaver Street	12/23/11	Drinking Water	Table II
06-159 So. Main Street	12/23/11	Drinking Water	Table II

TABLE II, Analysis and Methods

ANALYSIS	DETERMINATIVE METHOD
Total Trihalomethanes	524.2
Haloacetic Acids	552.2

Methods are documented in:

Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, APHA, AWWA-WPCF

Manual of Methods for Chemical Analysis of Water and Water Wastes, EPA-600/4-29-020 (Revised 1983), USEPA/EMSL.

40 CFR 136, Guidelines Establishing *Test Procedures for the Analysis of Pollutants Under the Clean Water Act*, Office of Federal Register National Archives and Records Administration.

EPA-821-B-94-004

This report of analytical results pertains only to the sample(s) provided to us by the client which are indicated on the custody record.

CASE NARRATIVE:

Sample Receipt:

No trip blank was supplied unless it was identified in such a manner as to be un-interpretable by the laboratory. No field blank was supplied unless it was identified in such a manner as to be un-interpretable by the laboratory. (This does not qualify the analytical results but does prevent conducting these SW-846 {Chapter 1, Section 3.4} QA Audits).

The samples were all appropriately cooled and preserved upon receipt.

The samples were received in the appropriate containers.

The chain of custody was adequately completed and corresponded to the samples submitted.



Haloacetic Acids Report

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

PWS ID #: **2185000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: **COM** **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A 01	266 Purchase Street	12/23/2011	V.F.
B 02	230 Main Street	12/23/2011	V.F.
C 03	1 Countryside Drive	12/23/2011	V.F.
D 04	24 Beaver Street	12/23/2011	V.F.

	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	<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	<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	
C	<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	
D	<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	

SAMPLE NOTES	
A	
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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 ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	10.4	31.1	20.8	37.2
MONOCHLOROACETIC ACID		0.50	ND	ND	ND	1.0
DICHLOROACETIC ACID		0.50	1.5	14.1	5.1	13.1
TRICHLOROACETIC ACID		0.50	8.9	17.0	15.7	22.0
MONOBROMOACETIC ACID		0.50	ND	ND	ND	ND
DIBROMOACETIC ACID		0.50	ND	ND	ND	1.1
Lab Method			552.2	552.2	552.2	552.2
Date Extracted			12/29/2011	12/29/2011	12/29/2011	12/29/2011
Date Analyzed			12/29/2011	12/29/2011	12/29/2011	12/29/2011
Lab Sample ID#			W1227-16a	W1227-16b	W1227-16c	W1227-16d
Surrogate:	Dibromopropionic aci		105 %	92 %	98 %	105 %

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

LAB SAMPLE NOTES	
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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: **1/3/2012**

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
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Haloacetic Acids Report

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

PWS ID #: **2185000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: COM NTNC

DEP LOCATION (LOC) ID#	DEP Location Name	Date Collected	Collected By
A 06	159 South Main Street	12/23/2011	V.F.
B			
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	<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	<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	
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D	<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	
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II. ANALYTICAL LABORATORY INFORMATION:


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

Contaminant	MCL µg/L	MDL µg/L	RESULTS ¹ µg/L			
			A	B	C	D
TOTAL HAA5	60	-----	2.2			
MONOCHLOROACETIC ACID		0.50	ND			
DICHLOROACETIC ACID		0.50	1.2			
TRICHLOROACETIC ACID		0.50	1.0			
MONOBROMOACETIC ACID		0.50	ND			
DIBROMOACETIC ACID		0.50	ND			
Lab Method			552.2			
Date Extracted			12/29/2011			
Date Analyzed			12/29/2011			
Lab Sample ID#			W1227-16e			
Surrogate:	Dibromopropionic aci		91 %			

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

LAB SAMPLE NOTES	
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Primary Lab Director Signature: 
 Date: **1/3/2012**

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DEP REVIEW STATUS (Initial & Date) <input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	Review Comments	<input type="checkbox"/> WQTS Data Entered
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Total Trihalomethanes Report

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

PWS ID #: **2185000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: **COM** **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By
A 01	266 Purchase Street	Yes <input type="checkbox"/>	12/23/2011	V.F.
B 02	230 Main Street	Yes <input type="checkbox"/>	12/23/2011	V.F.
C 03	1 Countryside Drive	Yes <input type="checkbox"/>	12/23/2011	V.F.
D 04	22 Beaver Street	Yes <input type="checkbox"/>	12/23/2011	V.F.

