

November 17, 2020

Michael Grover (via email)  
Community Manager  
Sterling Services  
589 Concord Street  
Holliston, MA 01746

**RE: Robbins Brook Wastewater Treatment Facility  
Monthly Operations Report – October 2020**

Dear Mr. Grover:

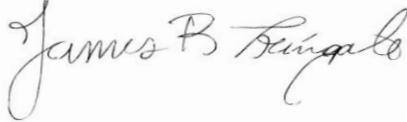
Enclosed please find the monthly Operations Reporting Package for the Robbins Brook wastewater treatment facility (WWTF), Groundwater Discharge Permit #655, located at One Devon Drive in Acton, MA.

Weston & Sampson Services, Inc. would like to note the following:

- All regulated parameters of effluent samples collected throughout the month were reported to be within their respective permissible limits.
- Quarterly effluent and monitoring well samples were collected during this month.
- Data was filed with MassDEP electronically, via eDEP. A copy of the transaction is included in this package.

If you have any questions or concerns regarding this report, or the wastewater treatment facility, please feel free to contact me at [wsscompliance@wseinc.com](mailto:wsscompliance@wseinc.com).

Regards,  
WESTON & SAMPSON SERVICES, INC.



James R. Tringale  
Compliance Coordinator

cc: Acton Board of Health (via email)  
Robbins Brook Trustees (via email)



Massachusetts Department of Environmental Protection

## **eDEP Transaction Copy**

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Here is the file you requested for your records.

To retain a copy of this file you must save and/or print.

Username: **WSSINC**

Transaction ID: **1239131**

Document: **Groundwater Discharge Monitoring Report Forms**

Size of File: **2461.24K**

Status of Transaction: **Submitted**

Date and Time Created: **12/9/2020:11:01:53 AM**

**Note:** This file only includes forms that were part of your transaction as of the date and time indicated above. If you need a more current copy of your transaction, return to eDEP and select to "Download a Copy" from the Current Submittals page.



## Groundwater Permit

DAILY LOG SHEET

655
1. Permit Number
2. Tax identification Number
2020 OCT DAILY
3. Sampling Month & Frequency

### A. Facility Information

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



1. Facility name, address:

ACTON RETIREMENT COMMUNITY

a. Name

OFF ROUTE 27

b. Street Address

ACTON

c. City

MA

d. State

01718

e. Zip Code

2. Contact information:

JAMES R. TRINGALE

a. Name of Facility Contact Person

9785321900

b. Telephone Number

WSSCompliance@wseinc.com

c. e-mail address

3. Sampling information:

10/1/2020

a. Date Sampled (mm/dd/yyyy)

ONSITE MEASUREMENTS

b. Laboratory Name

DAVE DRISCOLL

c. Analysis Performed By (Name)

### B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Daily Log Sheet - 2020 Oct Daily

☐

All forms for submittal have been completed.

☐

2. This is the last selection.

☐

3. Delete the selected form.

**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Groundwater Discharge Program

**Groundwater Permit**

DAILY LOG SHEET

655

1. Permit Number

2. Tax identification Number

2020 OCT DAILY

3. Sampling Month &amp; Frequency

**C. Daily Readings/Analysis Information**

Date	Effluent Flow GPD	Reuse Flow GPD	Irrigation Flow GPD	Turbidity	Influent pH	Effluent pH	Chlorine Residual (mg/l)	UV Intensity (%)
1	11986					6.74		
2	17073					6.89		
3	17073							
4	17073							
5	4488					6.83		
6	6331					6.99		
7	6104					6.80		
8	6178					6.99		
9	8673					6.84		
10	8673							
11	8673							
12	8673							
13	18483					7.01		
14	13766					7.12		
15	18363					7.04		
16	16150					6.77		
17	16150							
18	16150							
19	9657					6.84		
20	11112					6.91		
21	13731					7.09		
22	14707					7.14		
23	12158					6.84		
24	12158							
25	12158							
26	11673					6.91		
27	10514					7.16		
28	13685					7.00		
29	4353					6.92		
30	5630					6.99		
31	5630							



