
From: Paul Rafuse <prafuse@townsend.ma.us>
Sent: Tuesday, October 03, 2017 1:14 PM
To: rao@townsend.ma.us
Subject: Sue Funaiole Public Records Request
Attachments: New Compressed (zipped) Folder-2015.zip; New Compressed (zipped) Folder-2016.zip; New Compressed (zipped) Folder2017.zip; Sue Funaiole-Public Records Request.pdf

Kathy,

The following and attachments is the Water Department's response to Mrs. Funaiole's request.

1. Are there any reports stating when, how much and what chemicals were added to the Fitchburg Rd. tank, in the last three years? I would like copies, please.
Because the DEP does not require reporting of Chlorine use in storage tanks for maintenance purposes or intermittent use. Maintenance purposes would include repairs, improvements performed on the tank. Intermittent use would include treatment for suspected Total Coliform bacteria detection at a dose to acquire a residual of 0.25-0.3mL (milligrams per liter). Other than that there are no documents responsive to this request.
2. Are there test results by date for this period of time (3 years) before and after the chemicals were added ? I would like this information also, please.
Please refer to the response no. 1 therefore, there are only test result records after chlorine was added (see attached).
3. I would also like to know how much of each product we purchase in the last year, from whom and the cost of each.
Please see attached. It should be noted that the total amount purchased during this time frame does not represent what was used on the Fitchburg Rd. tank. Some was used for disinfection purposes for other projects or repairs in the system and intermittent use at the Highland St. tank.

I hope this satisfies your request. If you have any questions please feel free to call our office or email me.

Thank you

For the purpose of fee assessment: The request includes 85 copies and took 1 hour @ \$19.57/hr.

Paul Rafuse

Paul Rafuse
Superintendent
Townsend Water Department
540 Main St.
West Townsend, MA 01474
Tel: 978-597-2212
Fax: 978-597-5611
E-mail: prafuse@townsend.ma.us

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Virus-free. www.avg.com



HARCROS

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290172841

INVOICE DATE

08-JUL-2016

SOLD TO

08215150

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHOWN

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
08-JUL-2016		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE			TAX ST	
456 EMA	Verbal/ Paul			NET 30			T - TAX E - EX	
QUANTITY DELIVERED	TY.PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	
								Total Tax:

5531 - Chemicals

Your account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.

TOTAL
AMOUNT
DUE

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HARCROS CHEMICALS INC
P.O. Box 74583
Chicago, IL 60696



HARCROS

RECEIVED
AUG 18 2016
TOWNSEND
WATER DEPARTMENT

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290173578

INVOICE DATE

11-AUG-2016

SOLD TO

08215150
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
11-AUG-2016		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE		TAX STATUS		
456 EMA	Verbal/ Paul			NET 30		T - TAXABLE E - EXEMPT		
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
2	CS	Accu-Care Super Shock 4x1 Gal Case 16429		8	GL	E	5.38000	43.04
							Total Tax:	0.00
Your account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.							TOTAL AMOUNT DUE	43.04

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Harcros Chemicals Inc

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Phone: 603-880-0535

8 CAPITOL STREET
NASHUA, NH 03063

INVOICE NUMBER

290174197

INVOICE DATE

12-SEP-2016

RECEIVED
SEP 20 2016

SOLD TO

08215150 TOWNSEND
WATER DEPARTMENT

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
12-SEP-2016		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE			TAX STATUS	
EMA	Verbal/ Paul			NET 30			T - TAXABLE E - EXEMPT	
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	64.56
								Total Tax: 0.00

5531-Chemicals

Account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month
(ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms
of sale. This rate will be uniform in all states, except in those states where interest collected may be
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TOTAL
AMOUNT
DUE

64.56

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Chicago, IL 60696

Harcros Chemicals Inc

~~MA~~ASHUA, NH 03063

18-OCT-2016

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

RECEIVED
MASHUA, NH 03063
OCT 14 2016
TOWNSEND
WATER DEPARTMENT
SHIP TO

**TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474**

(SAME UNLESS)
(SHOWN)

5531- Chemicals

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Chicago, IL 60696

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294154800



HARCROS

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET
NASHUA, NH 03063

INVOICE NUMBER

290175456

INVOICE DATE

17-NOV-2016

SOLD TO

08215150

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474
 RECEIVED
 NOV 21 2016
 TOWNSEND
 WATER DEPARTMENT

SHIP TO

09136143

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
17-NOV-2016		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE		TAX STATUS		
456 EMA	Verbal/ Paul			NET 30		T - TAXABLE E - EXEMPT		
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	64.56
							Total Tax:	0.00
Your account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.							TOTAL AMOUNT DUE	64.56

5531-Chemicals

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294180500



Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290175679

INVOICE DATE

01-DEC-2016

SOLD TO

08215150
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
01-DEC-2016		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.		CUSTOMER ORDER NUMBER		TERMS OF SALE			TAX STATUS	
456 EMA		VERBAL/ JIM		NET 30			T - TAXABLE E - EXEMPT	
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	64.56
Total Tax:								0.00

Your account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month
(ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms
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TOTAL
AMOUNT
DUE 64.56

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Your Business Is Appreciated

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FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290176435

INVOICE DATE

17-JAN-2017

SOLD TO

08215150
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
17-JAN-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE		TAX STATUS		
456 EMA	VERBAL/ TIM			NET 30		T - TAXABLE E - EXEMPT		
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	64.5
							Total Tax:	0.0

Your account is subject to a **FINANCE CHARGE**, at a **PERIODIC RATE OF 1.5%** per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.

**TOTAL
AMOUNT
DUE**

64.5

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4326800



HARCROS
RECEIVED
 FEB 21 2017
Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290177005

INVOICE DATE

21-FEB-2017

SOLD TO
 TOWNSEND
 08215 WATER DEPARTMENT

 TOWN OF TOWNSEND
 WATER DEPARTMENT
 540 MAIN STREET
 WEST TOWNSEND, MA 01474
SHIP TO

09136143

 TOWN OF TOWNSEND
 WATER DEPARTMENT
 540 MAIN STREET
 WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE	SHIPPED VIA	SHIPPING POINT	FREIGHT/FOB				
21-FEB-2017	CUSTOMER PICK UP	NASHUA	Dest/Freight Prepaid				
SALESPERSON NO.	CUSTOMER ORDER NUMBER	TERMS OF SALE	TAX STATUS				
56 EMA	Verbal/ Jim	NET 30	T - TAXABLE E - EXEMPT				
QUANTITY DELIVERED	TY.PKG.	DESCRIPTION	UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429	12	GL	E	5.38000	64.56
5531-chemicals							
Total Tax:							0.00

5531-chemicals

Our account is subject to a **FINANCE CHARGE**, at a **PERIODIC RATE OF 1.5%** per month
ANNUAL PERCENTAGE OF 18% applied to all unpaid account balances, not paid within the terms
 sale. This rate will be uniform in all states, except in those states where interest collected may be
 more or less depending entirely on the state's statutes.

