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: 6/20/16
Date Reported: 6/21/16
P.O. #:
Work Order #: 1606-14042

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-RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:09

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16 20:00	MAR

Sample # 002
SAMPLE DESCRIPTION: 03G WELL #3 BLACKSTONE STREET-RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:06

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16 20:00	MAR

Sample # 003
SAMPLE DESCRIPTION: 04G WELL #4 BERNAT - RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 16:07

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16 20:00	MAR

Sample # 004
SAMPLE DESCRIPTION: 05G WELL #5 BERNAT - RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:58

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16 20:00	MAR

Sample # 005
SAMPLE DESCRIPTION: 06G WELL #6 BERNAT - RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:48

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16 20:00	MAR

Sample # 006
SAMPLE DESCRIPTION: 07G WELL #7 ROSENFELD - RAW RW
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:32

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED	ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16 20:00	MAR

R.I. Analytical Laboratories, Inc.

CERTIFICATE OF ANALYSIS

Town of Uxbridge Massachusetts
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Sample # 007
SAMPLE DESCRIPTION: 07G WELL #7 ROSENFELD - FINISH PT
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:27

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	20:00	MAR
Total Residual Chlorine	2.06		mg/l		6/20/16	15:27	*CS

Sample # 008
SAMPLE DESCRIPTION: 473 EAST HARTFORD AVE
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 15:30

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	20:00	MAR
Total Residual Chlorine	0.23		mg/l		6/20/16	15:30	*CS

Sample # 009
SAMPLE DESCRIPTION: 549 EAST HARTFORD AVE
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 6/20/2016 @ 16:45

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Coliform (Colilert18)	Absent		/100 mls	SM9223B 19-21ed	6/20/16	20:00	MAR
Total Residual Chlorine	0.13		mg/l		6/20/16	16:45	*CS

*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 ME method~~	Chlorine Residual	Coliert 18 Hour Coliform
6/20/16	3:09 PM	02G – RW – Well #2 Blackstone Street – RAW	G	1 ST	T	DW	X	X	1.11	X
	3:06 PM	03G – RW – Well #3 Blackstone Street – RAW	G	1 ST	T	DW	X	X	1.11	X
	4:07 PM	04G – RW – Well #4 Bernat – RAW	G	1 ST	T	DW	X	X	1.11	X
	3:58 PM	05G – RW – Well #5 Bernat – RAW	G	1 ST	T	DW	X	X	1.11	X
	3:48 PM	06G – RW – Well #6 Bernat – RAW	G	1 ST	T	DW	X	X	1.11	X
	3:32 PM	07G – RW – Well #7 Rosenfeld – RAW	G	1 ST	T	DW	X	X	1.11	X
	3:27 PM	07G – PT – Well #7 Rosenfeld - Finish	G	1 ST	T	DW	X	X	2.06	X
	5:30	473 East Hartford Ave	C	1ST	T	DW	X		.23	X
	4:45	549 East Hartford Ave	G	1ST	T	DW	X		.13	X

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 – Raw Water 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
	6/20/16	19:21	L Doe	6-20-16	1821

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.

3.2

Lab Use Only	
	Sample Pick Up Only
	RIAL sampled; attach field hours
☑	Shipped on ice 140422
	Workorder No: 16016 ~~16041~~

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=_____

NP 6/20/16 1821