



REPORT OF ANALYTICAL RESULTS

NETLAB Case Number Y0111-26

Prepared for:

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

Report Date: January 13, 2012

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 January 11, 2012. The group of samples appearing in the 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. The case number for this sample submission is Y0111-26.

TABLE I, Samples Submitted

Sample ID	Date Sampled	Matrix	Analysis Requested
DE Plant Blend	1/11/2012	Drinking Water	Table II
Dilla St. Finished Water Tap	1/11/2012	Drinking Water	Table II, III
Raw Water	1/11/2012	Drinking Water	Table II
SSF 3 Effluent	1/11/2012	Drinking Water	Table II
SSF 4 Effluent	1/11/2012	Drinking Water	Table II

TABLE II, Analysis and Methods

ANALYSIS	DETERMINATIVE METHOD
Alkalinity	2320B
Total Organic Carbon	5310C

TABLE III, Analysis and Methods

ANALYSIS	DETERMINATIVE METHOD
Trihalomethanes	524.2

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

All samples were found to be properly preserved/cooled upon receipt. All analyses were performed within EPA designated holding-times. Procedure/calibration checks required by the designated protocols were within control limits.

DE Plant Blend

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Alkalinity	18	2	1/12/2012
Total Organic Carbon	4.02	0.20	1/11/2012

Dilla St. Finished Water Tap

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Alkalinity	25	2	1/12/2012
Total Organic Carbon	2.20	0.20	1/11/2012

Raw Water

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Alkalinity	21	2	1/12/2012
Total Organic Carbon	4.07	0.20	1/11/2012

SSF 3 Effluent

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Alkalinity	19	2	1/12/2012
Total Organic Carbon	0.73	0.20	1/11/2012

SSF 4 Effluent

Parameter	Result, mg/l	Reporting Limit	Date Analyzed
Alkalinity	25	2	1/12/2012
Total Organic Carbon	1.12	0.20	1/11/2012



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	MULT 1	Finished Water	Yes <input type="checkbox"/>	1/11/2012	J.P.
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:		
			(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		
C	<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		
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					
A					
B					
C					
D					

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	-----	55.9			
Bromoform		0.5	ND			
Chloroform		0.5	45.0			
Bromodichloromethane		0.5	8.5			
Dibromochloromethane		0.5	2.4			
Lab Method			524.2			
Date Extracted (551.1 only)						
Date Analyzed			1/12/2012			
Lab Sample ID#			Y0111-26			
Surrogate #1:	1,2-Dichlorobenzene		104 %			
Surrogate #2:	4 BFB		97 %			

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: 

Date: **1/13/2012**

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



Total Organic Carbon (TOC) 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 TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Collected		Collected By	
			Date	Time		
A	MULT 1	Mult 1 Blend	<input checked="" type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input checked="" type="checkbox"/> (F)inished	1/11/2012 9:40	J.P.
B	RW02S	Echo Lake	<input type="checkbox"/> (M)ultiple <input checked="" type="checkbox"/> (S)ingle	<input checked="" type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	1/11/2012 8:55	J.P.
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			
SAMPLE NOTES						
A						
B						

II. ANALYTICAL LABORATORY INFORMATION:

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

TOC Analyzed by (check one): <input type="checkbox"/> PWS or <input checked="" type="checkbox"/> Lab		Samples Acidified? <input checked="" type="checkbox"/> YES or <input type="checkbox"/> NO					
TOC Result (mg/L)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#	
A	2.20	0.20	SM5310C	1/11/2012	M-RI010	New England Testing Lab	Y0111-26
B	4.07	0.20	SM5310C	1/11/2012	M-RI010	New England Testing Lab	Y0111-26
<p>Surface or GWUDI systems \geq 500 persons. Monthly source (raw) water TOC sampling is required at each surface/GWUDI source to qualify for and remain on reduced THM/HAA5 monitoring. Each source must maintain a running annual average source (raw) water TOC level of \leq 4.0 mg/L (calculated quarterly). TOC analysis does <u>not</u> require the use of a Massachusetts or EPA certified laboratory.</p> <p>Surface or GWUDI sources using conventional filtration shall each month (unless monitoring is reduced): take one TOC sample at each treatment plant no later than the point of combined filter effluent turbidity monitoring representative of the treated (finished) water, one TOC source (raw) sample prior to any treatment, and one alkalinity source (raw) water sample - at a time representative of normal operating conditions and influent water quality. The time between collection of raw and treated (finished) water must not exceed the time it takes the water to move through the plant.</p>							

ALKALINITY Analyzed by (check one): <input type="checkbox"/> PWS or <input checked="" type="checkbox"/> Lab							
ALKALINITY Result (mg/L as CaCO ₃)	MDL (mg/L)	Lab Method	Date Analyzed	Analysis Lab MA Cert#	Analysis Lab Name	Lab Sample ID#	
A	25	2	SM2320B	1/12/2012	M-RI010	New England Testing Lab	Y0111-26
B	21	2	SM2320B	1/12/2012	M-RI010	New England Testing Lab	Y0111-26
<p>If using conventional filtration - Raw water alkalinity must be measured at the same time as the raw water TOC sample is collected. Alkalinity analysis does <u>not</u> require the use of a Massachusetts or EPA certified laboratory.</p>							

LAB SAMPLE NOTES	
A	
B	

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 Certified Operator or Lab Director Signature:

Date: 1/13/2012

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

Push
 Y0111-26

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		SCODS	SOIL	OTHER	NO. OF CONTAINERS	PRESERVE	TESTS**			REMARKS	
	DATE	TIME						COMP	GRA B	TTHM		TSC
	GAC Filter Project											
	Milford Water Company											
	REPORT TO: DAVID CONDEY - DCONDEY@MILFORDWATER.COM											
	INVOICE TO:											
	DATE	TIME	COMP	GRA B	SAMPLE I.D.							
	11/11/12	1140		✓	DILLA ST. FINISHED WATER TAP		✓	✓	✓			
	11/11/12	700		✓	DE PLANT BLEND		✓	✓	✓			
	11/11/12	855		✓	RAW WATER		✓	✓	✓			
	11/11/12	950		✓	SSF 3 EFFLUENT		✓	✓	✓			
	11/11/12	1005		✓	SSF 4 EFFLUENT		✓	✓	✓			

Sampled by: (Signature)	Date/Time	Received by: (Signature)	Date/Time	Laboratory Remarks:	Special Instructions:
<i>[Signature]</i>	11/11/12 855 1005			Temp. received: <u>51</u> Cooled <input type="checkbox"/>	List Specific Detection Limit Requirements:
<i>[Signature]</i>	11/11/12 1045	<i>[Signature]</i>	11/11/12 2:20		
<i>[Signature]</i>	11/11/12 3:40	<i>[Signature]</i>	11/11/12 15:40		Turnaround (Business Days) _____

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