



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

184 LUMBER STREET HOPKINTON

Property Address

FAYE HANKARD

Owner's Name

HOPKINTON

City/Town

MA

State

01748

Zip Code

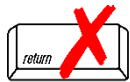
3/12/2024

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Inspector Information

Rebecca M. Lynde

Name of Inspector

Lakeside Sewerage Service Inc.

Company Name

780 N. Bigelow Street

Company Address

Marlborough

City/Town

Ma.

State

01752

Zip Code

508-485-1063

Telephone Number

SI14451

License Number

B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

1. Passes
2. Conditionally Passes
3. Needs Further Evaluation by the Local Approving Authority
4. Fails

Inspector's Signature

3/17/2024

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Please note: This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



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C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

SYSTEM FUNCTIONING PROPERLY AT TIME OF INSPECTION. WELL WATER ANALYSIS ATTACHED

2) System Conditionally Passes:

One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y N ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

[] Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

[] Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

[] broken pipe(s) are replaced [] Y [] N [] ND (Explain below):

[] obstruction is removed [] Y [] N [] ND (Explain below):

[] distribution box is leveled or replaced [] Y [] N [] ND (Explain below):

[] The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

[] broken pipe(s) are replaced [] Y [] N [] ND (Explain below):

[] obstruction is removed [] Y [] N [] ND (Explain below):

3) Further Evaluation is Required by the Board of Health:

[] Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:



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C. Inspection Summary (cont.)

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

b. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

c. Other:

4) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |



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C. Inspection Summary (cont.)

4) System Failure Criteria Applicable to All Systems: (cont.)

- Yes No
Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____.
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

5) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section C.4.

- Yes No
the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well



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C. Inspection Summary (cont.)

If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for all inspections:

- Yes No
Pumping information was provided by the owner, occupant, or Board of Health
Were any of the system components pumped out in the previous two weeks?
Has the system received normal flows in the previous two week period?
Have large volumes of water been introduced to the system recently or as part of this inspection?
Were as built plans of the system obtained and examined? (If they were not available note as N/A)
Was the facility or dwelling inspected for signs of sewage back up?
Was the site inspected for signs of break out?
Were all system components, excluding the SAS, located on site?
Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
Existing information. For example, a plan at the Board of Health.
Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]



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 Owner's Name
 HOPKINTON MA 01748 3/12/2024
 City/Town State Zip Code Date of Inspection

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 2 Number of bedrooms (actual): 2
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220 GPD

Description:
 1500 GAL 2 COMPARTMENT SEPTIC TANK, #5 D-BOX W/ (2) 20' TRENCHES

Number of current residents: 1

Does residence have a garbage grinder? Yes No

Does residence have a water treatment unit? Yes No

If yes, discharges to: _____

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): PRIVATE WELL

Detail:
 PRIVATE WELL 55' FROM LEACH AREA, WELL WATER ANALYSIS ATTACHED

Sump pump? Yes No

Last date of occupancy: CURRENT
 Date



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment:

N/A

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

Water treatment unit present?

Yes No

If yes, discharges to:

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:

Last date of occupancy/use:

Date

Other (describe below):

3. Pumping Records:

Source of information:

5/24/16 BOH RECORDS

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500 GAL
gallons

How was quantity pumped determined?

ESTIMATED

Reason for pumping:

TO CHECK STRUCTURE



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D. System Information (cont.)

4. Type of System:

- Septic tank, distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
Tight tank. Attach a copy of the DEP approval.
Other (describe):

Approximate age of all components, date installed (if known) and source of information:

TANK INSTALL 6/29/06 LEACH AREA ESTIMATED 1986 INSTALL

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade: .1' feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: 24' feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

NO PROBLEMS OBSERVED.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

.5' TO .6' feet

Material of construction:

- Concrete, metal, fiberglass, polyethylene, other (explain)

1500 GAL 2 COMPARTMENT TANK INLET 6" B.G. OUTLET 8" B.G.

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions:

W60" X D50" X L10' 1500

Sludge depth:

12"

Distance from top of sludge to bottom of outlet tee or baffle

21"

Scum thickness

12"

Distance from top of scum to top of outlet tee or baffle

1"

Distance from bottom of scum to bottom of outlet tee or baffle

8"

How were dimensions determined?