## Groundwater Permit

### MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT BI-MONTHLY 1
3. Sampling Month & Frequency

## A. Facility Information

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



1. Facility name, address:

ACTON RETIREMENT COMMUNITY		
a. Name		
OFF ROUTE 27		
b. Street Address		
ACTON	MA	01718
c. City	d. State	e. Zip Code

2. Contact information:

JAMES R. TRINGALE	
a. Name of Facility Contact Person	
9785321900	WSSCompliance@wseinc.com
b. Telephone Number	c. e-mail address

3. Sampling information:

10/15/2020	ONSITE MEASUREMENTS
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
DAVE DRISCOLL	
c. Analysis Performed By (Name)	

## B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Monitoring Well Data Report - 2020 Oct Bi-Monthly 1	▼
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☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



**Groundwater Permit**  
MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT BI-MONTHLY 1
3. Sampling Month & Frequency

**C. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND" <
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

Parameter/Contaminant	PIEZOMETER						
	Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
STATIC WATER LEVEL	NS						
	FEET						



## Groundwater Permit

### MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT BI-MONTHLY 2
3. Sampling Month & Frequency

## A. Facility Information

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



1. Facility name, address:

ACTON RETIREMENT COMMUNITY		
a. Name		
OFF ROUTE 27		
b. Street Address		
ACTON	MA	01718
c. City	d. State	e. Zip Code

2. Contact information:

JAMES R. TRINGALE	
a. Name of Facility Contact Person	
9785321900	WSSCompliance@wseinc.com
b. Telephone Number	c. e-mail address

3. Sampling information:

10/15/2020	ONSITE MEASUREMENTS
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
DAVE DRISCOLL	
c. Analysis Performed By (Name)	

## B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Monitoring Well Data Report - 2020 Oct Bi-Monthly 2	▼
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☐ All forms for submittal have been completed.

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3. ☐ Delete the selected form.



**Groundwater Permit**  
MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT BI-MONTHLY 2
3. Sampling Month & Frequency

**C. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND" <
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

Parameter/Contaminant	PIEZOMETER						
	Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
STATIC WATER LEVEL	NS						
	FEET						





## Groundwater Permit

### MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT MONTHLY
3. Sampling Month & Frequency

### A. Facility Information

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1. Facility name, address:

ACTON RETIREMENT COMMUNITY		
a. Name		
OFF ROUTE 27		
b. Street Address		
ACTON	MA	01718
c. City	d. State	e. Zip Code

2. Contact information:

JAMES R. TRINGALE	
a. Name of Facility Contact Person	
9785321900	WSSCompliance@wseinc.com
b. Telephone Number	c. e-mail address

3. Sampling information:

10/15/2020	ONSITE MEASUREMENTS
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
DAVE DRISCOLL	
c. Analysis Performed By (Name)	

### B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Monitoring Well Data Report - 2020 Oct Monthly	▼
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## Groundwater Permit

### MONITORING WELL DATA REPORT

655

1. Permit Number

2. Tax identification Number

2020 OCT MONTHLY

3. Sampling Month & Frequency

## C. Contaminant Analysis Information

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

<

Parameter/Contaminant	GZ2	GZ3	MW9	MWUP	N-1B(B1)	N-2B(B2)
Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
PH	7.22	6.84	6.71	NS	6.20	6.67
S.U.						
STATIC WATER LEVEL	11.9	10	12.9	NS	14	15.9
FEET						
SPECIFIC CONDUCTANCE	1591	1146	941	NS	98.62	944
UMHOS/C						



**Groundwater Permit**  
MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT MONTHLY
3. Sampling Month & Frequency

**C. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND" <
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

Parameter/Contaminant	N-3B(B3)					
Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
PH	6.14					
S.U.						
STATIC WATER LEVEL	11.9					
FEET						
SPECIFIC CONDUCTANCE	526					
UMHOS/C						