**TOTAL
AMOUNT
DUE**

64.56

ORIGINAL INVOICE

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 Chicago, IL 60696

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4372300



HARCROS

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290177446

INVOICE DATE

16-MAR-2017

SOLD TO

08215150

TOWN OF TOWNSEND

WATER DEPARTMENT

540 MAIN STREET

WEST TOWNSEND, MA 01474

RECEIVED
MAR 21 2017
TOWNSEND
WATER DEPARTMENT

SHIP TO

09136143

TOWN OF TOWNSEND

WATER DEPARTMENT

540 MAIN STREET

WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
16-MAR-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
LES PERSON NO.		CUSTOMER ORDER NUMBER		TERMS OF SALE		TAX STATUS		
66 EMA		Verbal/ Jim		NET 30		T - TAXABLE E - EXEMPT		
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	64.56

5531- Chemicals

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Chicago, IL 60696

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4386300



HARCROS

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290177589

INVOICE DATE

24-MAR-2017

SOLD TO

08215150

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB			
24-MAR-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid			
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE			TAX STATUS		
56 EMA	Verbal			NET 30			T - TAXABLE E - EXEMPT		
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT	
1	CS	Accu-Care Super Shock 4x1 Gal Case 16429		4	GL	E	5.38000	21.52	
							Total Tax:	0.00	
our account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.								TOTAL AMOUNT DUE	21.52

ORIGINAL INVOICE

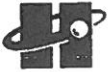
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YOUR CHECK

PLEASE REMIT PAYMENT TO:

HARCROS CHEMICALS INC
P.O. Box 74583
Chicago, IL 60696

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294434100

**HARCROS****Harcros Chemicals Inc**

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290178013

INVOICE DATE

18-APR-2017

SOLD TO

08215150

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE	SHIPPED VIA	SHIPPING POINT	FREIGHT/FOB				
18-APR-2017	CUSTOMER PICK UP	NASHUA	Dest/Freight Prepaid				
SALESPERSON NO.	CUSTOMER ORDER NUMBER	TERMS OF SALE					TAX STATUS
456 EMA	Verbal/ Jim	NET 30					T - TAXABLE E - EXEMPT
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION	UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
2	CS	Accu-Care Super Shock 4x1 Gal Case 16429	8	GL	E	5.38000	43.04
						Total Tax:	0.00

5531-Chemicals

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TOTAL
AMOUNT
DUE

43.04

ORIGINAL INVOICE

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HARCROS

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290178448

INVOICE DATE

10-MAY-2017

SOLD TO

08215150
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
0-MAY-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
PERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE			TAX STATUS	
EMA	Verbal/ Paul			NET 30			T - TAXABLE E - EXEMPT	
QTY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
3	CS	Accu-Care Super Shock 4x1 Gal Case 16429		12	GL	E	5.38000	64.56
							Total Tax:	0.00
31-Chemicals								
account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of the invoice. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.							TOTAL AMOUNT DUE	64.56

ORIGINAL INVOICE
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PLEASE REMIT PAYMENT TO:

HARCROS CHEMICALS INC
P.O. Box 74583
Chicago, IL 60696

294555700



HARCROS

Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290179189

INVOICE DATE

15-JUN-2017

SOLD TO

08215150
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

RECEIVED
JUN 20 2017

TOWNSEND
WATER DEPARTMENT

SHIPTO

09136143

TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
15-JUN-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE		TAX STAT		
456 EMA	verbal/ Jim			NET 30		T - TAXABLE E - EXEMPT		
QUANTITY DELIVERED	TY.PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
2	CS	Accu-Care Super Shock 4x1 Gal Case 16429		8	GL	E	5.38000	43
		5531 Chemicals						
							Total Tax:	0.

Your account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.

TOTAL
AMOUNT
DUE

43.04

ORIGINAL INVOICE

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PAYMENT OR REFERENCE INVOICE NUMBERS ON
YOUR CHECK

PLEASE REMIT PAYMENT TO:

HARCROS CHEMICALS INC
P.O. Box 74583
Chicago, IL 60696

For Terms and Conditions of Sale, please visit: http://www.harcros.com/terms_conditions
or See your BOL



Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE NUMBER

290179538

INVOICE DATE

05-JUL-2017

SOLD TO

08215150

TOWN OF TOWNSEND

WATER DEPARTMENT

540 MAIN STREET

WEST TOWNSEND, MA 01474

RECEIVED
JUL 17 2017
TOWNSEND
WATER DEPARTMENT

09136143

TOWN OF TOWNSEND

WATER DEPARTMENT

540 MAIN STREET

WEST TOWNSEND, MA 01474

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
05-JUL-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
PERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE		TAX STATUS		
EMA	Verbal/ Jim			NET 30		T - TAXABLE E - EXEMPT		
QTY DELIVERED	TY.PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
1	CS	Accu-Care Super Shock 4x1 Gal Case 16429		4	GL	E	5.38000	21.52
							Total Tax:	0.00

account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month
ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms
of sale. This rate will be uniform in all states, except in those states where interest collected may be
more or less depending entirely on the state's statutes.

TOTAL
AMOUNT
DUE

21.52

ORIGINAL INVOICE

PLEASE RETURN A COPY OF THIS INVOICE WITH
PAYMENT OR REFERENCE INVOICE NUMBERS ON
OUR CHECK

PLEASE REMIT PAYMENT TO:

HARCROS CHEMICALS INC
P.O. Box 74583
Chicago, IL 60696



Harcros Chemicals Inc

FEDERAL I.D. NO. 43-1935062

Phone: 603-880-0535

8 CAPITOL STREET

NASHUA, NH 03063

INVOICE N

290179921

INVOICE DATE

24-JUL-2017

SOLD TO

08215150
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

SHIP TO

09136143
TOWN OF TOWNSEND
WATER DEPARTMENT
540 MAIN STREET
WEST TOWNSEND, MA 01474

(SAME UNLESS SHOWN)

SHIPPING DATE		SHIPPED VIA		SHIPPING POINT		FREIGHT/FOB		
24-JUL-2017		CUSTOMER PICK UP		NASHUA		Dest/Freight Prepaid		
SALESPERSON NO.	CUSTOMER ORDER NUMBER			TERMS OF SALE			TAX STATUS	
456 EMA	verbal/ Jim			NET 30			T - TAXABLE E - EXEMPT	
QUANTITY DELIVERED	TY. PKG.	DESCRIPTION		UNITS DELIVERED	TYPE UNIT	TAX	PRICE PER UNIT	AMOUNT
1	CS	Accu-Care Super Shock 4x1 Gal Case 16429		4	GL	E	5.38000	21.52
							Total Tax:	0.00
Your account is subject to a FINANCE CHARGE, at a PERIODIC RATE OF 1.5% per month (ANNUAL PERCENTAGE OF 18%) applied to all unpaid account balances, not paid within the terms of sale. This rate will be uniform in all states, except in those states where interest collected may be more or less depending entirely on the state's statutes.							TOTAL AMOUNT DUE	21.52

ORIGINAL INVOICE

PLEASE RETURN A COPY OF THIS INVOICE WITH
PAYMENT OR REFERENCE INVOICE NUMBERS ON
YOUR CHECK

PLEASE REMIT PAYMENT TO:

HARCROS CHEMICALS INC
P.O. Box 74583
Chicago, IL 60696

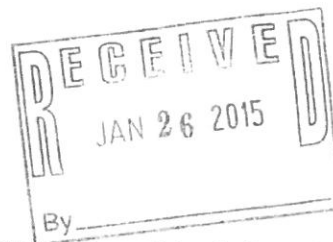
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 1/15/2015

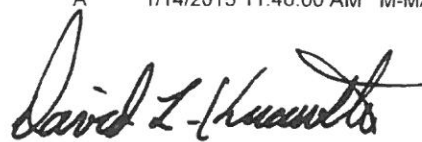
Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 1/14/2015 9:31:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 1/14/2015 8:21:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 1/14/2015 9:05:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
92 Ash Street, RS 009						
<i>Sampled: 1/14/2015 9:20:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Cross St. Station (Finish), EP 02G						
<i>Sampled: 1/14/2015 10:26:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Cross St. Station (Raw), RW 02G						
<i>Sampled: 1/14/2015 10:25:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 1/14/2015 8:53:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 1/14/2015 8:30:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 1/14/2015 9:35:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 1/14/2015 8:05:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 1/14/2015 8:11:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 1 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 1/15/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 1/14/2015 8:12:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Highland St. Tank, RS 004						
<i>Sampled: 1/14/2015 7:45:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Main St. Station (Finish), EP 01G						
<i>Sampled: 1/14/2015 9:28:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 1/14/2015 9:26:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 1/14/2015 8:40:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 1/14/2015 8:32:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2015 11:40:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
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Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director

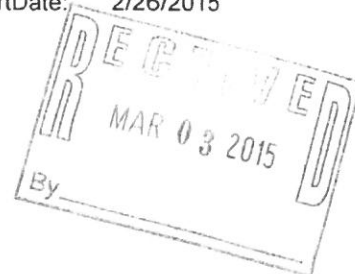
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 2/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 2/25/2015 9:45:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
6 Maplewood Dr, UR 007A						
<i>Sampled: 2/25/2015 10:35:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 2/25/2015 7:04:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
97 Ash St., RO 009ALT						
<i>Sampled: 2/25/2015 10:15:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 2/25/2015 7:18:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 2/25/2015 9:20:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 2/25/2015 7:33:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 2/25/2015 6:49:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 2/25/2015 7:28:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 2/25/2015 7:30:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Highland St. Tank, RS 004						
<i>Sampled: 2/25/2015 6:37:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118

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 Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
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David L. Knowlton
 Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 2/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
<i>Sampled: 2/25/2015 8:02:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 2/25/2015 8:00:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 2/25/2015 7:09:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 2/25/2015 7:05:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/25/2015 2:35:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
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Massachusetts Certified
Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

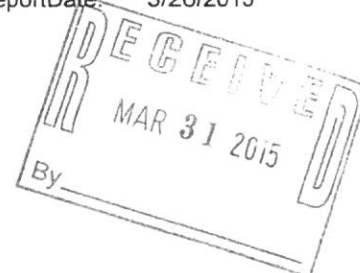
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 3/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 3/25/2015 9:42:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 3/25/2015 7:55:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 3/25/2015 8:36:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
92 Ash Street, RS 009						
Sampled: 3/25/2015 9:30:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 3/25/2015 8:48:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 3/25/2015 8:15:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 3/25/2015 10:02:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 3/25/2015 7:18:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 3/25/2015 8:31:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 3/25/2015 8:33:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 3/25/2015 7:41:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118

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Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

Report Date: 3/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
Sampled: 3/25/2015 9:47:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Main Street Well #1, RS 01G						
Sampled: 3/25/2015 9:45:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 3/25/2015 8:47:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 3/25/2015 8:53:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/25/2015 11:55:00 AM	M-MA1118

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Massachusetts Certified
Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 4/23/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 4/21/2015 11:08:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 4/21/2015 8:11:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 4/21/2015 7:40:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
92 Ash Street, RS 009						
Sampled: 4/21/2015 11:00:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 4/21/2015 8:00:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 4/21/2015 8:20:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 4/21/2015 7:36:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 4/21/2015 8:25:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 4/21/2015 11:16:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 4/21/2015 11:15:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 4/21/2015 8:05:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 1 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 4/23/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
Sampled: 4/21/2015 12:15:00 PM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 4/21/2015 12:15:00 PM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 4/21/2015 11:04:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 4/21/2015 11:00:00 AM by M MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2015 3:55:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
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David L. Knowlton
Laboratory Director

Page 2 of 2

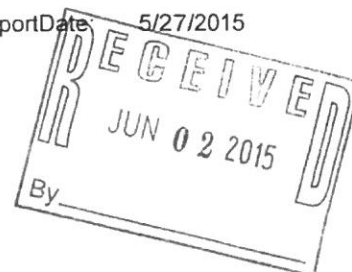
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

Report Date: 5/27/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 5/26/2015 9:40:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
6 Maplewood Dr, UR 007A						
Sampled: 5/26/2015 10:03:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 5/26/2015 10:30:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
92 Ash Street, RS 009						
Sampled: 5/26/2015 9:15:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 5/26/2015 10:40:00 AM by P. Rafuse						
E. coli, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	#	P	Absent	A	5/26/2015 12:00:00 PM
Fire Station (Harbor), RS 006						
Sampled: 5/26/2015 8:50:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 5/26/2015 7:30:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 5/26/2015 6:30:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 5/26/2015 8:32:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 5/26/2015 8:35:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 5/27/2015

**Certificate of Analysis**

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 5/26/2015 6:45:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 5/26/2015 7:20:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 5/26/2015 7:22:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 5/26/2015 8:13:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 5/26/2015 8:10:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/26/2015 12:00:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 5/28/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
10 Elm Street, DR 002B						
Sampled: 5/27/2015 12:34:00 PM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/27/2015 1:40:00 PM	M-MA1118
4 Elm Street, UR 002A						
Sampled: 5/27/2015 12:23:00 PM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/27/2015 1:40:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 5/27/2015 12:28:00 PM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/27/2015 1:40:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

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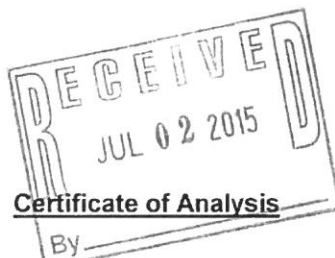
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 6/26/2015



TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 6/25/2015 9:36:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 6/25/2015 8:25:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 6/25/2015 10:11:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
92 Ash Street, RS 009						
Sampled: 6/25/2015 9:28:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Cross St. Station (Raw), RW 02G						
Sampled: 6/25/2015 8:06:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 6/25/2015 10:27:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 6/25/2015 8:30:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 6/25/2015 9:39:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 6/25/2015 7:52:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 6/25/2015 8:40:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 6/25/2015 8:43:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 1 of 3

