STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

October 28, 2013

ADDENDUM NUMBER TWO
RFQ # 7506370

TITLE: Well Inspection, Operating and Maintenance Services-Militia of the State

Closing Date and Time: 11/4/13 at 10:00 AM

Per the issuance of this ADDENDUM #2 (total of 16 pages) the following is noted:

[X] **Specification Change /Addition / Clarification**

Attached is the sign in sheet from the mandatory pre bid conference held 10/24/13 at 9am.

Attached are recent test results.

This is a secure military facility. Awarded vendor will have to coordinate all site visits with agency.

Treatment tanks are no longer in use.

State of Rhode Island
Division of Purchases
One Capitol Hill
Providence, RI 02908

"MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

Mandatory Pre-bid Conference: Any vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory pre-bid conference. The representative must register at the pre-bid conference and disclose the identity of the vendor whom he/she represents. Because attendance at the pre-bid conference is mandatory, a vendor's failure to attend and register at the pre-bid conference shall result in disqualification of the vendor's bid proposal as non-responsive to the solicitation.

BID NUMBER:	7506370
BID TITLE:	Well Inspection, Operating and Maintenance Services-Militia of the State
PRE-BID DATE AND TIME:	10/24/13 9am

Purchasing Representative:	DCADORET
Mandatory Pre-bid START TIME:	9-05
Mandatory Pre-bid END TIME:	9-35

	COMPANY NAME	COMPANY REPRESENTATIVE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER	CONTACT FAX NUMBER	PROPOSAL SUBMITTED (For Purchasing Use Only)
1	Cardno ATC	Stephen Gautie	333 Washington Hwy. Smithfield, RI 02917	stephen.gautie@cardno.com	401-232-3353 x133	401-232-1130	
2	NWSI	Larry Anderson	567 South County Tr. Suite 116 Exeter, RI	landerson@nwsi.net	401-667-7463 x129	401-667-7465	
3	143 CES	Linda Messina					
4	State Mart	Bill Edward					
5	State Purchasing	David Cadoret					
6	SCS Engineers	Dan Lanier	166 Valley St Providence, RI	dlanier@scsengineers.com	401-270-3803		
7							
8							
9							
10							
11							
12							
13							
14							
15							

** VENDOR: PLEASE SUBMIT A BUSINESS CARD IF AVAILABLE**

R.I. ANALYTICAL
Specialists in Environmental Services

CERTIFICATE OF ANALYSIS

Northeast Water Solutions, Inc
Attn: Mr. Mel DeCarvalho
567 South County Trail
Exeter, RI 02822

Date Received: 9/12/13
Date Reported: 9/13/13
P.O. #:
Work Order #: 1309-19594

DESCRIPTION: NORTH SMITHFIELD - 282 COMBAT COMM. PWS #1900004

Subject sample(s) has/have been analyzed by our Warwick, R.I. laboratory with the attached results.

Reference: All parameters were analyzed by 40 CFR part 136 approved methodologies.
The specific methodologies are listed in the methods column of the Certificate Of Analysis.

Data qualifiers (if present) are explained in full at the end of a given sample's analytical results.

Certification #: RI-033, MA-RI015, CT-PH-0508, ME-RI015
NH-253700 A & B, USDA S-41844

If you have any questions regarding this work, or if we may be of further assistance, please contact our customer service department.

We certify that the following results are true and accurate to the best of our knowledge:

Sharon Baker
Data Reporting

enc: Chain of Custody

R.I. Analytical Laboratories, Inc.

CERTIFICATE OF ANALYSIS

Northeast Water Solutions, Inc
Date Received: 9/12/13
Work Order #: 1309-19594

Approved by: Data Reporting

Sample # 001
SAMPLE DESCRIPTION: KITCHEN HAND WASH SINK
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 9/12/2013 @ 08:25

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.0		mg/l		9/12/13	8:25	*CS
Total Coliform	Absent		/100 ML	SM9222B 19 ed	9/12/13	11:45	CCP

Sample # 002
SAMPLE DESCRIPTION: WELL 1
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 9/12/2013 @ 08:40