ESTIMATED

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

TANK & BAFFLES GOOD, TANK HOLDING A PROPER LEVEL WITH NO EVIDENCE OF LEAKAGE. RECOMMEND PUMPING EVERY 1 TO 2 YEARS



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D. System Information (cont.)

7. **Grease Trap** (locate on site plan):

Depth below grade: N/A
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Scum thickness _____

Distance from top of scum to top of outlet tee or baffle _____

Distance from bottom of scum to bottom of outlet tee or baffle _____

Date of last pumping: _____
Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

8. **Tight or Holding Tank** (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: N/A

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____
gallons

Design Flow: _____
gallons per day



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D. System Information (cont.)

8. Tight or Holding Tank (cont.)

Alarm present:

Yes No

Alarm level: _____

Alarm in working order: Yes No

Date of last pumping: _____

Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached?

Yes No

9. Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

#5 D-BOX 4" B.G. BOX IN FAIR CONDITION. NO LEAKAGE AT TIME OF INSPECTION. BOX HOLDING A PROPER LEVEL WITH EQUAL DISTRIBUTION. SOLIDS IN BOX WERE CLEANED AT TIME OF INSPECTION.



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D. System Information (cont.)

10. Pump Chamber (locate on site plan):

Pumps in working order: Yes No*

Alarms in working order: Yes No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

* If pumps or alarms are not in working order, system is a conditional pass.

11. Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

leaching pits number: _____

leaching chambers number: _____

leaching galleries number: _____

leaching trenches number, length: (2) 20' LONG

leaching fields number, dimensions: _____

overflow cesspool number: _____

innovative/alternative system

Type/name of technology: _____



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D. System Information (cont.)

11. Soil Absorption System (SAS) (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

NO SIGNS OF HYDRAULIC FAILURE. VEGETATION WAS NORMAL & SOIL WAS DRY. PROBES INTO LEACH STONE TO 28" IT WAS DRY. VAC TESTED LINES THEY WERE DRY AS WELL.

12. Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

N/A

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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D. System Information (cont.)

13. Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Four horizontal lines for entering comments.



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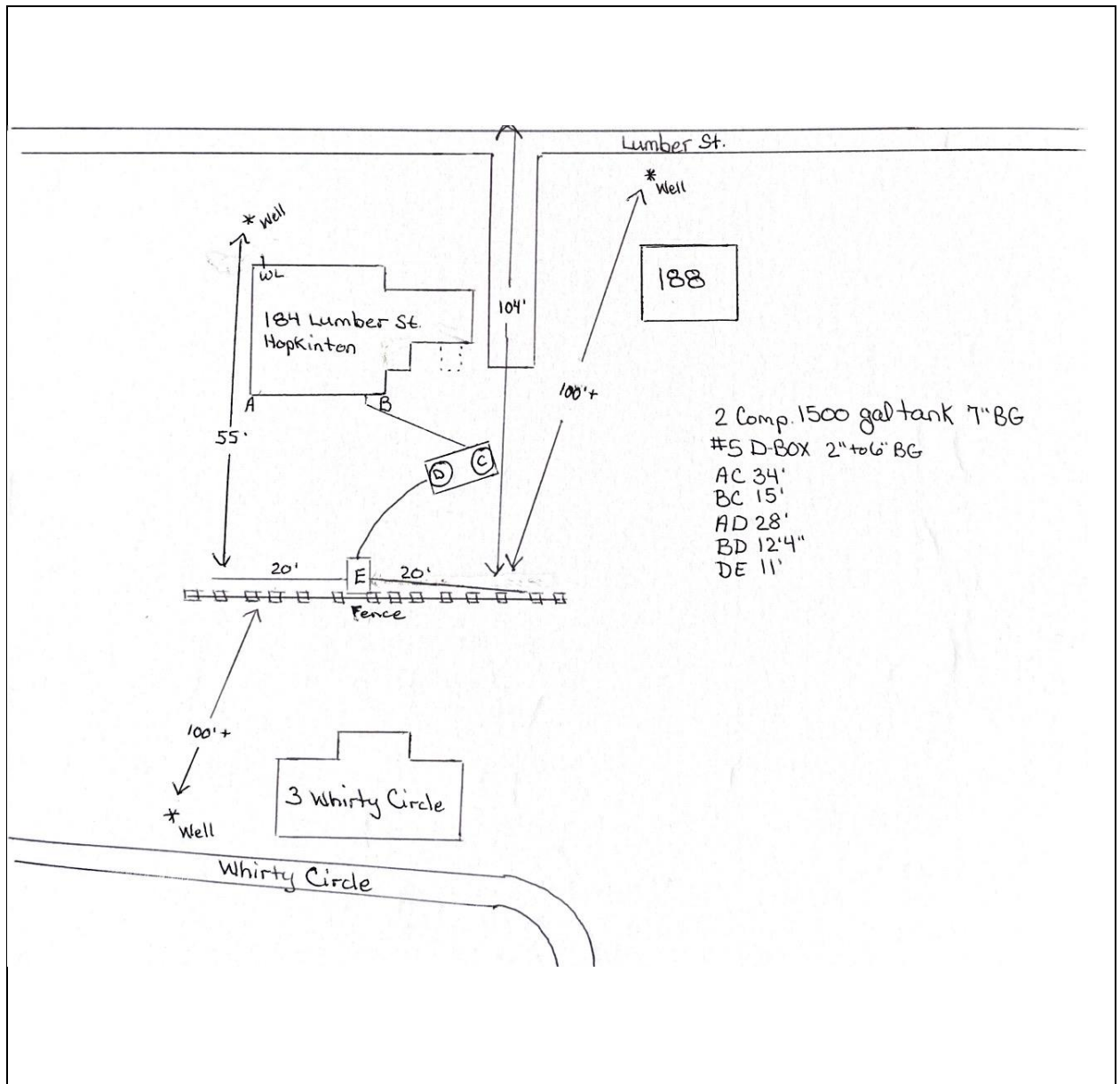
Owner information is required for every page.