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 6/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Harbor Trace Well-Finished, RS 03G						
<i>Sampled: 6/25/2015 8:40:00 AM by M. MacEachern</i>						
Iron, MG/L	EPA 200.7	0.006	0.3	0.003	6/26/2015	M-MA1118
Manganese, MG/L	EPA 200.7	0.003	0.05	0.002	6/26/2015	M-MA1118
Nitrate as N, MG/L	EPA 300.0	4.3	10	0.05	6/25/2015	M-MA1118
Nitrite as N, MG/L	EPA 300.0	ND	1	0.02	6/25/2015	M-MA1118
Highland St. Tank, RS 004						
<i>Sampled: 6/25/2015 8:08:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
<i>Sampled: 6/25/2015 9:57:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 6/25/2015 9:55:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Main Street Well #1, RS 01G						
<i>Sampled: 6/25/2015 9:57:00 AM by M. MacEachern</i>						
Iron, MG/L	EPA 200.7	0.12	0.3	0.003	6/26/2015	M-MA1118
Manganese, MG/L	EPA 200.7	0.008	0.05	0.002	6/26/2015	M-MA1118
Nitrate as N, MG/L	EPA 300.0	1.1	10	0.05	6/25/2015	M-MA1118
Nitrite as N, MG/L	EPA 300.0	ND	1	0.02	6/25/2015	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 6/25/2015 9:13:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 6/25/2015 9:05:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/25/2015 2:25:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 2 of 3

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 6/26/2015

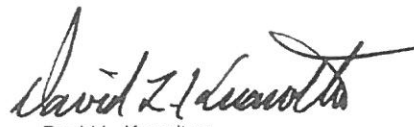
Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Witches Brook Well #2, RS 05G						
Sampled: 6/25/2015 9:05:00 AM by M. MacEachern						
Iron, MG/L	EPA 200.7	ND	0.3	0.003	6/26/2015	M-MA1118
Manganese, MG/L	EPA 200.7	0.004	0.05	0.002	6/26/2015	M-MA1118
Nitrate as N, MG/L	EPA 300.0	4.4	10	0.05	6/25/2015	M-MA1118
Nitrite as N, MG/L	EPA 300.0	ND	1	0.02	6/25/2015	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118

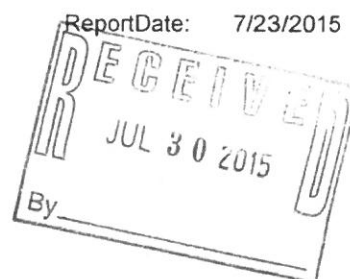

David L. Knowlton
Laboratory Director

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Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 7/23/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 7/22/2015 9:36:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 7/22/2015 8:02:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 7/22/2015 8:35:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
92 Ash Street, RS 009						
<i>Sampled: 7/22/2015 9:21:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Cross St. Station (Raw), RW 02G						
<i>Sampled: 7/22/2015 10:35:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 7/22/2015 8:25:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 7/22/2015 8:55:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 7/22/2015 9:10:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 7/22/2015 7:45:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 7/22/2015 8:54:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 7/22/2015 8:54:00 AM by M MacEachern/P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit). MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

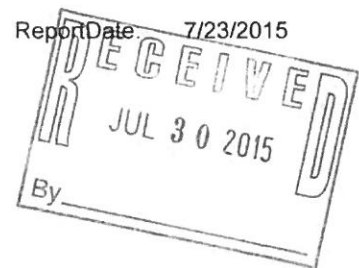
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

Report Date 7/23/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 7/22/2015 8:15:00 AM by M MacEachern/P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 7/22/2015 9:30:00 AM by M MacEachern/P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 7/22/2015 9:30:00 AM by M MacEachern/P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 7/22/2015 8:30:00 AM by M MacEachern/P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 7/22/2015 8:31:00 AM by M MacEachern/P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/22/2015 1:55:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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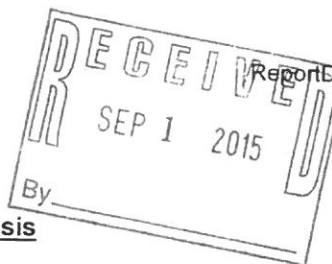
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

Report Date: 8/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 8/25/2015 9:45:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 8/25/2015 10:20:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 8/25/2015 9:10:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
92 Ash Street, RS 009						
Sampled: 8/25/2015 11:25:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Cross St. Station (Finish), EP 02G						
Sampled: 8/25/2015 8:50:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Cross St. Station (Raw), RW 02G						
Sampled: 8/25/2015 8:50:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 8/25/2015 9:30:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 8/25/2015 10:55:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 8/25/2015 11:50:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 8/25/2015 8:15:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 8/25/2015 11:05:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118

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ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 8/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Harbor Trace Well (Raw), RW 03G						
Sampled: 8/25/2015 11:05:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 8/25/2015 8:35:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 8/25/2015 12:00:00 PM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 8/25/2015 12:00:00 PM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 8/25/2015 10:00:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 8/25/2015 10:00:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/25/2015 3:00:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 9/23/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 9/22/2015 11:20:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 9/22/2015 11:00:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 9/22/2015 11:47:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
97 Ash St., RO 009ALT						
Sampled: 9/22/2015 10:10:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 9/22/2015 12:00:00 PM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 9/22/2015 11:30:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 9/22/2015 9:17:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 9/22/2015 7:57:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 9/22/2015 8:50:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 9/22/2015 8:57:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 9/22/2015 8:17:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
Sampled: 9/22/2015 9:28:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 9/22/2015 9:25:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 9/22/2015 8:38:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 9/22/2015 8:33:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/22/2015 2:25:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

David L. Knowlton
Laboratory Director

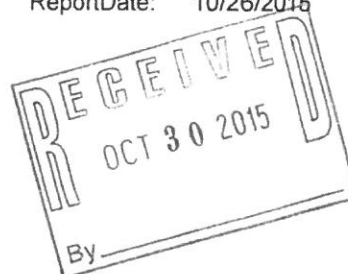
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 10/26/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 10/23/2015 10:10:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 10/23/2015 7:54:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 10/23/2015 9:07:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
92 Ash Street, RS 009						
<i>Sampled: 10/23/2015 11:24:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 10/23/2015 9:17:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 10/23/2015 9:59:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 10/23/2015 8:57:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 10/23/2015 8:20:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 10/23/2015 9:37:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 10/23/2015 9:39:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/23/2015 2:10:00 PM	M-MA1118
Highland St. Tank, RS 004						
<i>Sampled: 10/23/2015 7:40:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

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Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 10/26/2015

Certificate of Analysis

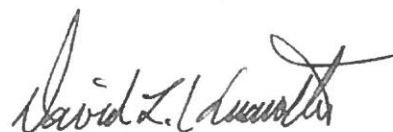
TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
Sampled: 10/23/2015 10:24:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 10/23/2015 10:22:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/23/2015 2:10:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 10/23/2015 9:24:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/23/2015 2:10:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 10/23/2015 9:19:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ML	MF-SM9222B	A	0/Absent	A	10/23/2015 2:05:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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David L. Knowlton
Laboratory Director