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.0		mg/l		9/12/13	8:40	*CS
Total Coliform	Absent		/100 ML	SM9222B 19 ed	9/12/13	11:45	CCP

Sample # 003
SAMPLE DESCRIPTION: WELL 2
SAMPLE TYPE: GRAB **SAMPLE DATE/TIME:** 9/12/2013 @ 08:45

PARAMETER	SAMPLE RESULTS	DET. LIMIT	UNITS	METHOD	DATE/TIME ANALYZED		ANALYST
Total Residual Chlorine	0.0		mg/l		9/12/13	8:45	*CS
Total Coliform	Absent		/100 ML	SM9222B 19 ed	9/12/13	11:45	CCP

*CS - Field sampling data was provided by Northeast Water Solutions, Inc.

CHAIN OF CUSTODY RECORD

R.I. Analytical Laboratories, Inc.

41 Illinois Avenue
Warwick, RI 02888
Tel: 800-937-2580
Fax: 401-738-1970

131 Coolidge St, Bldg. 2
Hudson, MA 01749
Tel: 888-228-3334
Fax: 978-568-0078

Date Collected	Time Collected	Field Sample Identification	Grab or Composite	# of Containers & Type T	Preservation Code P	Matrix Code M	Tot.Coliform Bacteria (by MF methodology)	Chlorine Rsidual
9/12/13	825	DS001 RTOR Distribution: kitchen hand wash sink	G	1st	NP	DW	X	0.0
"	840	WL001, RW001 Well 1	G	1st	NP	DW	X	0.0
"	845	WL002, RW002 Well 2	G	1st	NP	DW	X	0.0

Client Information

Company Name:	Northeast Water Solutions, Inc.
Address:	567 South County Trail
City / State / Zip:	Exeter RI 02822
Telephone:	667-7463 Fax: 667-7465
Contact Person:	Mel DeCarvalho

Project Information

Project Name:	North Smithfield 282 Combat Comm. PWS #1900004
P.O. Number:	Project Number:
Report To:	Mel DeCarvalho Ph 667-7463 x116 Fax: 667-7465
Sampled by:	Glenn Allbee
Quote No:	Email address: mdecarvalho@nwsi.net labreports@nwsi.net

Relinquished By	Date	Time	Received By	Date	Time
[signature]	9-12-13	1045	Carol Lauriere	9/12/13	1045

Turn Around Time

	Normal	X	EMAIL Report
X	5 Business days. No surcharge		
	Rush _____ (business days)		

Project Comments

Circle if applicable: GW-1, GW-2, GW-3, S-1, S-2, S-3 MCP Data Enhancement QC Package? Yes No

Report Results to NWSI and RIDOH on Appropriate State Forms

2.4°C

Lab Use Only

	Sample Pick Up Only
	RIAL sampled; attach field hours
X	Shipped on ice
	Workorder No: 1309-19594

Container Types: P=Poly, G=Glass, AG=Amber Glass, V=Vial, St=Sterile

Preservation Codes: NP=None, N=HNO_3, H=HCl, S=H_2SO_4, SH=NaOH, SB=$NaHSO_4$, M=MeOH, T=$Na_2S_2O_3$, Z=ZnOAc, I=Ice

Matrix Codes: GW=Groundwater, SW=Surface Water, WW=Wastewater, DW=Drinking Water, S=Soil, Sl=Sludge, A=Air, B=Bulk/Solid, O=_____

PREMIER LABORATORY, INC.
A BWMi NETWORK LABORATORY

61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
Phone: 860-774-6814
Toll-Free: 800-334-0103

ANALYTICAL DATA REPORT

prepared for:

Northeast Water Solutions, Inc
567 South County Trail
Suite 116
Exeter, RI 02822
Attn: Mel DeCarvalho

Report Number: E309B67
Project: N. Smithfield 282 Combat Communications

Received Date: 09/13/2013
Report Date: 09/17/2013

Premier Laboratory, Inc
Authorized Signature

ACCREDITED IN ACCORDANCE WITH

CT DPH #PH-0465	EPA #CT00008	MA DEP #M-CT008	ME DHHS #CT0050	NH ELAP #2020
NJ DEP #CT007	NY ELAP #11549	PA DEP #68-04413	RI DOH #LAO00300	VT DOH #VT11549

