CERTIFICATE OF ANALYSIS

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

Date Received: 6/20/16
Date Reported: 6/21/16
P.O. #:
Work Order #: 1606-13988

DESCRIPTION: COLIFORM MONITORING - ROUTINE 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

Sharon Baker
MIS / Data Reporting Manager

enc: Chain of Custody

R.I. Analytical Laboratories, Inc.

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Sample # 001
SAMPLE DESCRIPTION: 001 HIGHWAY GARAGE 145 HECLA ST. RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 12:00

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.10		mg/l		6/20/16	12:00	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 002
SAMPLE DESCRIPTION: 002 CUMBERLAND FARMS 22 DOUGLAS ST RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 09:55

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.17		mg/l		6/20/16	9:55	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 003
SAMPLE DESCRIPTION: 003 CVS 323 NORTH MAIN ST RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 11:05

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.15		mg/l		6/20/16	11:05	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 004
SAMPLE DESCRIPTION: 004 SAMPLE STATION 518 E. HARTFORD RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 08:50

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.15		mg/l		6/20/16	8:50	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 005
SAMPLE DESCRIPTION: 005 COUNCIL ON AGING 36 SOUTH MAIN RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 11:40

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.10		mg/l		6/20/16	11:40	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

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Sample # 006
SAMPLE DESCRIPTION: 006 TRI RIVER HEALTH CTR RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 09:30

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.11		mg/l		6/20/16	9:30	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 007
SAMPLE DESCRIPTION: 007 POLICE STATION 275 DOUGLAS ST RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 10:15

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.05		mg/l		6/20/16	10:15	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 008
SAMPLE DESCRIPTION: 008 FAFARD PUMP STATION RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 10:48

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.97		mg/l		6/20/16	10:48	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 009
SAMPLE DESCRIPTION: 009 EAST ST. PUMP STATION RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 11:05

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.16		mg/l		6/20/16	11:05	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 010
SAMPLE DESCRIPTION: 010 RICHARDSON ST STORAGE TANK RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 12:06

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.21		mg/l		6/20/16	12:06	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

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Sample # 011
SAMPLE DESCRIPTION: 011 HIGH ST STORAGE TANK - A RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 11:41

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	2.14		mg/l		6/20/16	11:41	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 012
SAMPLE DESCRIPTION: 012 HIGH ST STORAGE TANK - B RS
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 11:45

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	2.20		mg/l		6/20/16	11:45	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 013
SAMPLE DESCRIPTION: M1 BLACKSTONE TREATMENT PLANT PT
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 09:33

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.30		mg/l		6/20/16	9:33	*CS
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

Sample # 014
SAMPLE DESCRIPTION: M2 BERNAT TREATMENT PLANT PT
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 10:10

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	16:04	SSS

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	Colilert 18 Hour Coliform	Chlorine Residual
6/20/16	12:00	001 – RS – Highway Garage, 145 Hecla St.	G	1 ST	T	DW	X	X	X	.10
	9:55	002 – RS – Cumberland Farms, 22 Douglas St.	G	1 ST	T	DW	X	X	X	.17
	11:05	003 – RS – CVS, 323 North Main St.	G	1 ST	T	DW	X	X	X	.15
	8:50	004 – RS – Sample Station, 518 E. Hartford Ave.	G	1 ST	T	DW	X	X	X	.15
	11:40	005 – RS – Council on Aging, 36 South Main Street	G	1 ST	T	DW	X	X	X	.10
	9:30	006 – RS – Tri River Health Ctr, 281 E. Hartford Ave	G	1 ST	T	DW	X	X	X	.11
	10:15	007 – RS – Police Station, 275 Douglas St.	G	1 ST	T	DW	X	X	X	.05
	10:48	008 – RS – Fafard Pump Station	G	1 ST	T	DW	X	X	X	.97
	11:05	009 – RS – East St. Pump Station	G	1 ST	T	DW	X	X	X	.16
	12:06	010 – RS – Richardson St. Storage Tank	G	1 ST	T	DW	X	X	X	.21
	11:41	011 – RS – High St. Storage Tank – A	G	1 ST	T	DW	X	X	X	2.14
	11:45	012 – RS – High St. Storage Tank – B	G	1 ST	T	DW	X	X	X	2.20
	9:33	M1 – PT – Blackstone Treatment Plant – Finish	G	1 ST	T	DW	X	X	X	.30
	10:10	M2 – PT – Bernat Treatment Plant – Finish	G	1 ST	T	DW	X	X	X	NA

Client Information

Company Name: Town of Uxbridge Massachusetts
Address: 105 Blackstone Street
City / State / Zip: Uxbridge, MA 01569
Telephone: 508-278-8631 Fax: 508-278-8661
Contact Person: James Boliver – Operations Manager

Project Information

Project Name: Coliform monitoring – Routine Sample Points
P.O. Number: Project Number:
Report To: James Boliver Cell: 508-450-0153 Fax: 508-278-8661
Sampled by:
Quote No: UXB040704-R1 Email address: uxwater@charter.net

Relinquished By	Date	Time	Received By	Date	Time
Nichols	6/20/16	13:44	Joe	6.20.16	13:44

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.

5.3°

Lab Use Only

	Sample Pick Up Only
	RIAL sampled; attach field hours
	Shipped on ice

Workorder No: 1606-13988

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[illegible] B=Bulk/Solid, O=