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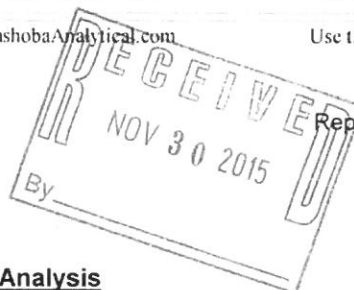
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 11/20/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 11/19/2015 10:00:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
6 Maplewood Dr, UR 007A						
Sampled: 11/19/2015 9:40:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 11/19/2015 8:35:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
97 Ash St., RO 009ALT						
Sampled: 11/19/2015 9:49:00 AM by M. MacEachern/J. Blanchard						
E. coli, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	#	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 11/19/2015 8:47:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 11/19/2015 8:18:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 11/19/2015 8:50:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 11/19/2015 7:45:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 11/19/2015 7:55:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 11/19/2015 7:57:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118

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Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

Page 1 of 2

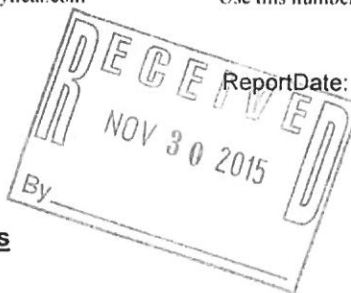
Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 11/20/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

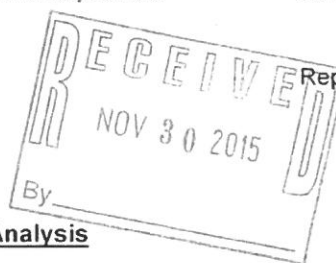
Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 11/19/2015 7:30:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 11/19/2015 9:10:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 11/19/2015 9:08:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 11/19/2015 8:20:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 11/19/2015 8:16:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/19/2015 11:30:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
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Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 2 of 2

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

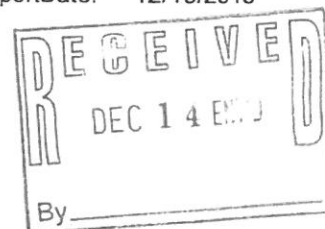
Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
92 Ash Street, RS 009						
Sampled: 11/20/2015 11:35:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/20/2015 2:45:00 PM	M-MA1118
95 Ash St., UR 009a						
Sampled: 11/20/2015 11:48:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/20/2015 2:45:00 PM	M-MA1118
99 Ash St., DR 009b						
Sampled: 11/20/2015 11:55:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/20/2015 2:45:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
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Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

ReportDate: 12/10/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 12/9/2015 10:50:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 12/9/2015 11:05:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 12/9/2015 9:43:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
92 Ash Street, RS 009						
<i>Sampled: 12/9/2015 9:55:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 12/9/2015 9:52:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 12/9/2015 9:40:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 12/9/2015 9:28:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 12/9/2015 7:55:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Highland St. Tank, RS 004						
<i>Sampled: 12/9/2015 8:10:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
<i>Sampled: 12/9/2015 11:50:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 12/9/2015 11:50:00 AM by P Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

David L. Knowlton
Laboratory Director

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 12/10/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main Street Well #1, RS 01G						
<i>Sampled: 12/9/2015 11:50:00 AM by P Rafuse</i>						
Nitrate as N, MG/L	EPA 300.0	0.52	10	0.05	12/9/2015	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
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Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 12/10/2015

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Harbor Trace Well (Finish), EP 03G						
Sampled: 12/9/2015 9:25:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 12/9/2015 9:25:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Harbor Trace Well-Finished, RS 03G						
Sampled: 12/9/2015 9:25:00 AM by P Rafuse						
Nitrate as N, MG/L	EPA 300.0	4.3	10	0.05	12/9/2015	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 12/9/2015 8:40:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 12/9/2015 8:40:00 AM by P Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/9/2015 1:35:00 PM	M-MA1118
Witches Brook Well #2, RS 05G						
Sampled: 12/9/2015 8:40:00 AM by P Rafuse						
Nitrate as N, MG/L	EPA 300.0	3.1	10	0.05	12/9/2015	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 1 of 1

Certificate of Analysis

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	TOWNSEND WATER DEPARTMENT Analyst
14 Chestnut Dr., UR 008B						
<i>Sampled: 1/23/2017 9:34:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 1/23/2017 7:50:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 1/23/2017 10:13:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
95 Ash St., UR 009a						
<i>Sampled: 1/23/2017 9:17:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 1/23/2017 8:00:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 1/23/2017 8:40:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 1/23/2017 7:48:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 1/23/2017 8:20:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 1/23/2017 9:10:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 1/23/2017 9:08:00 AM by TWD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118

David L. Knowlton
David L. Knowlton
Laboratory Director

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

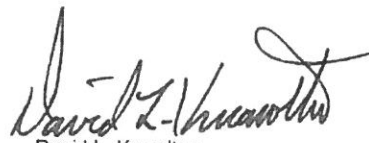
Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 1/23/2017 8:02:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 1/23/2017 8:44:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 1/23/2017 8:32:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/23/2017 11:55:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 2/23/2017

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WATER DEPARTMENTCertificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 2/22/2017 9:20:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 2/22/2017 7:56:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 2/22/2017 8:30:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
92 Ash Street, RS 009						
<i>Sampled: 2/22/2017 10:00:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 2/22/2017 9:12:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 2/22/2017 8:47:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 2/22/2017 9:23:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 2/22/2017 8:10:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 2/22/2017 8:48:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 2/22/2017 8:47:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118

 David L. Knowlton
 Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 2/23/2017

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WATER DEPARTMENT

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 2/22/2017 7:57:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 2/22/2017 8:29:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 2/22/2017 8:25:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/22/2017 11:55:00 AM	M-MA1118

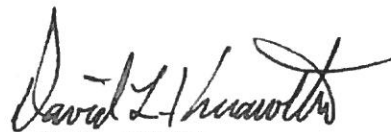
e-Filed

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Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 3/22/2017

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 3/21/2017 9:30:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 3/21/2017 7:53:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 3/21/2017 8:29:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
97 Ash St., RO 009ALT						
Sampled: 3/21/2017 9:15:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 3/21/2017 9:09:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 3/21/2017 8:12:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 3/21/2017 8:49:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 3/21/2017 10:01:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 3/21/2017 8:30:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 3/21/2017 8:29:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 3/22/2017

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
<i>Sampled: 3/21/2017 9:58:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 3/21/2017 8:11:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 3/21/2017 8:04:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/21/2017 12:50:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted
Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
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Website: <http://www.NashobaAnalytical.com>

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 4/21/2017

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 4/20/2017 9:20:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 4/20/2017 7:57:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 4/20/2017 9:02:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
97 Ash Street, RS 009						
Sampled: 4/20/2017 9:55:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 4/20/2017 7:34:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 4/20/2017 8:47:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 4/20/2017 9:09:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 4/20/2017 7:30:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 4/20/2017 8:41:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 4/20/2017 8:39:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

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ND = None Detected (<MRL), * = Background Bacteria Noted

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Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

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Website: <http://www.NashobaAnalytical.com>