D. System Information (cont.)

14. Sketch Of Sewage Disposal System:

Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





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D. System Information (cont.)

15. **Site Exam:**

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water: 4'
feet

Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: _____
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
NEIGHBORING PROPERTIES
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

SOIL EVALUATION AT 5 WHIRTY CIR WATER @ 4'
 SOIL EVALUATION AT 188 LUMBER ST WATER @ 5.3'
 BOTTOM OF LEACH STONE LESS THAN 36" B.G.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



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E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

A. Inspector Information: Complete all fields in this section.

B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included



NASHOBA ANALYTICAL

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432
 Phone: 978-391-4428 | website: www.nashobaanalytical.com

Laboratory Report

Steven Greenberg
 21 Main St 103
 Ashland, MA 01721

Date Printed: 03/20/2024
 Work Order #: 2403-02064
 Client Job #:
 Date Received: 03/13/2024
 Sample collected in: Massachusetts

Attached please find results for the analysis of the samples received on the date referenced above.

Unless otherwise noted in the attached report, the analyses performed met the requirements of the analyzing laboratory's Quality Assurance Plan, Standard Operating Procedures and State Accreditation. This certificate shall not be reproduced, except in full, without the written approval of the analyzing laboratory. The results presented in this report relate to the samples listed on the following pages in the condition in which they were received. Accreditation for each analyte is identified by the * symbol following the analyte name. Location of our analyzing laboratory is identified by the code in the Analyst Column.

A & L Laboratory:
Identified by ME in Analyst Column
 155 Center Street, Auburn, Maine 04210
 www.allaboratory.com

Granite State Analytical Services LLC:
Identified by NH in Analyst Column
 22 Manchester Road, Derry, NH 03038
 www.granitestateanalytical.com

Nashoba Analytical:
Identified by MA in the Analyst Column
 31A Willow Road, Ayer, MA 01432
 www.nashobaanalytical.com

ANALYSIS RELATED NOTES:

- RL: "Reporting limit" means the lowest level of an analyte that can be accurately recovered from the matrix of interest.
- DF: "Dilution factor" means the ratio of the volume of the sample to the volume of the final (dilute) solution.
- MDL: "Minimum Detection Limit" means the minimum result which can be reliably discriminated from a blank with a predetermined confidence level.
- A & L Laboratory / Granite State Analytical Services LLC / Nashoba Analytical. accreditation lists can be found on our websites listed above.
- Subcontracted samples will be identified by the Accreditation number of the subcontract laboratory in the analyst field for each analyte and the appropriate laboratory will be listed here. None
- Data Qualifiers (DQ) Flags provide additional information in regards to the receipt, analysis or quality control of a sample. These are indicated under the DQ Flags Column on your report and listed here if necessary: Data Qualifier (DQ) Flags: H = Hold time non-compliant.