101-000000390946

PREMIER LABORATORY, INC.
A BWMi NETWORK LABORATORY
61 Louisa Viens Drive
Dayville, CT 06241
Fax: 860-774-2689
Phone: 860-774-6814
Toll-Free: 800-334-0103

Report No: E309B67
Client: Northeast Water Solutions, Inc
Project: N. Smithfield 282 Combat Communications

CASE NARRATIVE / METHOD CONFORMANCE SUMMARY

This report is incomplete unless all pages indicated in the pagination at the bottom of the page are included, along with a copy of the chain of custody and any subcontracted analyses reports, if applicable, for the sample(s) in this report. Subcontractor results are identified by 'SUB' next to the analysis.

Premier Laboratory, Inc received seven samples from Northeast Water Solutions, Inc on 09/13/2013. The samples were analyzed for the following list of analyses in accordance with RI DOH regulations unless otherwise indicated:

Lead and Copper by 200.8 DW/WW
200.8[3000]
RI Volatiles by 524.2. in DW
524.2

Nitrate as N by SM4500-NO3 F in DW/WW
SM4500-NO3-F

Non-Conformances:

Work Order:

None

Sample:

None

Analysis:

None

Rhode Island Department of Health - Office of Drinking Water Quality

Official Reporting Form for Inorganic Contaminants

(For DOH use only)

PWS Information:

PWSID Number: RI1900004

Water System Name: N. Smithfield 282 Combat Communications

Facility Code: WL001 Sampling Point Code: RW001

Sampling Point Description: Well #1

Collection Date: 9/12/2013 Time: 8:40 By: Client

Is the source treated? _____ Was the sample collected after treatment? _____

Laboratory Analytical Information:

Laboratory Name: Premier Laboratory, Inc RI Lab Cert. #: LAO00300 Method: _____

Date Sample received: 9/13/2013 Lab Sample ID #: E309B67-1

If Subcontracted:

Subcontractor's Name: _____ RI Lab Cert. #: _____ Method: _____

Subcontractor's Name: _____ RI Lab Cert. #: _____ Method: _____

Notes: _____

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Analytical Method	Date Analyzed
Arsenic	0					
Barium	1					
Cadmium	2					
Chromium	3					
Mercury	4					
Nickel	5					
Selenium	6					
Antimony	7					
Beryllium	8					
Thallium	9					
Nitrate	10	1.1	0.017	0.05	SM4500-NO3-F	9/13/2013
Fluoride	11					
Cyanide	12					
Sodium	13					
Nitrite	14					
Sulfate	15					

Please note that in situations where results for a contaminant are obtained from more than one method, the highest positive result must be reported.

I hereby declare that all results reported on this form were determined by a laboratory certified by the State of Rhode Island for each parameter and method of analysis listed. Additionally, I have carefully reviewed this report and I verify that the laboratory met all the quality control and quality assurance requirements for the reported results or has provided reasons and/or justification acceptable to me if it did not.

Authorized Signature: _____ Date: 9/17/2013

Inorganic Form - Updated Jan '07

101-000000390946

Rhode Island Department of Health - Office of Drinking Water Quality

Official Reporting Form for Inorganic Contaminants

(For DOH use only)

PWS Information:

PWSID Number: RI1900004

Water System Name: N. Smithfield 282 Combat Communications

Facility Code: WL002 Sampling Point Code: RW002

Sampling Point Description: Well #2

Collection Date: 9/12/2013 Time: 8:45 By: Client

Is the source treated? _____ Was the sample collected after treatment? _____

Laboratory Analytical Information:

Laboratory Name: Premier Laboratory, Inc RI Lab Cert. #: LAO00300 Method: _____

Date Sample received: 9/13/2013 Lab Sample ID #: E309B67-2

If Subcontracted:

Subcontractor's Name: _____ RI Lab Cert. #: _____ Method: _____

Subcontractor's Name: _____ RI Lab Cert. #: _____ Method: _____

Notes: _____

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Analytical Method	Date Analyzed
Arsenic	0					
Barium	1					
Cadmium	2					
Chromium	3					
Mercury	4					
Nickel	5					
Selenium	6					
Antimony	7					
Beryllium	8					
Thallium	9					
Nitrate	10	0.46	0.017	0.05	SM4500-NO3-F	9/13/2013
Fluoride	11					
Cyanide	12					
Sodium	13					
Nitrite	14					
Sulfate	15					

Please note that in situations where results for a contaminant are obtained from more than one method, the highest positive result must be reported.