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 4/21/2017

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 4/20/2017 7:45:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 4/20/2017 9:29:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 4/20/2017 9:25:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Witches Brook Pump 1 Well #1, RW 04G						
Sampled: 4/20/2017 10:34:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Witches Brook Pump 1 Well #1, EP 04G						
Sampled: 4/20/2017 10:34:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 4/20/2017 8:17:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 4/20/2017 8:14:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/20/2017 12:05:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

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Analysis performed according to 310CMR42.00

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Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 2 of 2

ReportDate: 4/4/2017

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
<i>Sampled: 4/3/2017 1:07:00 PM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/3/2017 3:00:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 4/3/2017 1:06:00 PM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/3/2017 3:00:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 5/17/2017

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 5/15/2017 8:58:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 5/15/2017 7:50:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 5/15/2017 8:26:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
97 Ash Street, RS 009						
Sampled: 5/15/2017 9:58:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 5/15/2017 10:02:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 5/15/2017 8:41:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 5/15/2017 9:53:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 5/15/2017 7:51:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 5/15/2017 8:58:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 5/15/2017 8:56:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118

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Analysis performed according to 310CMR42.00
Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 1 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 5/17/2017

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

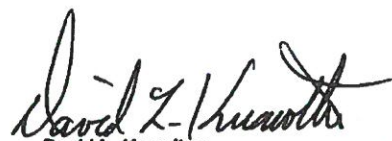
Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 5/15/2017 8:13:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 5/15/2017 9:46:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 5/15/2017 9:44:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Witches Brook Pump 1 Well #1, RW 04G						
Sampled: 5/15/2017 8:36:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223		Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Witches Brook Pump 1 Well #1, EP 04G						
Sampled: 5/15/2017 8:37:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 5/15/2017 8:22:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 5/15/2017 8:19:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/15/2017 1:20:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 6/21/2017

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
<i>Sampled: 6/19/2017 10:49:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 6/19/2017 10:48:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Witches Brook Pump 1 Well #1, RW 04G						
<i>Sampled: 6/19/2017 9:17:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Witches Brook Pump 1 Well #1, EP 04G						
<i>Sampled: 6/19/2017 9:17:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 6/19/2017 8:08:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 6/19/2017 8:12:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 6/21/2017

**Certificate of Analysis****TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000**

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 6/19/2017 9:27:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 6/19/2017 7:56:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 6/19/2017 8:55:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
97 Ash Street, RS 009						
<i>Sampled: 6/19/2017 9:40:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 6/19/2017 8:43:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 6/19/2017 9:11:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 6/19/2017 8:27:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 6/19/2017 10:11:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 6/19/2017 10:13:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118
Highland St. Tank, RS 004						
<i>Sampled: 6/19/2017 7:30:00 AM by M. MacEachern</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	6/19/2017 2:00:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
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Townsend, MA 01474

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TOWNSEND WATER DEPARTMENT (TOWNSEND)

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
- Fitchburg Rd. Tank						
Sampled: 7/20/2017 8:33:00 AM by Townsend WD						
E. coli, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/20/2017 10:00:00 AM	M-MA1118
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	# P	Absent	A	7/20/2017 10:00:00 AM	M-MA1118

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 8/16/2017 7:31:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 8/16/2017 9:48:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 8/16/2017 9:46:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Witches Brook Pump 1 Well #1, RW 04G						
Sampled: 8/16/2017 8:11:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Witches Brook Pump 1 Well #1, EP 04G						
Sampled: 8/16/2017 8:13:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 8/16/2017 8:05:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 8/16/2017 8:02:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118

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ReportDate: 8/17/2017

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 8/16/2017 9:10:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 8/16/2017 7:55:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 8/16/2017 8:25:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
97 Ash Street, RS 009						
Sampled: 8/16/2017 9:16:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 8/16/2017 8:56:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 8/16/2017 8:57:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 8/16/2017 9:58:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 8/16/2017 7:28:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 8/16/2017 8:41:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 8/16/2017 8:40:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2017 11:30:00 AM	M-MA1118

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Analysis performed according to 310CMR42.00

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Laboratory #M-MA1118David L. Knowlton
Laboratory Director

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Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 1/15/2016

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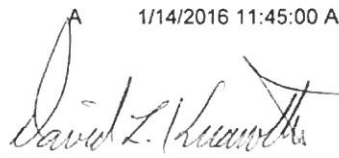
TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 1/14/2016 9:48:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 1/14/2016 8:47:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 1/14/2016 8:40:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
92 Ash Street, RS 009						
Sampled: 1/14/2016 9:36:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 1/14/2016 8:50:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 1/14/2016 8:36:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 1/14/2016 10:10:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 1/14/2016 8:21:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 1/14/2016 8:54:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 1/14/2016 8:56:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 1/14/2016 8:05:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

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David L. Knowlton
Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 1/15/2016

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
Sampled: 1/14/2016 7:48:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 1/14/2016 7:45:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 1/14/2016 9:35:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 1/14/2016 9:31:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	1/14/2016 11:45:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 2/23/2016 9:40:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 2/23/2016 7:43:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 2/23/2016 8:26:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
92 Ash Street, RS 009						
Sampled: 2/23/2016 9:30:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 2/23/2016 8:38:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 2/23/2016 9:15:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 2/23/2016 9:38:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 2/23/2016 8:00:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 2/23/2016 7:42:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 2/23/2016 9:32:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 2/23/2016 9:30:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118

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Laboratory Director

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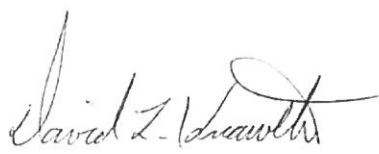
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WATER DEPARTMENTCertificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Harbor Trace Well (Finish), EP 03G						
Sampled: 2/23/2016 8:18:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 2/23/2016 8:20:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 2/23/2016 8:46:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 2/23/2016 8:41:00 AM by M MacEachern/J Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	2/23/2016 11:55:00 AM	M-MA1118

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Laboratory Director

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Townsend Water Department
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Townsend, MA 01474

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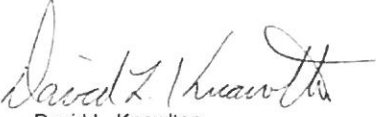
TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 3/22/2016 9:22:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
6 Maplewood Dr, UR 007A						
Sampled: 3/22/2016 9:55:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 3/22/2016 8:46:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
92 Ash Street, RS 009						
Sampled: 3/22/2016 9:33:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 3/22/2016 8:56:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 3/22/2016 9:10:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 3/22/2016 10:18:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 3/22/2016 7:47:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 3/22/2016 9:09:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 3/22/2016 9:11:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Highland St. Tank, RS 004						
Sampled: 3/22/2016 8:05:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted


David L. Knowlton
Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

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ReportDate: 3/23/2016

TOWNSEND
WATER DEPARTMENT
Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Main St. Station (Finish), EP 01G						
Sampled: 3/22/2016 8:47:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 3/22/2016 8:41:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 3/22/2016 9:41:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 3/22/2016 9:35:00 AM by M. MacEachern/J. Blanchard						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	3/22/2016 11:35:00 AM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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Laboratory Director