SAMPLE STATE SPECIFIC NOTES:

Additional Narrative or Comments: None

We appreciate the opportunity to provide you with laboratory services. If you have any questions regarding the enclosed report, please contact the laboratory and we will be happy to assist you.

Erin Shaw
 Laboratory Director

A & L Laboratory: Accreditations: Maine ME00021, New Hampshire 2501, Maine Radon Registration ID # SPC20
 Granite State Analytical Services, LLC: Accreditations: New Hampshire 1015; Maine NH00003;
 Massachusetts M-NH0003; Rhode Island 101513; Vermont VT-101507
 Nashoba Analytical: Accreditations: Massachusetts M-MA1118



NASHOBA ANALYTICAL

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432
Phone: 978-391-4428 | website: www.nashobaanalytical.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 03/20/2024
CLIENT NAME: Steven Greenberg
CLIENT ADDRESS: 21 Main St 103
Ashland, MA 01721
SAMPLE ID #: 2403-02064-001
SAMPLED BY: Steve Greenberg
SAMPLE ADDRESS: 184 Lumber St
Hopkinton MA 01748
MORE LOC INFO: Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	✕
Attention	⚠

DATE AND TIME COLLECTED: 03/12/2024 12:30PM
DATE AND TIME RECEIVED: 03/13/2024 08:30AM
ANALYSIS PACKAGE: M-Hopkinton
RECEIPT TEMPERATURE: ON ICE 1.8° CELSIUS
CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
Turbidity*	<0.5	NTU			0.5	No Limit	EPA 180.1	MR-MA	03/13/2024 10:52AM
Cadmium*	<0.002	mg/L	✓		0.002	0.005 mg/L	EPA 200.7	PF-MA	03/16/2024 02:07PM
Calcium*	12	mg/L			1	No Limit	EPA 200.7	PF-MA	03/16/2024 02:07PM
Copper*	0.381	mg/L	✓		0.010	1.3 mg/L	EPA 200.7	PF-MA	03/16/2024 02:07PM
Iron*	0.028	mg/L	✓		0.10	0.3 mg/L	EPA 200.7	PF-MA	03/16/2024 02:07PM
Magnesium	1.8	mg/L			1.0	No Limit	EPA 200.7	PF-MA	03/16/2024 02:07PM
Manganese*	0.017	mg/L	✓		0.010	0.05 mg/L	EPA 200.7	PF-MA	03/16/2024 02:07PM
Potassium	2.8	mg/L			1.0	No Limit	EPA 200.7	PF-MA	03/16/2024 02:07PM
Sodium*	87.5	mg/L	✕		1	20 mg/L	EPA 200.7	PF-MA	03/16/2024 02:07PM
Arsenic*	<0.001	mg/L	✓		0.001	0.010 mg/L	EPA 200.8	NM-NH	03/14/2024 06:08PM
Lead*	0.0013	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	NM-NH	03/14/2024 06:08PM
Mercury*	<0.0001	mg/L	✓		0.0001	0.002 mg/L	EPA 200.8	JP-NH	03/19/2024 11:11AM
Chloride*	170	mg/L	✓		2	250 mg/L	EPA 300.0	KW-MA	03/13/2024 02:36PM
Fluoride*	<0.2	mg/L	✓		0.2	4.0 mg/L	EPA 300.0	KW-MA	03/13/2024 02:36PM
Nitrate as N*	1.96	mg/L	✓		0.05	10 mg/L	EPA 300.0	KW-MA	03/13/2024 02:36PM
Nitrite as N*	<0.05	mg/L	✓		0.05	1 mg/L	EPA 300.0	KW-MA	03/13/2024 02:36PM
Sulfate*	14.1	mg/L	✓		2	250 mg/L	EPA 300.0	KW-MA	03/17/2024 01:46AM
Sediment	Absent						N/A N/A	KW-MA	03/13/2024 10:15AM
Color, Apparent	0	CU	✓		0	15	SM 2120B	MR-MA	03/13/2024 10:51AM
Odor	0	TON	✓	H	0	3 T.O.N.	SM 2150B	KW-MA	03/13/2024 10:15AM
Total Alkalinity*	10	mg CaCO3/L			1	No Limit	SM 2320B	MR-MA	03/13/2024 04:43PM
Hardness (calc.)	37	mg CaCO3/L			1	No Limit	SM 2340 B	PF-MA	03/16/2024 02:07PM
Specific Conductance @ 25°C	579	umhos/cm			10	No Limit	SM 2510B	MR-MA	03/13/2024 11:48AM
Residual Free Chlorine*	<0.2	mg/L	✓	H	0.2	4	SM 4500Cl-G	AH-MA	03/13/2024 11:48AM
Total Coliform / E.coli Bacteria Preparation (Collert®-18) 20th ED							SM 9223B	ES-MA	03/13/2024 02:53PM