## Groundwater Permit

### DISCHARGE MONITORING REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT MONTHLY
3. Sampling Month & Frequency

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



## A. Facility Information

### 1. Facility name, address:

ACTON RETIREMENT COMMUNITY		
a. Name		
OFF ROUTE 27		
b. Street Address		
ACTON	MA	01718
c. City	d. State	e. Zip Code

### 2. Contact information:

JAMES R. TRINGALE	
a. Name of Facility Contact Person	
9785321900	WSSCompliance@wseinc.com
b. Telephone Number	c. e-mail address

### 3. Sampling information:

10/8/2020	MICROBAC LABS
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
VARIOUS ANALYSTS	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2020 Oct Monthly	▼
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☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



**Groundwater Permit**  
DISCHARGE MONITORING REPORT

655
1. Permit Number
2. Tax identification Number
2020 OCT MONTHLY
3. Sampling Month & Frequency

## D. Contaminant Analysis Information

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
BOD	68.4	7.74	6.0
MG/L			
TSS	181	12.2	5.0
MG/L			
TOTAL SOLIDS	864		
MG/L			
AMMONIA-N	18.8		
MG/L			
NITRATE-N		5.66	0.05
MG/L			
TOTAL NITROGEN(NO3+NO2+TKN)		8.7	
MG/L			
OIL & GREASE		4.84	2.11
MG/L			



## Groundwater Permit

### DISCHARGE MONITORING REPORT

655
1. Permit Number
2. Tax identification Number
2020 QUARTERLY 4
3. Sampling Month & Frequency

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



## A. Facility Information

### 1. Facility name, address:

ACTON RETIREMENT COMMUNITY		
a. Name		
OFF ROUTE 27		
b. Street Address		
ACTON	MA	01718
c. City	d. State	e. Zip Code

### 2. Contact information:

JAMES R. TRINGALE	
a. Name of Facility Contact Person	
9785321900	WSSCompliance@wseinc.com
b. Telephone Number	c. e-mail address

### 3. Sampling information:

10/8/2020	MICROBAC LABS
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
VARIOUS ANALYSTS	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2020 Quarterly 4	▼
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☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



**Groundwater Permit**  
DISCHARGE MONITORING REPORT

655
1. Permit Number
2. Tax identification Number
2020 QUARTERLY 4
3. Sampling Month & Frequency

**D. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
TOTAL PHOSPHORUS AS P		6.79	0.0425
MG/L			
ORTHO PHOSPHATE		7.71	0.12
MG/L			



## Groundwater Permit

### MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 QUARTERLY 4
3. Sampling Month & Frequency

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



## A. Facility Information

### 1. Facility name, address:

ACTON RETIREMENT COMMUNITY		
a. Name		
OFF ROUTE 27		
b. Street Address		
ACTON	MA	01718
c. City	d. State	e. Zip Code

### 2. Contact information:

JAMES R. TRINGALE	
a. Name of Facility Contact Person	
9785321900	WSSCompliance@wseinc.com
b. Telephone Number	c. e-mail address

### 3. Sampling information:

10/14/2020	MICROBAC LABS
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
VARIOUS ANALYSTS	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Monitoring Well Data Report - 2020 Quarterly 4	▼
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☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



**Massachusetts Department of Environmental Protection**

Bureau of Resource Protection - Groundwater Discharge Program

**Groundwater Permit****MONITORING WELL DATA REPORT**

655

1. Permit Number

2. Tax identification Number

2020 QUARTERLY 4

3. Sampling Month &amp; Frequency

**C. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

&lt;

Parameter/Contaminant	GZ2	GZ3	MW9	MWUP	N-1B(B1)	N-2B(B2)
Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
NITRATE-N	1.95	14.2	9.08	NS	0.105	ND
MG/L						
TOTAL NITROGEN(NO3+NO2+TK	4.03	14.2	15.88	NS	0.655	12.8
MG/L						
TOTAL PHOSPHORUS AS P	3.75	5.16	16.7	NS	0.0808	1.11
MG/L						
ORTHO PHOSPHATE	0.087	1.25	1.09	NS	0.02	0.705
MG/L						