I hereby declare that all results reported on this form were determined by a laboratory certified by the State of Rhode Island for each parameter and method of analysis listed. Additionally, I have carefully reviewed this report and I verify that the laboratory met all the quality control and quality assurance requirements for the reported results or has provided reasons and/or justification acceptable to me if it did not.

Authorized Signature: _____ Date: 9/17/2013

Inorganic Form - Updated Jan '07

101-000000390946

Rhode Island Department of Health - Office of Drinking Water Quality

Official Reporting Form for Lead and Copper

(For DOH use only)

PWS Information:

PWSID Number: **RI1900004**

Water System Name: N. Smithfield 282 Combat Communications

Facility Code: **DS001** Facility Code Description: **Distribution System**

Sampling Point: **LC001**

Laboratory Name: Premier Laboratory, Inc RI Lab. Cert. #: LAO00300

Notes:

Analytical Method (Pb): 200.8 Analytical Method (Cu): 200.8

Sample Point Address: Bld110 Mens Room [LC001][RTOR]

Collection Date: 9/12/2013 By: Client Time: 08:05

Date Laboratory Received: 9/13/2013 Lab Sample ID #: E309B67-3

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Date Analyzed
Lead	1	0.0068	0.0010		9/17/2013
Copper	2	0.50	0.0010		9/17/2013

Sample Point Address: Bld108 Mens Room [LC001][RTOR]

Collection Date: 9/12/2013 By: Client Time: 08:09

Date Laboratory Received: 9/13/2013 Lab Sample ID #: E309B67-4

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Date Analyzed
Lead	1	0.0012	0.0010		9/17/2013
Copper	2	0.36	0.0010		9/17/2013

Sample Point Address: Bld106 Womens Room [LC001][RTOR]

Collection Date: 9/12/2013 By: Client Time: 08:12

Date Laboratory Received: 9/13/2013 Lab Sample ID #: E309B67-5

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Date Analyzed
Lead	1	0.011	0.0010		9/17/2013
Copper	2	0.65	0.0010		9/17/2013

Sample Point Address: Bld104 Womens Room [LC001][RTOR]
Collection Date: 9/12/2013 By: Client Time: 08:16
Date Laboratory Received: 9/13/2013 Lab Sample ID #: E309B67-6

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Date Analyzed
Lead	1	0.0027	0.0010		9/17/2013
Copper	2	0.21	0.0010		9/17/2013

Sample Point Address: Bld102 Kitchen Sink [LC001][RTOR]
Collection Date: 9/12/2013 By: Client Time: 08:20
Date Laboratory Received: 9/13/2013 Lab Sample ID #: E309B67-7

Analyte Name		Analyte Result (mg/L)	Laboratory MDL (mg/L)	Required MDL (mg/L)	Date Analyzed
Lead	1	0.0039	0.0010		9/17/2013
Copper	2	0.59	0.0010		9/17/2013

Lead 90th Percentile: _____ Copper 90th Percentile: _____

I hereby declare that all results reported on this form were determined by a laboratory certified by the State of Rhode Island for each parameter and method of analysis listed. Additionally, I have carefully reviewed this report and I verify that the laboratory met all the quality control and quality assurance requirements for the reported results or has provided reasons and/or justification acceptable to me if it did not.

