



Asbestos Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#		DEP Location Name	Sample Information		Date Collected	Collected By
A	HWS#1A	Lincoln Mercury Dealer	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	10/11/2007	Mark Macdonald
B	HWS#2A	Barnstable Municipal Airport	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	10/11/2007	Mark Macdonald
C	HWS#3A	US Post Office W. Hyport	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	10/11/2007	Mark Macdonald
D	HWS#4A	Hyannis East Elementary Sch.	<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (S)ingle	<input type="checkbox"/> (R)aw <input type="checkbox"/> (F)inished	10/11/2007	Mark Macdonald
	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below		Date Collected	Collected By
			(1) Reason for Resubmission	(2) Collection Date of Original Sample		
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction			
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).						
A						
B						
C						
D						

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

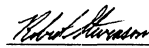
Analysis Lab MA Cert. #: Analysis Lab Name:

ASBESTOS Result (MFL)	MCL (MFL)	MDL (MFL)	Lab Method	Was sample treated with ozone, UV light, and resonicated prior to filtration?	Date of Sample Filtration	Date Analyzed	Lab Sample ID#
A	<0.10	7	0.10	UNKWN	<input type="checkbox"/>	10/13/07	E710832-1
B	<0.10	7	0.10	UNKWN	<input type="checkbox"/>	10/13/07	E710832-2
C	<0.10	7	0.10	UNKWN	<input type="checkbox"/>	10/13/07	E710832-3
D	<0.10	7	0.10	UNKWN	<input type="checkbox"/>	10/13/07	E710832-4

Asbestos result(s) reported = million fibers per liter (MFL) longer than 10um

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: 
Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Asbestos Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: 4020004 City / Town: Hyannis, MA

PWS Name: Hyannis Water System PWS Class: COM NTNC TNC

DEP LOCATION (LOC) ID#	DEP Location Name	Sample Information	Date Collected	Collected By
A	HWS#5A	Hyannis West Elementary Sch. <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	10/11/2007	Mark Macdonald
B	HWS#6A	Maintenance Bldg. School Dept. <input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished	10/11/2007	Mark Macdonald
C		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished		
D		<input type="checkbox"/> (M)ultiple <input type="checkbox"/> (R)aw <input type="checkbox"/> (S)ingle <input type="checkbox"/> (F)inished		

	Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below	
			(1) Reason for Resubmission	(2) Collection Date of Original Sample
A	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
B	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
C	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
D	<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

A

B

C

D

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: M-CT008 Primary Lab Name: Premier Laboratory, LLC. Subcontract? (Y/N) Y

Analysis Lab MA Cert. #: M-NJ337 Analysis Lab Name: EMSL Analytical

ASBESTOS Result (MFL)	MCL (MFL)	MDL (MFL)	Lab Method	Was sample treated with ozone, UV light, and resonicated prior to filtration?	Date of Sample Filtration	Date Analyzed	Lab Sample ID#
A	<0.10	7	0.10	UNKWN	<input type="checkbox"/>	10/13/07	E710832-5
B	<0.10	7	0.10	UNKWN	<input type="checkbox"/>	10/13/07	E710832-6
C					<input type="checkbox"/>		
D					<input type="checkbox"/>		

Asbestos result(s) reported = million fibers per liter (MFL) longer than 10um

LAB SAMPLE NOTES	
A	
B	
C	
D	

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge

Primary Lab Director Signature: *Robert Harrison*
Date: 10/15/2007

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____		



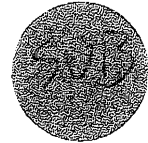
E710832 (18)

HYANNIS WATER SYSTEM

WHITEWATER, INC.

A DIVISION OF R H WHITE COMPANIES, INC.

Hyannis, MA
(888) 377-7678
PWS ID# 4020004



PWS ID INFORMATION

PWS ID# 4020004
PWS Name: Hyannis Water System
City/ Town: Hyannis, MA
Is the Source Treated? N/A
Manufactured: N/A

Date Collected: _____
PWS Class COM
Routine: No
Was this sampled after treatment? Yes

If applicable, list the connected sources: _____

Code #	Source of Sample	Sample Type	R/F=Raw or Finished Water	M/S= Multiple or Single Source	TIME	Asbestos	# of Bottles
HWS #1A	Lincoln Mercury Dealer	SS	F	M	7:44	X	1
HWS #2A	Barnstable Municipal Airport	SS	F	M	7:54	X	1
HWS #3A	US Post Office W. Hyport	SS	F	M	9:51	X	1
HWS #4A	Hyannis East Elementary Sch.	SS	F	M	10:30	X	1
HWS #5A	Hyannis West Elementary Sch.	SS	F	M	10:00	X	1
HWS #6A	Maintenance Bldg. School Dept.	SS	F	M	10:20	X	1

3.2°C

CUSTODY TRANSFER		DATE	TIME
Sampler:	Mark Macdonald		
Relinquished By:	Joe Moss	10-11-07	1640
Received By:	Joe Moss	10-11-07	1410
Relinquished By:	Joe Moss	10-11-07	
Received By:	Jared J. Leitch	10-11-07	1645



EMSL Analytical, Inc.

107 Haddon Ave., Westmont, NJ 08108

Phone: (856) 858-4800 Fax: (856) 858-4960 Email: westmontasblab@EMSL.com

Attn: Lynn Siniscalchi
Premier Laboratory, LLC
61 Louisa Viens Drive
Dayville, CT 06241

Fax: (860) 774-2689 Phone: (800) 334-0103
Project: E710832

Customer ID: PREM50
Customer PO:
Received: 10/12/07 10:00 AM
EMSL Order: 040725507
EMSL Proj:
Analysis Date: 10/13/2007
Report Date: 10/13/2007

Determination of Asbestos Structures in Water Performed by the 100.2 Method (EPA/600/R-94/134)

Table with 9 columns: Sample ID, Sample Prep Date, # Fibers Asbestos, # Fibers Non-Asbestos, Type(s) Of Asbestos, Analytical Sensitivity (MFL), Confidence Limits, Concentration Of Asbestos Fibers (MFL), Comments. Rows include sample IDs E710832-1 through E710832-8.

Analyst(s)

Theodore Xu (6)

Handwritten signature of Stephen Siegel

Stephen Siegel, CIH, Laboratory Manager or other approved signatory

Sample collection and containers provided by the client, acceptable bottle blank level is defined as <=0.01MFL> 10um. ND=None Detected. This report may not be reproduced, except in full, without written permission by EMSL Analytical, Inc. The test results contained within this report meet the requirements of NELAC unless otherwise noted. This report relates only to the samples reported above. Samples received in good condition unless otherwise noted.

ACCREDITATIONS: NJ Lab ID: 04006, NYS ELAP Lab ID: 10872, NVLAP 101048-0, FL Lab ID: E87788