**Groundwater Permit**  
MONITORING WELL DATA REPORT

655
1. Permit Number
2. Tax identification Number
2020 QUARTERLY 4
3. Sampling Month & Frequency

**C. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND" <
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

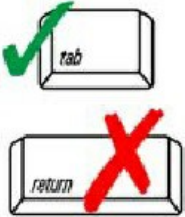
Parameter/Contaminant	N-3B(B3)						
	Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
NITRATE-N	4.34						
	MG/L						
TOTAL NITROGEN(NO3+NO2+TK	7.64						
	MG/L						
TOTAL PHOSPHORUS AS P	8.57						
	MG/L						
ORTHO PHOSPHATE	1.37						
	MG/L						



## Groundwater Permit

655  
1. Permit Number  
2. Tax identification Number

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



Any person signing a document under 314 CMR 5.14(1) or (2) shall make the following certification

If you are filing electronic-ally and want to attach additional comments, select the check box.



### Facility Information

ACTON RETIREMENT COMMUNITY  
a. Name  
OFF ROUTE 27  
b. Street Address  
ACTON  
c. City  
MA  
d. State  
01718  
e. Zip Code

### Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

MARIANNA COOMBS  
a. Signature  
11/23/2020  
b. Date (mm/dd/yyyy)

### Reporting Package Comments



Microbac Laboratories, Inc. - Dayville

## CERTIFICATE OF ANALYSIS

D0J1132

Weston & Sampson Services, Inc.

Dave Driscoll  
55 Walkers Brook Drive, Suite 100  
Reading, MA 01867

Project Name: Robbins Brook Condo Trust

Project / PO Number: C2170043  
Received: 10/09/2020  
Reported: 10/19/2020

### Analytical Testing Parameters

Client Sample ID: Influent  
Sample Matrix: Wastewater  
Lab Sample ID: D0J1132-01

Collected By: Customer  
Collection Date: 10/08/2020 6:11

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 350.1, Rv. 2 (1993)</b>								
Ammonia as N	18.8	0.500	mg/L	10		10/13/20 1504	10/13/20 1713	CLW
<b>SM 2540 B-2011</b>								
Total Solids	864	50.0	mg/L	20	Y1	10/12/20 1813	10/14/20 1450	ELB
<b>SM 2540 D-2011</b>								
Total Suspended Solids (TSS)	181	25.0	mg/L	10		10/13/20 2000	10/14/20 1610	ELB
<b>SM 5210 B-2011</b>								
Biochemical Oxygen Demand (BOD5)	68.4	40.0	mg/L	20		10/09/20 1930	10/14/20 1356	AKS

Client Sample ID: Effluent  
Sample Matrix: Wastewater  
Lab Sample ID: D0J1132-02

Collected By: Customer  
Collection Date: 10/08/2020 6:20

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 350.1, Rv. 2 (1993)</b>								
Ammonia as N	0.456	0.0500	mg/L	1		10/13/20 1504	10/13/20 1715	CLW
<b>EPA 351.1</b>								
Total Kjeldahl Nitrogen (TKN)	2.30	0.800	mg/L	1	Method Notes: D1	10/12/20 0949	10/12/20 1614	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	7.71	0.120	mg/L	12	A21	10/09/20 1738	10/09/20 1959	DJM
<b>EPA 365.1, Rv. 2 (1993)</b>								
Phosphorus - Total as P	6.79	0.0425	mg/L	4		10/09/20 2017	10/12/20 1119	CLW
<b>SM 2540 D-2011</b>								
Total Suspended Solids (TSS)	12.2	5.00	mg/L	2		10/13/20 2000	10/14/20 1610	ELB
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	5.66	0.0500	mg/L	1	A5		10/09/20 1857	DJM
Nitrite as N	0.743	0.0100	mg/L	1	A5,Y1		10/09/20 1857	DJM
<b>SM 5210 B-2011</b>								

Microbac Laboratories, Inc.