Authorized Signature: _____ Date: 9/17/2013

Rhode Island Department of Health - Office of Drinking Water Quality
Official Reporting Form for Volatile Organic Contaminants

(For DOH use only)

PWS Information:

PWSID Number: RI1900004

Water System Name: N. Smithfield 282 Combat Communications

Facility Code: WL001 Sampling Point Code: RW001

Sampling Point Address: Well #1

Collection Date: 9/12/2013 Time: 08:40 By: Client

Is the source treated? N Was the sample collected after treatment? N

Laboratory Analytical Information:

Laboratory Name: Premier Laboratory, Inc RI Lab. Cert. #: LAO00300

Lab Received Date: 9/13/2013 Lab Sample ID #: E309B67-1

Notes:

Analyte Name		Analyte Result (µg/L)	Laboratory MDL (µg/l)	RI Required MDL (µg/l)	MCL (µg/L)	Analytical Method	Date Extracted	Date Analyzed
Bromodichloromethane	1	<0.50	0.50	0.50	-	524.2		9/16/2013
Bromoform	2	<0.50	0.50	0.50	-	524.2		9/16/2013
Dibromochloromethane	3	<0.50	0.50	0.50	-	524.2		9/16/2013
Chloroform	4	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2 Dibromoethane	5	<0.50	0.50	0.50	-	524.2		9/16/2013
Benzene	6	<0.50	0.50	0.50	5	524.2		9/16/2013
Carbon Tetrachloride	7	<0.50	0.50	0.50	5	524.2		9/16/2013
1,2 Dichloroethane	8	<0.50	0.50	0.50	5	524.2		9/16/2013
Trichloroethene	9	<0.50	0.50	0.50	5	524.2		9/16/2013
1,4 Dichlorobenzene	10	<0.50	0.50	0.50	75	524.2		9/16/2013
1,1 Dichloroethene	11	<0.50	0.50	0.50	7	524.2		9/16/2013
1,1,1 Trichloroethane	12	<0.50	0.50	0.50	200	524.2		9/16/2013
Vinyl Chloride	13	<0.50	0.50	0.50	2	524.2		9/16/2013
Bromobenzene	14	<0.50	0.50	0.50	-	524.2		9/16/2013
Bromomethane	15	<0.50	0.50	0.50	-	524.2		9/16/2013
Chlorobenzene	16	<0.50	0.50	0.50	100	524.2		9/16/2013
Chloroethane	17	<0.50	0.50	0.50	-	524.2		9/16/2013
Chloromethane	18	<0.50	0.50	0.50	-	524.2		9/16/2013
2-Chlorotoluene	19	<0.50	0.50	0.50	-	524.2		9/16/2013
4-Chlorotoluene	20	<0.50	0.50	0.50	-	524.2		9/16/2013
Dibromomethane	21	<0.50	0.50	0.50	-	524.2		9/16/2013
1,3 Dichlorobenzene	22	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2 Dichlorobenzene	23	<0.50	0.50	0.50	600	524.2		9/16/2013
trans 1,2 Dichloroethene	24	<0.50	0.50	0.50	100	524.2		9/16/2013
cis 1,2 Dichloroethene	25	<0.50	0.50	0.50	70	524.2		9/16/2013
Methylene Chloride	26	<0.50	0.50	0.50	5	524.2		9/16/2013
1,1 Dichloroethane	27	<0.50	0.50	0.50	-	524.2		9/16/2013
1,1 Dichloropropene	28	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2 Dichloropropane	29	<0.50	0.50	0.50	5	524.2		9/16/2013
1,3 Dichloropropane	30	<0.50	0.50	0.50	-	524.2		9/16/2013
1,3 Dichloropropene	31	<0.50	0.50	0.50	-	524.2		9/16/2013
2,2 Dichloropropane	32	<0.50	0.50	0.50	-	524.2		9/16/2013

