



CERTIFICATE OF ANALYSIS

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

Date Received: 6/19/16
Date Reported: 6/20/16
P.O. #:
Work Order #: 1606-13957

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.

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Sample # 001

SAMPLE DESCRIPTION: 02G WELL #2 BLACKSTONE STREET RW

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 6/19/2016 @ 12:06

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 002

SAMPLE DESCRIPTION: 03G WELL #3 BLACKSTONE STREET RW

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 6/19/2016 @ 12:21

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Present		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN
Ecoli (Colilert)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 003

SAMPLE DESCRIPTION: 04G WELL #4 BERNAT RW

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 6/19/2016 @ 14:04

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 004

SAMPLE DESCRIPTION: 05G WELL #5 BERNAT RW

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 6/19/2016 @ 13:48

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 005

SAMPLE DESCRIPTION: 06G WELL #6 BERNAT RW

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 6/19/2016 @ 13:44

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 006

SAMPLE DESCRIPTION: 07G WELL #7 ROSENFELD-RAW RW

SAMPLE TYPE: GRAB

SAMPLE DATE/TIME: 6/19/2016 @ 13:06

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

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Sample # 007

SAMPLE DESCRIPTION: 07G WELL #7 ROSENFELD-FINISH PT**SAMPLE TYPE:** GRAB**SAMPLE DATE/TIME:** 6/19/2016 @ 13:10

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Residual Chlorine	0.26		mg/l		6/19/16 13:10	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 008

SAMPLE DESCRIPTION: VILLAGE CLEANERS**SAMPLE TYPE:** GRAB**SAMPLE DATE/TIME:** 6/19/2016 @ 13:50

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Residual Chlorine	0.15		mg/l		6/19/16 13:50	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

Sample # 009

SAMPLE DESCRIPTION: NORTH MAIN STREET MANAGEMENT**SAMPLE TYPE:** GRAB**SAMPLE DATE/TIME:** 6/19/2016 @ 14:05

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Residual Chlorine	0.12		mg/l		6/19/16 14:05	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/19/16 16:30	AMN

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

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
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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:	Mike Raymond + Nicholas Griedel
Contact Person:	James Boliver – Operations Manager	Quote No:	UXB040704-R1 Email address: uxwater@charter.net

Relinquished By	Date	Time	Received By	Date	Time
<i>Max R...</i>	6/19/16	1552	<i>A. NORTH</i>	6/19/16	1552

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.	

10.6

Lab Use Only	
	Sample Pick Up Only
	RIAL sampled; attach field hours
X	Shipped on ice
Workorder No: 1606 13957	

Container Types: P=Poly, G=Glass, AG=Amber Glass, V=Vial, St=Sterile

Preservation Codes: NP=None, N=HNO₃, H=HCl, S=H₂SO₄, SH=NaOH, SB=NaHSO₄, M=MeOH, T=Na₂S₂O₃, 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=

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