61 Louisa Viens Drive | Dayville, CT 06241 | 860.774.6814 p | www.microbac.com

Page 1 of 2



Microbac Laboratories, Inc. - Dayville

## CERTIFICATE OF ANALYSIS

D0J1132

Client Sample ID: Effluent  
Sample Matrix: Wastewater  
Lab Sample ID: D0J1132-02

Collected By: Customer  
Collection Date: 10/08/2020 6:20

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
Biochemical Oxygen Demand (BOD5)	7.74	6.00	mg/L	3		10/09/20 1930	10/14/20 1356	AKS

Client Sample ID: Effluent  
Sample Matrix: Wastewater  
Lab Sample ID: D0J1132-03

Collected By: Customer  
Collection Date: 10/09/2020 6:28

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
EPA 1664A								
Oil & Grease	4.84	2.11	mg/L	1	M2	10/14/20 1920	10/15/20 1727	KJE

### Definitions

**A21:** Sample was filtered in the laboratory before analysis.  
**A5:** Sample was filtered (0.45 um) before analysis.  
**D1:** The sample was diluted during sample preparation (extraction, distillation or digestion) due to matrix interference.  
**M2:** Matrix spike recovery is below acceptance limits.  
**MCL:** US EPA Maximum Contaminant Level  
**mg/L:** Milligrams per Liter  
**RL:** Reporting Limit  
**Y1:** Accreditation is not offered by the accrediting body for this analyte.

### Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville  
M-CT008

Massachusetts Department of Environmental Protection

### Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.**

### Reviewed and Approved By:

Melisa L. Montgomery  
Quality Assurance Officer  
Reported: 10/19/2020 00:07

Microbac Laboratories, Inc.

61 Louisa Viens Drive | Dayville, CT 06241 | 860.774.6814 p | [www.microbac.com](http://www.microbac.com)

Page 2 of 2



Microbac Laboratories, Inc. - Dayville

## CERTIFICATE OF ANALYSIS

D0J1405

Weston & Sampson Services, Inc.

Dave Driscoll  
55 Walkers Brook Drive, Suite 100  
Reading, MA 01867

Project Name: Robbins Brook Condo Trust

Project / PO Number: C2170043  
Received: 10/14/2020  
Reported: 10/21/2020

### Analytical Testing Parameters

Client Sample ID: N-3B  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1405-01

Collected By: Customer  
Collection Date: 10/14/2020 9:45

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	1.37	0.0100	mg/L	1	A21	10/14/20 1746	10/14/20 1906	DJM
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	4.34	0.0500	mg/L	1	A5		10/14/20 1911	DJM
Nitrite as N	0.0196	0.0100	mg/L	1	A5,Y1		10/14/20 1911	DJM

Client Sample ID: N-3B  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1405-02

Collected By: Customer  
Collection Date: 10/14/2020 9:45

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 351.1</b>								
Total Kjeldahl Nitrogen (TKN)	3.29	0.800	mg/L	1	Method Notes: D1	10/16/20 1857	10/19/20 1252	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Phosphorus - Total as P	8.57	0.0850	mg/L	2	Method Notes: D1	10/14/20 1939	10/15/20 1018	CLW

Client Sample ID: N-2B  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1405-03

Collected By: Customer  
Collection Date: 10/14/2020 9:52

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	0.705	0.0100	mg/L	1	A21	10/14/20 1746	10/14/20 1907	DJM
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	<0.0500	0.0500	mg/L	1	A5		10/14/20 1912	DJM
Nitrite as N	<0.0100	0.0100	mg/L	1	A5,Y1		10/14/20 1912	DJM

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Page 1 of 4



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## CERTIFICATE OF ANALYSIS

D0J1405

Client Sample ID: N-2B  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1405-04

