



Eastern Analytical, Inc.

professional laboratory and drilling services

Alice Hodgdon
Precinct of Haverhill Corner
PO Box 11
Haverhill, NH 03765
Subject: Laboratory Report



Eastern Analytical, Inc. ID: 205247

Client Identification: Precinct of Haverhill Corner, Haverhill / PWS ID: 1101010 | Bacteria -

Date Received: 1/6/2020

Dear Ms. Hodgdon :

Enclosed please find the laboratory report for the above identified project. All analyses were performed in accordance with our QA/QC Program. Unless otherwise stated, holding times, preservation techniques, container types, and sample conditions adhered to EPA Protocol. Samples which were collected by Eastern Analytical, Inc. (EAI) were collected in accordance with approved EPA procedures. Eastern Analytical, Inc. certifies that the enclosed test results meet all requirements of NELAP and other applicable state certifications. Please refer to our website at www.eailabs.com for a copy of our NELAP certificate and accredited parameters.

The following standard abbreviations and conventions apply to all EAI reports:

"< " "less than" followed by the reporting limit

Results for the following samples are found in this report:

Receipt Temperature/Iced: 1.1°C / Y

Lab ID Sample ID
205247.01 006 POST OFFICE

Date Rec'd	Date Sampled	Sample Matrix
1/6/2020	1/6/2020	aqueous

Samples adhered to EAI's Sample Acceptance Policy unless otherwise noted. Proper preservation was checked when applicable.

References include:

Standard Methods for Examination of Water and Wastewater : 20th Edition, 1998, 22nd Edition 2012

EPA 600/4-79-020, 1983

Eastern Analytical Inc. maintains certification in the following states: Connecticut (PH-0492), Maine (NH005), Massachusetts (M-NH005), New Hampshire/NELAP (1012), Rhode Island (269) and Vermont (VT1012).

If you have any questions regarding the results contained within, please feel free to contact me or the chemist(s) who performed the testing. This report may not be reproduced except in full, without the the written approval of the laboratory.

We appreciate this opportunity to be of service and look forward to your continued patronage.

Sincerely,

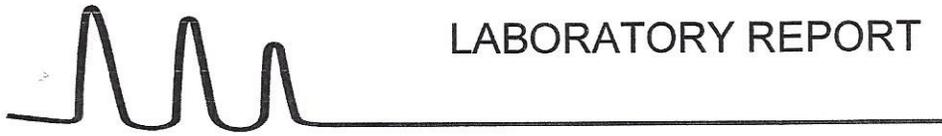
Lorraine Olashaw, Lab Director

1.10.20

Date

2

of pages (excluding cover letter)



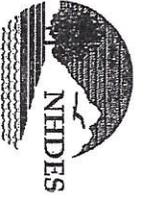
LABORATORY REPORT

EAI ID#: 205247

Client: **Precinct of Haverhill Corner**

Client Designation: **Precinct of Haverhill Corner, Haverhill / PWS ID: 1101010 | Bacteria - Jan. 2020**

Date Received: 1/6/20		Analyst: KD			Media: Colilert-18			
EAI SampleID #/ Sample ID	Date/Time Sampled	Parameter	Result	Units	Date/ Time Prepared	Date/Time Analyzed	Method	
205247.01	1/6/20 7:45							
006 POST OFFICE		Total Coliform	Absent	P-A/100ml	1/6/20 13:50	1/7/20 9:35	9223B-04	
006 POST OFFICE		E.coli	Absent	P-A/100ml	1/6/20 13:50	1/7/20 9:35	9223B-04	



Drinking Water and Groundwater Bureau
Analysis Request Form

205247

BACTERIA Routines (Total Coliform Rule)
Compliance Sample Site(s) per Master Sampling Schedule

Questions: (603) 271-2513

PWS ID: 1101010

Collected By: Dan Babin

System Name: PRECINCT OF HAVERHILL CORNER

Signature: Dan Babin (Print Name)

PWS Town: HAVERHILL

Phone Number: 603-989-9880 cell 603-228-8694

Sample Type: Routine

Results for the Month of: Jan.