	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	<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	<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	
C	<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	
D	<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	

SAMPLE NOTES	
A	
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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 ¹ µg/L			
			A	B	C	D
TOTAL THMs	80	-----	68.2	53.4	72.5	59.1
Bromoform		0.5	ND	ND	ND	ND
Chloroform		0.5	52.6	43.3	56.0	48.7
Bromodichloromethane		0.5	13.6	8.5	14.8	8.5
Dibromochloromethane		0.5	2.0	1.6	1.7	1.9
Lab Method			524.2	524.2	524.2	524.2
Date Extracted (551.1 only)						
Date Analyzed			12/28/2011	12/28/2011	12/28/2011	12/28/2011
Lab Sample ID#			W1227-16a	W1227-16b	W1227-16c	W1227-16d
Surrogate #1:	1,2-Dichlorobenzene		102 %	102 %	114 %	106 %
Surrogate #2:	4-Bromofluorobenzene		97 %	101 %	110 %	102 %

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

LAB SAMPLE NOTES	
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Primary Lab Director Signature:

Date: **1/3/2012**

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<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



Total Trihalomethanes Report

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

PWS ID #: **2185000** City / Town: **MILFORD**
 PWS Name: **Milford Water Company** PWS Class: **COM** **NTNC**

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Acidified?	Date Collected	Collected By	
A	06	159 South Main Street	Yes <input type="checkbox"/>	12/23/2011	V.F.
B			Yes <input type="checkbox"/>		
C			Yes <input type="checkbox"/>		
D			Yes <input type="checkbox"/>		
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:		
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SAMPLE NOTES					
A					
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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 ¹ µg/L			
			A	B	C	D
TOTAL THMs	80	-----	55.2			
Bromoform		0.5	ND			
Chloroform		0.5	38.2			
Bromodichloromethane		0.5	12.9			
Dibromochloromethane		0.5	4.1			
Lab Method			524.2			
Date Extracted (551.1 only)						
Date Analyzed			12/30/2012			
Lab Sample ID#			W1227-16e			
Surrogate #1:	1,2-Dichlorobenzene		112 %			
Surrogate #2:	4-Bromofluorobenzene		108 %			

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

LAB SAMPLE NOTES	
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<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		

W1227-16

NEW ENGLAND TESTING LABORATORY, INC.
1254 Douglas Avenue
North Providence, RI 02904
1-888-863-8522

CHAIN OF CUSTODY RECORD

PROJ. NO.	PROJECT NAME/LOCATION		PRESERVATIVE				REMARKS
	CLIENT	REPORT TO:	INVOICE TO:	AQUEOUS	SOIL	OTHER	
DATE	TIME	COMP	GRAB	SAMPLE I.D.	TESTS*		
12/27/11	855A			01 - 266 PURCHASE STREET	✓	✓	
1015A				02 - 230 MAIN STREET	✓	✓	
1035A				03 - 1 COUNTRYSIDE DR.	✓	✓	
930A				04 - 22 BEAVER STREET	✓	✓	
955A				06 - 159 So. MAIN STREET.	✓	✓	

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Date/Time	Laboratory Remarks:	Special Instructions:
VIN FARESE	12/27/11			Temp. received: 5°C Cooled <input type="checkbox"/>	List Specific Detection Limit Requirements:
[Signature]	12/27/11 9:00A	Robert Rue	12/27/11 1:33P		Turnaround (Business Days)
Robert Rue	12/27/11 14:50	Melissa Ly			

**Netlab subcontracts the following tests: Radiologicals, Radon, Asbestos, UCMPS, Perchlorate, Bromate, Bromide, Sieve, Salmonella, Carbamates