Page 2 of 2

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Townsend, MA 01474

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 4/21/2016 10:40:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 4/21/2016 10:55:00 AM by TWD						
E. coli, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	#	P	Absent	4/21/2016 1:45:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 4/21/2016 12:00:00 PM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
92 Ash Street, RS 009						
Sampled: 4/21/2016 10:05:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 4/21/2016 11:45:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 4/21/2016 11:05:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 4/21/2016 12:15:00 PM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 4/21/2016 7:31:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 4/21/2016 8:53:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 4/21/2016 8:51:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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David L. Knowlton
Laboratory Director

Page 1 of 2

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 4/22/2016

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

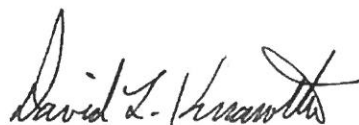
Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 4/21/2016 7:51:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 4/21/2016 9:36:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 4/21/2016 9:34:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 4/21/2016 8:22:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 4/21/2016 8:18:00 AM by TWD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/21/2016 1:45:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

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WATER DEPARTMENT

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
2 Maplewood Dr, RS 007						
Sampled: 4/22/2016 9:27:00 AM by P. Rafuse/M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/22/2016 12:15:00 PM	M-MA1118
9 Beech Street, DR 007B						
Sampled: 4/22/2016 10:00:00 AM by P. Rafuse/M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/22/2016 12:15:00 PM	M-MA1118
9 Maplewood Dr, UR 007A						
Sampled: 4/22/2016 9:45:00 AM by P. Rafuse/M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	4/22/2016 12:15:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted

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Page 1 of 1

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 5/20/2016

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TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

TOWNSEND
WATER DEPARTMENT

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 5/19/2016 10:05:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
6 Maplewood Dr, UR 007A						
Sampled: 5/19/2016 9:25:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 5/19/2016 10:55:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
97 Ash St., RO 009ALT						
Sampled: 5/19/2016 9:45:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 5/19/2016 11:05:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 5/19/2016 10:35:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 5/19/2016 11:20:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 5/19/2016 7:25:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 5/19/2016 8:47:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 5/19/2016 8:49:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

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Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 1 of 2

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 5/20/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
<i>Sampled: 5/19/2016 7:52:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
<i>Sampled: 5/19/2016 9:29:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 5/19/2016 9:25:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 5/19/2016 8:17:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 5/19/2016 8:12:00 AM by Townsend WD</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	5/19/2016 1:35:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Primary Lab MA Cert #: M-MA1118 Primary Lab Name: NASHOBA ANALYTICAL LLC

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
AR = Add. Repeat (dist System) PT = Plant Tap Sample	DR = Downstream Repeat RO = Original Site Repeat		PWS ID #:			
			2299000			
			PWS Name:			
			TOWNSEND WATER DEPARTMENT			
			6/28/2016 10:59:21 AM			

Bacteria Report**Submitted - Signed**

05G Wilches Brook Pump 2 Well #2

PT Townsend WD
Analysis Comments:6/23/2016 05:40:00
Lab Sample ID: 167598.14

TCR(T) or SWTR(S)

Original Collection:

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
05G	Wilches Brook Pump 2 Well #2	RW	Townsend WVD	6/23/2016 05:53:00	O	
Sample Comments:	Analysis Comments:					
	Lab Sample ID:					
	TCR(T) or SWTR(S)					
	Original Collection:					

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
002	Fire Station (Center)	RS	Townsend WJD	6/23/2016 11:56:00	O	
Sample Comments:	Analysis Comments:					
	Lab Sample ID:					
	TCR(T) or SWTR(S)					
	Original Collection:					

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
003	70 Brookline Road	RS	Townsend WD	6/23/2016 06:06:00	O	
Sample Comments:	Analysis Comments:					
	Lab Sample ID:					
	TCR(T) or SWTR(S)					
	Original Collection:					

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
004	Highland St. Tank	RS	Townsend WD	6/23/2016 05:31:00	O	
Sample Comments:	Analysis Comments:					
	Lab Sample ID:					
	TCR(T) or SWTR(S)					
	Original Collection:					

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
005	Fitchburg Rd. Tank	RS	Townsend WD	6/23/2016 05:15:00	O	
Sample Comments:	Analysis Comments:					
	Lab Sample ID:					
	TCR(T) or SWTR(S)					
	Original Collection:					

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
AR = Add Repeat (dist System)	DR = Downstream Repeat		PWS ID #:	2299000		6/28/2016 10:59:21 AM
PT = Plant Tap Sample	RO = Original Site Repeat		PWS Name:	TOWNSEND WATER DEPARTMENT		
RS = Routine Sample	RW = Raw Water				Page	2 of 3
SS = Special Sample	UR = Upstream Repeat					

AR = Add. Repeat (dist System) DR = Downstream Repeat
 PT = Plant Tap Sample RO = Original Site Repeat
 RS = Routine Sample RW = Raw Water
 SS = Special Sample UR = Upstream Repeat

PWS ID #: 2299000
PWS Name: TOWNSEND WATER DEPARTMENT6/28/2016 10:59:21 AM
Page 2 of 3

Bacteria Report

Submitted - Signed

Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
006	Fire Station (Harbor)	RS	Townsend WD	6/23/2016 05:51:00	O	
Sample Comments:	Analysis Comments:		Lab Sample ID:		TCR(T) or SWTR(S)	Original Collection:

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
007A	6 Maplewood Dr	UR	Townsend WD	6/23/2016 12:13:00	O	
Sample Comments:	Analysis Comments:		Lab Sample ID:		TCR(T) or SWTR(S)	Original Collection:

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
008	17 Chestnut Street	RS	Townsend WD	6/23/2016 13:15:00	O	
Sample Comments:	Analysis Comments:		Lab Sample ID:		TCR(T) or SWTR(S)	Original Collection:

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC
Location ID	Location	Routine/ Special:	Collected By:	Collection Date:	O/R/C:	Resubmit Reason:
009	97 Ash St.	RS	Townsend WD	6/23/2016 12:05:00	O	
Sample Comments:	Analysis Comments:		Lab Sample ID:		TCR(T) or SWTR(S)	Original Collection:

Contaminant:	Result:	UOM:	Analytical Method:	Analysis Date:	Analytical Lab ID:	Analytical Lab:
TOTAL COLIFORM	A	/100ml	ENZ. SUB. SM9223	6/23/2016 14:10:00	M-MA1118	NASHOBA ANALYTICAL LLC

Primary Lab Signature: Laura B Lajoie
Date: 6/28/2016

EDEP Transaction ID: 843749
Certified Signer User Name: DRDOOM

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 7/14/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 7/13/2016 9:11:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 7/13/2016 8:05:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 7/13/2016 6:43:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
99 Ash St., DR 009b						
Sampled: 7/13/2016 9:00:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 7/13/2016 7:07:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 7/13/2016 6:00:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 7/13/2016 7:23:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 7/13/2016 6:45:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 7/13/2016 5:43:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 7/13/2016 5:41:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted
Analysis performed according to 310CMR42.00
Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