Year: 2020

Site ID	Sample Site Location	Date & Time Sample Collected	Free/Total Chlorine Residual (mg/L)*	Lab Sample ID	Date & Time Sample SETUP/ PREPARED	Date & Time Sample READ/ ANALYZED	Total Coliform Count / P. or A.	Fecal Coliform or E. coli Ct / P. or A.	Method
006	POST OFFICE	1-6-2020 7:45 AM	0.34						

Note: For systems collecting three additional routines, all samples must be collected from the distribution system and you must include at least one sample from the regularly scheduled site(s). Systems with fewer than three service connections may take multiple samples at the same site. According to DES records, this system CHLORINATES. Chlorine residual concentrations must be measured and recorded at the time of sample collection. If CHLORINATION is not in use, please contact DES DWGB to update the appropriate records by email DWGBInfo@des.nh.gov or by calling (603) 271-2513.

FOR LAB USE: Temp C (upon receipt): 11 On Ice Batch ID (if different than sample ID prefix): 1-6-20 List QUALIFIERS (if any): 1-6-2020 8am
Relinquished by: Dan Babin Received by: Babin Date/Time: 1-6-2020 1330
Relinquished by: Babin 1-6-20 1330 Received at Lab by: [Signature] Date/Time: 1-6-2020 1330

Lab Conducting Analysis: _____ Signature: _____ Lab Accred. ID: _____ Phone: _____
Reporting Lab (if different): _____ Signature: _____ Lab Accred. ID: _____ Phone: _____

Results must be reported to DES within 2 business days of analysis completion unless acute contaminants are present/exceeded which must be reported within 24 hours.



Drinking Water and Groundwater Bureau
Analysis Request Form

BACTERIA Routines (Total Coliform Rule)

Compliance Sample Site(s) per Master Sampling Schedule

Questions: (603) 271-2513

PWS ID: 1101010

Collected By: Dan Bustin

System Name: PRECINCT OF HAVERHILL CORNER

Signature: Dan Bustin

PWS Town: HAVERHILL

Phone Number: 603-989-9880 cell 603-728-8691

Sample Type: Routine

Results for the Month of: Jan Year: 2020

Are Sample(s) Chlorinated? Yes No

* For chlorinated samples please circle Free or Total. Default value will be Free.

Site ID	Sample Site Location	Date & Time Sample Collected	Free/Total Chlorine Residual (mg/L)*	Lab Sample ID	Date & Time Sample SETUP / PREPARED	Date & Time Sample READ / ANALYZED	Total Coliform Count / P or A	Fecal Coliform or E. coli Cf / P or A	Method
006	POST OFFICE	1-6-2020 7:45 am	0.34						

Note: For systems collecting three additional routines, all samples must be collected from the distribution system and you must include at least one sample from the regularly scheduled site(s). Systems with fewer than three service connections may take multiple samples at the same site.

According to DES records, this system CHLORINATES. Chlorine residual concentrations must be measured and recorded at the time of sample collection. If CHLORINATION is not in use, please contact DES DWGB to update the appropriate records by email DWGBInfo@des.nh.gov or by calling (603) 271-2513.

FOR LAB USE: Temp C (upon receipt): Dan Bustin On Ice? Y / N Batch ID (if different than sample ID prefix): bab4 List QUALIFIERS (if any): 1-6-2020 8am
Relinquished by: Dan Bustin Received by: bab4 1-6-20 10:40 Date/Time: 1-6-2020 8am

Relinquished by: _____ Received at Lab by: _____ Date/Time: _____
Lab Conducting Analysis: _____ Signature: _____ Lab Accred. ID: _____ Phone: _____

Reporting Lab (if different): _____ Signature: _____ Lab Accred. ID: _____ Phone: _____
Results must be reported to DES within 2 business days of analysis completion unless acute contaminants are present/exceeded which must be reported within _____ hours.