VOC Form - Updated Jan '07

Analyte Name		Analyte Result (µg/L)	Laboratory MDL (µg/l)	RI Required MDL (µg/l)	MCL (µg/L)	Analytical Method	Date Extracted	Date Analyzed
Ethlybenzene	33	<0.50	0.50	0.50	700	524.2		9/16/2013
Styrene	34	<0.50	0.50	0.50	100	524.2		9/16/2013
1,1,2 Trichloroethane	35	<0.50	0.50	0.50	5	524.2		9/16/2013
1,1,1,2 Tetrachloroethane	36	<0.50	0.50	0.50	-	524.2		9/16/2013
1,1,2,2 Tetrachloroethane	37	<0.50	0.50	0.50	-	524.2		9/16/2013
Tetrachloroethene	38	<0.50	0.50	0.50	5	524.2		9/16/2013
1,2,3 Trichloropropane	39	<0.50	0.50	0.50	-	524.2		9/16/2013
Toluene	40	<0.50	0.50	0.50	1000	524.2		9/16/2013
Total Xylene	41	<0.50	0.50	0.50	10000	524.2		9/16/2013
1,2 Dibromo 3 Chloropropane	42	<0.50	0.50	0.50	-	524.2		9/16/2013
Bromochloromethane	43	<0.50	0.50	0.50	-	524.2		9/16/2013
n-Butylbenzene	44	<0.50	0.50	0.50	-	524.2		9/16/2013
Dichlorodifluoromethane	45	<0.50	0.50	0.50	-	524.2		9/16/2013
Trichlorofluoromethane	46	<0.50	0.50	0.50	-	524.2		9/16/2013
Hexachlorobutadiene	47	<0.50	0.50	0.50	-	524.2		9/16/2013
Isopropylbenzene	48	<0.50	0.50	0.50	-	524.2		9/16/2013
p-Isopropyltoluene	49	<0.50	0.50	0.50	-	524.2		9/16/2013
Naphthalene	50	<0.50	0.50	0.50	-	524.2		9/16/2013
n-Propylbenzene	51	<0.50	0.50	0.50	-	524.2		9/16/2013
sec-Butylbenzene	52	<0.50	0.50	0.50	-	524.2		9/16/2013
tert-Butylbenzene	53	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2,3 Trichlorobenzene	54	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2,4 Trichlorobenzene	55	<0.50	0.50	0.50	70	524.2		9/16/2013
1,2,4 Trimethylbenzene	56	<0.50	0.50	0.50	-	524.2		9/16/2013
1,3,5 Trimethylbenzene	57	<0.50	0.50	0.50	-	524.2		9/16/2013
Methyl Tertiary Butyl Ether	58	<0.50	0.50	0.50	-	524.2		9/16/2013
Hexane	59	<0.50	0.50	0.50	-	524.2		9/16/2013

Please note that in situations where results for a contaminant are obtained from more than one method, the highest positive result must be reported.

I hereby declare that all results reported on this form were determined by a laboratory certified by the State of Rhode Island for each parameter and method of analysis listed. Additionally, I have carefully reviewed this report and I verify that the laboratory met all the quality control and quality assurance requirements for the reported results or has provided reasons and/or justification acceptable to me if it did not.

Authorized Signature: _____ Date: 9/17/2013

Rhode Island Department of Health - Office of Drinking Water Quality
Official Reporting Form for Volatile Organic Contaminants

(For DOH use only)

PWS Information:

PWSID Number: RI1900004

Water System Name: N. Smithfield 282 Combat Communications

Facility Code: WL002 Sampling Point Code: RW002

Sampling Point Address: Well #2

Collection Date: 9/12/2013 Time: 08:45 By: Client

Is the source treated? N Was the sample collected after treatment? N

Laboratory Analytical Information:

Laboratory Name: Premier Laboratory, Inc RI Lab. Cert. #: LAO00300

Lab Received Date: 9/13/2013 Lab Sample ID #: E309B67-2

Notes:

Analyte Name		Analyte Result (µg/L)	Laboratory MDL (µg/l)	RI Required MDL (µg/l)	MCL (µg/L)	Analytical Method	Date Extracted	Date Analyzed
Bromodichloromethane	1	<0.50	0.50	0.50	-	524.2		9/16/2013
Bromoform	2	<0.50	0.50	0.50	-	524.2		9/16/2013
Dibromochloromethane	3	<0.50	0.50	0.50	-	524.2		9/16/2013
Chloroform	4	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2 Dibromoethane	5	<0.50	0.50	0.50	-	524.2		9/16/2013
Benzene	6	<0.50	0.50	0.50	5	524.2		9/16/2013
Carbon Tetrachloride	7	<0.50	0.50	0.50	5	524.2		9/16/2013
1,2 Dichloroethane	8	<0.50	0.50	0.50	5	524.2		9/16/2013
Trichloroethene	9	<0.50	0.50	0.50	5	524.2		9/16/2013
1,4 Dichlorobenzene	10	<0.50	0.50	0.50	75	524.2		9/16/2013
1,1 Dichloroethene	11	<0.50	0.50	0.50	7	524.2		9/16/2013
1,1,1 Trichloroethane	12	<0.50	0.50	0.50	200	524.2		9/16/2013
Vinyl Chloride	13	<0.50	0.50	0.50	2	524.2		9/16/2013
Bromobenzene	14	<0.50	0.50	0.50	-	524.2		9/16/2013
Bromomethane	15	<0.50	0.50	0.50	-	524.2		9/16/2013
Chlorobenzene	16	<0.50	0.50	0.50	100	524.2		9/16/2013
Chloroethane	17	<0.50	0.50	0.50	-	524.2		9/16/2013
Chloromethane	18	<0.50	0.50	0.50	-	524.2		9/16/2013
2-Chlorotoluene	19	<0.50	0.50	0.50	-	524.2		9/16/2013
4-Chlorotoluene	20	<0.50	0.50	0.50	-	524.2		9/16/2013
Dibromomethane	21	<0.50	0.50	0.50	-	524.2		9/16/2013
1,3 Dichlorobenzene	22	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2 Dichlorobenzene	23	<0.50	0.50	0.50	600	524.2		9/16/2013
trans 1,2 Dichloroethene	24	<0.50	0.50	0.50	100	524.2		9/16/2013
cis 1,2 Dichloroethene	25	<0.50	0.50	0.50	70	524.2		9/16/2013
Methylene Chloride	26	<0.50	0.50	0.50	5	524.2		9/16/2013
1,1 Dichloroethane	27	<0.50	0.50	0.50	-	524.2		9/16/2013
1,1 Dichloropropene	28	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2 Dichloropropane	29	<0.50	0.50	0.50	5	524.2		9/16/2013
1,3 Dichloropropane	30	<0.50	0.50	0.50	-	524.2		9/16/2013
1,3 Dichloropropene	31	<0.50	0.50	0.50	-	524.2		9/16/2013
2,2 Dichloropropane	32	<0.50	0.50	0.50	-	524.2		9/16/2013

VOC Form - Updated Jan '07

Analyte Name		Analyte Result (µg/L)	Laboratory MDL (µg/l)	RI Required MDL (µg/l)	MCL (µg/L)	Analytical Method	Date Extracted	Date Analyzed
Ethlybenzene	33	<0.50	0.50	0.50	700	524.2		9/16/2013
Styrene	34	<0.50	0.50	0.50	100	524.2		9/16/2013
1,1,2 Trichloroethane	35	<0.50	0.50	0.50	5	524.2		9/16/2013
1,1,1,2 Tetrachloroethane	36	<0.50	0.50	0.50	-	524.2		9/16/2013
1,1,2,2 Tetrachloroethane	37	<0.50	0.50	0.50	-	524.2		9/16/2013
Tetrachloroethene	38	<0.50	0.50	0.50	5	524.2		9/16/2013
1,2,3 Trichloropropane	39	<0.50	0.50	0.50	-	524.2		9/16/2013
Toluene	40	<0.50	0.50	0.50	1000	524.2		9/16/2013
Total Xylene	41	<0.50	0.50	0.50	10000	524.2		9/16/2013
1,2 Dibromo 3 Chloropropane	42	<0.50	0.50	0.50	-	524.2		9/16/2013
Bromochloromethane	43	<0.50	0.50	0.50	-	524.2		9/16/2013
n-Butylbenzene	44	<0.50	0.50	0.50	-	524.2		9/16/2013
Dichlorodifluoromethane	45	<0.50	0.50	0.50	-	524.2		9/16/2013
Trichlorofluoromethane	46	<0.50	0.50	0.50	-	524.2		9/16/2013
Hexachlorobutadiene	47	<0.50	0.50	0.50	-	524.2		9/16/2013
Isopropylbenzene	48	<0.50	0.50	0.50	-	524.2		9/16/2013
p-Isopropyltoluene	49	<0.50	0.50	0.50	-	524.2		9/16/2013
Naphthalene	50	<0.50	0.50	0.50	-	524.2		9/16/2013
n-Propylbenzene	51	<0.50	0.50	0.50	-	524.2		9/16/2013
sec-Butylbenzene	52	<0.50	0.50	0.50	-	524.2		9/16/2013
tert-Butylbenzene	53	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2,3 Trichlorobenzene	54	<0.50	0.50	0.50	-	524.2		9/16/2013
1,2,4 Trichlorobenzene	55	<0.50	0.50	0.50	70	524.2		9/16/2013
1,2,4 Trimethylbenzene	56	<0.50	0.50	0.50	-	524.2		9/16/2013
1,3,5 Trimethylbenzene	57	<0.50	0.50	0.50	-	524.2		9/16/2013
Methyl Tertiary Butyl Ether	58	<0.50	0.50	0.50	-	524.2		9/16/2013
Hexane	59	<0.50	0.50	0.50	-	524.2		9/16/2013