Erin Shaw

Erin Shaw
Laboratory Director



NASHOBA ANALYTICAL

A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC

31A Willow Road Ayer, Massachusetts 01432
 Phone: 978-391-4428 | website: www.nashobaanalytical.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 03/20/2024
CLIENT NAME: Steven Greenberg
CLIENT ADDRESS: 21 Main St 103
 Ashland, MA 01721
SAMPLE ID #: 2403-02064-001
SAMPLED BY: Steve Greenberg
SAMPLE ADDRESS: 184 Lumber St
 Hopkinton MA 01748
MORE LOC INFO: Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	✕
Attention	⚠

DATE AND TIME COLLECTED: 03/12/2024 12:30PM
DATE AND TIME RECEIVED: 03/13/2024 08:30AM
ANALYSIS PACKAGE: M-Hopkinton
RECEIPT TEMPERATURE: ON ICE 1.8° CELSIUS
CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
pH at 25°C*	5.82	SU	▽	H	N/A	6.5 - 8.5 SU	SM 4500-H-B	MR-MA	03/13/2024 11:48AM
Ammonia as N	<0.1	mg/L			0.1	No Limit	SM 4500NH3 D	AH-MA	03/18/2024 11:22AM
Coliform Bacteria*	Absent	P-A/100mL	✓		Absent	No Limit	SM 9223B	ES-MA	03/14/2024 09:12AM
E. coli Bacteria*	Absent	P-A/100mL	✓		Absent	Absent	SM 9223B	ES-MA	03/14/2024 09:12AM
Total Coliform / E.coli Bacteria Preparation (Colilert®-18) 20th ED SM 9223B ES-MA 03/13/2024 02:53PM									

Erin Shaw

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 Laboratory Director



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 Ashland, MA 01721
SAMPLE ID #: 2403-02064-002
SAMPLED BY: Steve Greenberg
SAMPLE ADDRESS: 184 Lumber St
 Hopkinton MA 01748
MORE LOC INFO: Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	⊕
Fails State Guideline	✗
Attention	⚠

DATE AND TIME COLLECTED: 03/12/2024 12:30PM
DATE AND TIME RECEIVED: 03/13/2024 08:30AM
ANALYSIS PACKAGE: M-VOC524.2-MA
RECEIPT TEMPERATURE: ON ICE 1.8° CELSIUS
CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
1,1,1,2-Tetrachloroethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,1,1-Trichloroethane*	<0.5	ug/L	✓		0.5	200 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,1,2,2-Tetrachloroethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,1,2-Trichloroethane*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,1-Dichloroethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,1-Dichloroethylene*	<0.5	ug/L	✓		0.5	7 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,1-Dichloropropylene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2,3-Trichlorobenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2,3-Trichloropropane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2,4-Trichlorobenzene*	<0.5	ug/L	✓		0.5	70 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2,4-Trimethylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2-Dibromo-3-chloropropane	<0.5	ug/L			0.5	0.2 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2-Dibromoethane	<0.5	ug/L			0.5	0.05 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2-Dichlorobenzene*	<0.5	ug/L	✓		0.5	600 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2-Dichloroethane*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2-Dichloropropane*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,3,5-Trimethylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,3-Dichlorobenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,3-Dichloropropane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,4-Dichlorobenzene*	<0.5	ug/L	✓		0.5	5.0 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
2,2-Dichloropropane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
2-Butanone (MEK)	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
2-Chlorotoluene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
2-Hexanone	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM

Erin Shaw

Erin Shaw
 Laboratory Director



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CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 03/20/2024
CLIENT NAME: Steven Greenberg
CLIENT ADDRESS: 21 Main St 103
 Ashland, MA 01721
SAMPLE ID #: 2403-02064-002
SAMPLED BY: Steve Greenberg
SAMPLE ADDRESS: 184 Lumber St
 Hopkinton MA 01748
MORE LOC INFO: Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	⊙
Fails State Guideline	⊗
Attention	⚠

DATE AND TIME COLLECTED: 03/12/2024 12:30PM
DATE AND TIME RECEIVED: 03/13/2024 08:30AM
ANALYSIS PACKAGE: M-VOC524.2-MA
RECEIPT TEMPERATURE: ON ICE 1.8° CELSIUS
CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
4-Chlorotoluene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
4-Isopropyltoluene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
4-Methyl-2-pentanone (MIBK)	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Acetone	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Benzene*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Bromobenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Bromochloromethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Bromodichloromethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Bromoform*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Bromomethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Carbon disulfide	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Carbon tetrachloride*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Chlorobenzene*	<0.5	ug/L	✓		0.5	100 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Chloroethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Chloroform*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Chloromethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
cis-1,2-Dichloroethylene*	<0.5	ug/L	✓		0.5	70 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
cis-1,3-Dichloropropylene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Dibromochloromethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Dibromomethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Dichlorodifluoromethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Diethyl ether	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Diisopropyl ether (DIPE)	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Ethyl tert-butyl ether (ETBE)	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM

Erin Shaw

Erin Shaw
 Laboratory Director



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DATE PRINTED: 03/20/2024
CLIENT NAME: Steven Greenberg
CLIENT ADDRESS: 21 Main St 103
 Ashland, MA 01721
SAMPLE ID #: 2403-02064-002
SAMPLED BY: Steve Greenberg
SAMPLE ADDRESS: 184 Lumber St
 Hopkinton MA 01748
MORE LOC INFO: Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	⊘
Fails State Guideline	✗
Attention	⚠

DATE AND TIME COLLECTED: 03/12/2024 12:30PM
DATE AND TIME RECEIVED: 03/13/2024 08:30AM
ANALYSIS PACKAGE: M-VOC524.2-MA
RECEIPT TEMPERATURE: ON ICE 1.8° CELSIUS
CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
Ethylbenzene*	<0.5	ug/L	✓		0.5	700 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Hexachlorobutadiene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Isopropylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
m&p-Xylenes	<1	ug/L			1	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Methyl tert-butyl ether (MtBE)*	<0.5	ug/L	✓		0.5	70 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Methylene chloride*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Naphthalene*	<0.5	ug/L	✓		0.5	100 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
n-Butylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Nitrobenzene	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
n-Propylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
o-Xylene	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
sec-Butylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Styrene*	<0.5	ug/L	✓		0.5	100 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
tert-Amyl methyl ether (TAME)	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
tert-Butyl alcohol (TBA)	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
tert-Butylbenzene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Tetrachloroethylene*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Tetrahydrofuran (THF)	<10	ug/L			10	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Toluene*	<0.5	ug/L	✓		0.5	1000 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Total THMs*	<0.5	ug/L	✓		0.5	80 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
Total Xylenes*	<0.5	ug/L	✓		0.5	10000 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
trans-1,2-Dichloroethylene*	<0.5	ug/L	✓		0.5	100 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
trans-1,3-Dichloropropylene*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Trichloroethylene*	<0.5	ug/L	✓		0.5	5 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM

Erin Shaw

Erin Shaw
 Laboratory Director



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SAMPLED BY: Steve Greenberg
SAMPLE ADDRESS: 184 Lumber St
Hopkinton MA 01748
MORE LOC INFO: Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	⊖
Fails State Guideline	✗
Attention	⚠

DATE AND TIME COLLECTED: 03/12/2024 12:30PM
DATE AND TIME RECEIVED: 03/13/2024 08:30AM
ANALYSIS PACKAGE: M-VOC524.2-MA
RECEIPT TEMPERATURE: ON ICE 1.8° CELSIUS
CLIENT JOB #:

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
Trichlorofluoromethane*	<0.5	ug/L			0.5	No Limit	EPA 524.2	KV-NH	03/15/2024 11:09PM
Vinyl chloride*	<0.5	ug/L	✓		0.5	2 ug/L	EPA 524.2	KV-NH	03/15/2024 11:09PM
1,2-Dichlorobenzene-d4	102	%	✓		0.5	70-130%	EPA 524.2 - SS	KV-NH	03/15/2024 11:09PM
4-Bromofluorobenzene	98	%	✓		0.5	70-130%	EPA 524.2 - SS	KV-NH	03/15/2024 11:09PM

Erin Shaw
Laboratory Director

2403-2064



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Water Sampling Instructions

Samples for microbiological analysis must be collected in disposable pre-sterilized plastic bottles. Chemical analysis will be performed from a clean 500mL glass or plastic container.

****PLEASE FILL ALL THE CONTAINERS THAT YOU ARE GIVEN.****

When the sample is collected, sufficient air space (1/4 inch) should be left in the top of the sterile bottle to facilitate shaking prior to analysis. Keep sample bottles closed until they are to be filled and be careful not to contaminate inside surfaces of containers. Fill containers without rinsing and cap immediately.

1. Remove aeration screen or other attachments from faucet.
2. If tap cleanliness is in doubt it may be cleaned with either an alcohol prep pad or a weak solution of Clorox bleach.
3. Run hot water first (if available) for 2-3 minutes then turn off. Run the cold water for 2-3 minutes.
4. Reduce water flow to permit filling bottle without splashing.
5. Fill sample container(s) with cold water and recap immediately.
6. Deliver samples to the laboratory as soon as possible.

Samples must be received at the laboratory within 24 hours of collection.

Do not take bacteria samples from a hose, they will almost certainly fail. Use a faucet that has been cleaned properly.

PAID
3/12/24

Special Instructions for Radon in Water or Volatile Organic Compounds:

If sampling for radon or volatile organic compounds, special vials are required. They must be filled so that there is a solid column of water (no air bubbles or head space) present after capping the vials. Invert the vial after filling and observe for any rising bubbles/air. If there are any bubbles/air, add more water. (Note: Radon in Air has separate instructions included in the kit - please follow those instructions.)

Label bottles with your name, address, date and time sampled.

Please fill in all information and include this sheet with samples.

MAILING INFORMATION (Please Print)

Name: Steven Greenberg
 Street: 21 Main Street 103
 Town: Ashland
 State/Zip Code: MA 01721
 Contact Phone #: 508 641 1222
 Email: stevege@oakrealtyma.com

SAMPLE SITE INFORMATION (Please Print)

Street: 184 Lumber Street
 Town: Hopkinton
 State/Zip Code: MA 01748
 Sample drawn by: Steve Greenberg
 Sample Site: Kitchen
(i.e. kitchen sink, well head)
 Date and Time Sampled: 5-12-2024 12:30
 Source: Drinking Water Other

Payment is required when sample is received at lab. We accept Cash, Check or Credit Card. Results will not be released until payment is received

Do you have any water treatment devices? No

Are you having any problems with your water? No

****Test(s) To Be Performed**:** Must fill this line out for paperwork to be complete: Hopkinton Regulations

Lab Use Only:
 Temperature: 20.1
 Evidence of Cooling? Yes: No: Received by: MAP Time: 10:30 Date: 3/12/24

ALL RESULTS WILL BE EMAILED UNLESS OTHERWISE REQUESTED.

Please make sure you include your correct email address above.

Rec'd 3/13/24 @ 8:30 JW