Page 1 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

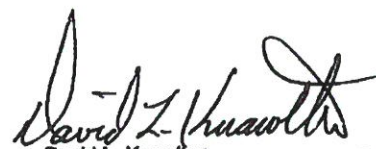
ReportDate: 7/14/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 7/13/2016 7:06:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 7/13/2016 6:23:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 7/13/2016 6:21:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 7/13/2016 5:25:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223		Absent	A	7/13/2016 2:10:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 7/13/2016 5:21:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	7/13/2016 2:10:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level
Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline
ND = None Detected (<MRL), * = Background Bacteria Noted
Analysis performed according to 310CMR42.00
Massachusetts Certified
Laboratory #M-MA1118


David L. Knowlton
Laboratory Director

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 8/17/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 8/16/2016 10:55:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 8/16/2016 11:20:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 8/16/2016 8:25:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
92 Ash Street, RS 009-old						
Sampled: 8/16/2016 11:05:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 8/16/2016 8:35:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 8/16/2016 8:03:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 8/16/2016 9:03:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 8/16/2016 7:27:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 8/16/2016 8:08:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 8/16/2016 8:11:00 AM by P. Rafuse						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 1 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 8/17/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2298000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
<i>Sampled: 8/16/2016 7:42:00 AM by P. Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
<i>Sampled: 8/16/2016 8:55:00 AM by P. Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
<i>Sampled: 8/16/2016 8:53:00 AM by P. Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
<i>Sampled: 8/16/2016 7:55:00 AM by P. Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223		Absent	A	8/16/2016 2:30:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
<i>Sampled: 8/16/2016 7:51:00 AM by P. Rafuse</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	8/16/2016 2:30:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 9/19/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 9/15/2016 9:36:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
6 Maplewood Dr, UR 007A						
Sampled: 9/15/2016 9:02:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 9/15/2016 8:10:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
92 Ash Street, RS 009						
Sampled: 9/15/2016 9:24:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 9/15/2016 9:17:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 9/15/2016 8:37:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Fire Station (West), RS 001						
Sampled: 9/15/2016 9:39:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 9/15/2016 7:33:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 9/15/2016 8:25:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 9/15/2016 8:23:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118

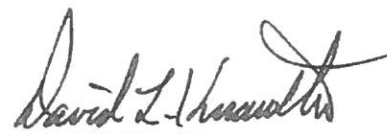
MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

ReportDate: 9/19/2016

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

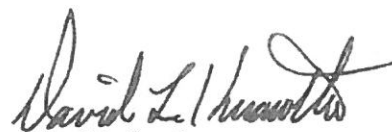
Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 9/15/2016 7:54:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 9/15/2016 8:54:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 9/15/2016 8:52:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 9/15/2016 8:02:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 9/15/2016 8:07:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	9/15/2016 11:50:00 AM	M-MA1118

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department
540 Main St
Townsend, MA 01474

Report Date

10/24/2016

NOV 02 2016

TOWNSEND
WATER DEPARTMENTCertificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
Sampled: 10/21/2016 9:39:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 10/21/2016 7:50:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 10/21/2016 8:30:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
92 Ash Street, RS 009						
Sampled: 10/21/2016 11:00:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 10/21/2016 9:34:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 10/21/2016 8:46:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 10/21/2016 10:05:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 10/21/2016 8:05:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 10/21/2016 8:50:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 10/21/2016 8:47:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118

David L. Knowlton
David L. Knowlton
Laboratory Director

Page 1 of 2

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

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Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 10/24/2016

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WATER DEPARTMENT

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 10/21/2016 7:31:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 10/21/2016 8:35:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 10/21/2016 8:30:00 AM by Townsend WD						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	10/21/2016 1:10:00 PM	M-MA1118

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MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118
David L. Knowlton
Laboratory Director

Page 2 of 2

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 11/22/2016

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TOWNSEND
WATER DEPARTMENTCertificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
17 Chestnut Street, RS 008						
<i>Sampled: 11/21/2016 9:26:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
<i>Sampled: 11/21/2016 7:55:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
70 Brookline Road, RS 003						
<i>Sampled: 11/21/2016 8:27:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
92 Ash Street, RS 009						
<i>Sampled: 11/21/2016 9:15:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Fire Station (Center), RS 002						
<i>Sampled: 11/21/2016 9:34:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
<i>Sampled: 11/21/2016 8:43:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Fire Station (West), RS 001						
<i>Sampled: 11/21/2016 9:23:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
<i>Sampled: 11/21/2016 8:09:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
<i>Sampled: 11/21/2016 8:58:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
<i>Sampled: 11/21/2016 8:56:00 AM by Client</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000



Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 11/21/2016 7:57:00 AM by Client						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 11/21/2016 8:32:00 AM by Client						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 11/21/2016 8:27:00 AM by Client						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	11/21/2016 12:15:00 PM	M-MA1118

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MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118David L. Knowlton
Laboratory Director

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

ReportDate: 12/7/2016

Certificate of AnalysisRECEIVED
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WATER DEPARTMENT

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
14 Chestnut Dr., UR 008B						
Sampled: 12/6/2016 9:58:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
2 Maplewood Dr, RS 007						
Sampled: 12/6/2016 8:01:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
70 Brookline Road, RS 003						
Sampled: 12/6/2016 8:15:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
95 Ash St., UR 009a						
Sampled: 12/6/2016 10:08:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Fire Station (Center), RS 002						
Sampled: 12/6/2016 8:53:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Fire Station (Harbor), RS 006						
Sampled: 12/6/2016 8:35:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Fire Station (West), RS 001						
Sampled: 12/6/2016 9:10:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Fitchburg Rd. Tank, RS 005						
Sampled: 12/6/2016 7:31:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Harbor Trace Well (Finish), EP 03G						
Sampled: 12/6/2016 8:23:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Harbor Trace Well (Raw), RW 03G						
Sampled: 12/6/2016 8:22:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118

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Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118

 David L. Knowlton
 Laboratory Director

Page 1 of 2

Nashoba Analytical, LLC

31A Willow Road, Ayer MA 01432

Client:

Townsend Water Department

540 Main St

Townsend, MA 01474

Tel: 978-391-4428

Fax: 978-391-4643

Website: <http://www.NashobaAnalytical.com>

LabNumber: **173045**

Use this number with all correspondence

ReportDate: 12/7/2016

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TOWNSEND
WATER DEPARTMENT

Certificate of Analysis

TOWNSEND WATER DEPARTMENT (TOWNSEND) 2299000

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
Highland St. Tank, RS 004						
Sampled: 12/6/2016 7:32:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Main St. Station (Finish), EP 01G						
Sampled: 12/6/2016 9:48:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Main St. Station (Raw), RW 01G						
Sampled: 12/6/2016 9:46:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, RW 05G						
Sampled: 12/6/2016 8:02:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118
Witches Brook Pump 2 Well #2, EP 05G						
Sampled: 12/6/2016 7:58:00 AM by M. MacEachern						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	A	Absent	A	12/6/2016 1:50:00 PM	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified
Laboratory #M-MA1118



David L. Knowlton
Laboratory Director