Please note that in situations where results for a contaminant are obtained from more than one method, the highest positive result must be reported.

I hereby declare that all results reported on this form were determined by a laboratory certified by the State of Rhode Island for each parameter and method of analysis listed. Additionally, I have carefully reviewed this report and I verify that the laboratory met all the quality control and quality assurance requirements for the reported results or has provided reasons and/or justification acceptable to me if it did not.

Authorized Signature: _____ Date: 9/17/2013

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Dayville, CT 06241
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PREMIER LABORATORY

Chain of Custody

WWW.PREMIERLABORATORY.COM

FOR LAB USE ONLY
Lab WO# E309367
Project Manager

Copy of Report To		Billing Information	Project Information	
CUSTOMER: Northeast Water Solutions, Inc.		BILL TO: Same	PWSID:	RI PWS#1900004
ADDRESS: 567 South County Trail		ADDRESS:		
Exeter RI 02822			System Name:	North Smithfield 282 Combat Communications
ATTENTION: Mel DeCarvalho		ATTENTION: Accounts Payable		
E-MAIL: mdecarvalho@nwsi.net labreports@nwsi.net		TELEPHONE: FAX:	Project Location:	North Smithfield, RI
PHONE: 401-667-7463 x116	FAX: 401-667-7465	PURCHASE ORDER #		

North Smithfield 282 Combat Communications	Facility Code	Date Collected	Time Collected	Sample Type	Number of Bottles	Nitrate	VOC	lead and copper
Well #1 WL001, RW001		9/12/2013	840	DW, G	4	X	X	
Well #2 WL002, RW002		9/12/2013	845	DW, G	4	X	X	
Distribution : Bld 110 Mens Room	LC001	9/12/2013	805	DW, G	1			X
Distribution : Bld 108 Mens Room	LC001	9/12/2013	809	DW, G	1			X
Distribution Bld 106 Womens Room	LC001	9/12/2013	812	DW, G	1			X
Distribution Bld 104 Womens Room	LC001	9/12/2013	816	DW, G	1			X
Distribution : Bld 102 Kitchen Sink	LC001	9/12/2013	820	DW, G	1			X

Preserved Upon Receipt at Lab
Initials ____
Date 9/13/13

CUSTODY TRANSFER	DATE / TIME
SAMPLER: Glenn Albee	9/12/13 1115
RECEIVED: NWSI Cooler	/
RELINQUISHED: Gary Sicard	9/13/13 1:00
RECEIVED: Molly Raymond	9/13/13 13:00
RELINQUISHED: Molly Raymond	9/13/13 15:25
RECEIVED:	9/13/13 1525

COMMENTS: 5 business day TAT
All parameters to be analytzed by approved RIDOH Drinking Water Methods.
Report all results to NWSI and RIDOH DW div. on appropriate State Forms
* include readings on COA and State Forms
email results to mdecarvalho@nwsi.net as soon as availabl
** report all analytes under this method

Sample Type:
G=Grab C=Composite D=Downstream
O=Other Og=Original RP=Add Repeat
RW=Raw SP=Special U=Upstream

Facility Codes

Type of Report: CTDPH____Drinking Water
Special _____

CONDITIONS UPON RECEIPT (CHECK ONE): ☑ Cooled ☐ Ambient 4.3 °C Upon Receipt at Lab