R.I. ANALYTICAL
Specialists in Environmental Services

CERTIFICATE OF ANALYSIS

Town of Uxbridge Massachusetts
Attn: Mr. James Boliver
105 Blackstone Street
Uxbridge, MA 01569

Date Received: 6/14/16
Date Reported: 6/16/16
P.O. #:
Work Order #: 1606-13510

DESCRIPTION: COLIFORM MONITORING-RAW WATER SAMPLE POINTS

Subject sample(s) has/have been analyzed by our Warwick, R.I. and/or our Hudson, MA. laboratories with the attached results.

Reference: All parameters were analyzed by U.S. EPA approved methodologies.
The specific methodologies are listed in the methods column of the Certificate Of Analysis.

Data qualifiers (if present) are explained in full at the end of a given sample's analytical results.
The Certificate of Analysis shall not be reproduced except in full, without written approval of R. I. Analytical.
Results relate only to samples submitted to the laboratory for analysis.
Test results are not blank corrected.

Certification #: RI LAI0033, MA M-RI015, CT PH-0508, ME RI00015
NH 2070, NY 11726, MA1117

If you have any questions regarding this work, or if we may be of further assistance, please contact our customer service department.

Approved by:

Sharon Baker
MIS / Data Reporting Manager

enc: Chain of Custody

R.I. Analytical Laboratories, Inc.

CERTIFICATE OF ANALYSIS

Town of Uxbridge Massachusetts
Date Received: 6/14/16
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Sample # 001
SAMPLE DESCRIPTION: M1 02G-RW-WELL#2 BLACKSTONE ST.RA PT
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 07:40

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	5.9		SU		6/14/16	7:40	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

Sample # 002
SAMPLE DESCRIPTION: M1 03G-RW-WELL#3-BLACKSTONE ST RA RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 07:50

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	5.8		SU		6/14/16	7:50	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

Sample # 003
SAMPLE DESCRIPTION: 001 04G-RW-WELL#4 BERNAT-RAW RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 09:20

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	5.9		SU		6/14/16	9:20	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

Sample # 004
SAMPLE DESCRIPTION: 05G-RW-WELL#5 BERNAT-RAW PT
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 08:52

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	5.9		SU		6/14/16	8:52	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

Sample # 005
SAMPLE DESCRIPTION: 06G-RW-WELL#6 BERNAT-RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 08:40

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	5.9		SU		6/14/16	8:40	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

R.I. Analytical Laboratories, Inc.

CERTIFICATE OF ANALYSIS

Town of Uxbridge Massachusetts
Date Received: 6/14/16
Work Order #: 1606-13510

Sample # 006
SAMPLE DESCRIPTION: 006 07G-RW-WELL#7 ROSENFELD-RAW RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 09:58

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	5.5		SU		6/14/16	9:58	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

Sample # 007
SAMPLE DESCRIPTION: 010 07G-PT-WELL#7 ROSENFIELD-FINIS RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/14/2016 @ 09:52

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
pH (field)	6.8		SU		6/14/16	9:52	*CS
Total Coliform	Absent		/100 mL	SM9222B 19-21ed	6/14/16	16:17	SSS

*CS - Field sampling data was provided by Town of Uxbridge Massachusetts.

CHAIN OF CUSTODY RECORD

R.I. Analytical Laboratories, Inc.

41 Illinois Avenue
Warwick, RI 02888-3007
Tel: 800-937-2580
Fax: 401-738-1970

131 Coolidge St, Suite 105
Hudson, MA 01749-1331
Tel: 800-937-2580
Fax: 978-568-0078

Date Collected	Time Collected	Field Sample Identification	Grab or Composite	# of Containers & Type T	Preservation Code P	Matrix Code M	Generate State Report	Total Coliform by MF method	Ph
6/14/16	7:40	02G – RW – Well #2 Blackstone Street – RAW	G	1 ST	T	DW	X	X	5.9
	7:50	03G – RW – Well #3 Blackstone Street – RAW	G	1 ST	T	DW	X	X	5.8
	9:20	04G – RW – Well #4 Bernat – RAW	G	1 ST	T	DW	X	X	5.9
	8:52	05G – RW – Well #5 Bernat – RAW	G	1 ST	T	DW	X	X	5.9
	8:40	06G – RW – Well #6 Bernat – RAW	G	1 ST	T	DW	X	X	5.9
	9:58	07G – RW – Well #7 Rosenfeld – RAW	G	1 ST	T	DW	X	X	5.5
	9:52	07G – PT – Well #7 Rosenfeld - Finish	G	1 ST	T	DW	X	X	6.8

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Client Information		Project Information	
Company Name:	Town of Uxbridge Massachusetts	Project Name:	Coliform monitoring – Raw Water Sample Points
Address:	105 Blackstone Street	P.O. Number:	Project Number:
City / State / Zip:	Uxbridge, MA 01569	Report To:	James Boliver Cell: 508-450-0153 Fax: 508-278-8661
Telephone:	508-278-8631 Fax: 508-278-8661	Sampled by:	
Contact Person:	James Boliver – Operations Manager	Quote No:	UXB040704-R1 Email address: uxwater@charter.net

Relinquished By	Date	Time	Received By	Date	Time
Nicholas Dimas	6/14/16	13:10	[signature]	6-14-16	1310

Turn Around Time			
	Normal	X	eMAIL Report
X	4 Business days. High Priority		
	Rush _____ (business days)		

Project Comments

Circle if applicable: GW-1, GW-2, GW-3, S-1, S-2, S-3 MCP Data Enhancement QC Package? **No**

PWSID#: 2304000. Please call James Boliver if coliform is detected (508) 450-0153.

2.5

Lab Use Only	
	Sample Pick Up Only
	RIAL sampled; attach field hours
U	Shipped on ice
Workorder No: 1606-13510	

Container Types: P=Poly, G=Glass, AG=Amber Glass, V=Vial, St=Sterile Preservation Codes: NP=None, N=HNO_3, H=HCl, S=H_2SO_4, SH=NaOH, SB=$NaHSO_4$, M=MeOH, T=$Na_2S_2O_3$, Z=ZnOAc, I=Ice

Matrix Codes: GW=Groundwater, SW=Surface Water, WW=Wastewater, DW=Drinking Water, S=Soil, SL=Sludge, A=Air, B=Bulk/Solid, O=