Collected By: Customer  
Collection Date: 10/14/2020 9:52

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 351.1</b>								
Total Kjeldahl Nitrogen (TKN)	12.8	0.200	mg/L	1		10/16/20 1857	10/19/20 1253	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Phosphorus - Total as P	1.11	0.0425	mg/L	1	Method Notes: D1	10/14/20 1939	10/15/20 0956	CLW

Client Sample ID: N-1B  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1405-05

Collected By: Customer  
Collection Date: 10/14/2020 10:14

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	0.0200	0.0100	mg/L	1	A21	10/14/20 1746	10/14/20 1907	DJM
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	0.105	0.0500	mg/L	1	A5		10/14/20 1914	DJM
Nitrite as N	0.0115	0.0100	mg/L	1	A5,Y1		10/14/20 1914	DJM

Client Sample ID: N-1B  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1405-06

Collected By: Customer  
Collection Date: 10/14/2020 10:14

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 351.1</b>								
Total Kjeldahl Nitrogen (TKN)	0.539	0.200	mg/L	1		10/16/20 1857	10/19/20 1241	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Phosphorus - Total as P	0.0808	0.0425	mg/L	1	Method Notes: D1	10/14/20 1939	10/15/20 0958	CLW

### Definitions

A21:	Sample was filtered in the laboratory before analysis.
A5:	Sample was filtered (0.45 um) before analysis.
D1:	The sample was diluted during sample preparation (extraction, distillation or digestion) due to matrix interference.
MCL:	US EPA Maximum Contaminant Level
mg/L:	Milligrams per Liter
RL:	Reporting Limit
Y1:	Accreditation is not offered by the accrediting body for this analyte.

### Project Requested Certification(s)

Microbac Laboratories, Inc. - Dayville  
M-CT008

Massachusetts Department of Environmental Protection

Microbac Laboratories, Inc.

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Page 2 of 4



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CERTIFICATE OF ANALYSIS

D0J1405

**Report Comments**

*Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.*

*The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.***

**Reviewed and Approved By:**

Melisa L. Montgomery

Quality Assurance Officer

Reported: 10/21/2020 10:58

Microbac Laboratories, Inc.

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D 0 J 1 4 0 5

Weston & Sampson



Microbac Laboratories, Inc.

Copy of Report To

CUSTOMER: Weston & Sampson Services, Inc.

ADDRESS: 5 Centennial Drive

Peabody, MA 01960

E-MAIL: driscollid@wseinc.com, vurgaroi@wseinc.com

E-MAIL: rolandr@wseinc.com, wsscompliance@wseinc.com

PHONE: 978-977-0110 FAX:

BILL TO: Weston & Sampson Services, Inc.

ADDRESS: 5 Centennial Dr, Peabody, MA 01960

EMAIL: invoices@wseinc.com

PURCHASE ORDER # C2170043

ATTENTION: Stacy Waxman

PHONE: 978-977-0110

Project Information

PROJECT: Robbins Brook Condo Trust

LOCATION: Devon Drive, Acton MA

WSS Compliance

ANY QUESTIONS WHEN SAMPLES ARRIVE WE SHOULD CALL

PHONE: 978-977-0110

FAX:

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis					Preservatives				
			COMPOSITE	GRAB			TKN	Ortho-P	Total-P	VOC		NON-PRES	HS2O4	HCL	HNO3	OTHER
N-3B	10-14-20	9:45	X	X	GW	1	X	X				X				
		9:45	X	X	GW	1	X	X					X			
			X	X	GW	1										
N-2B		9:52	X	X	GW	1	X	X				X				
		9:52	X	X	GW	1	X	X					X			
			X	X	GW	1										
N-1B		10:14	X	X	GW	1	X	X				X				
		10:14	X	X	GW	1	X	X					X			
			X	X	GW	1										

DATE	TIME
10-14-20	11:00
10-14-20	12:00
10-14-20	15:50
10-14-20	15:50

TURN AROUND (INDICATE IN CALENDAR DAYS): Standard ☐ E-MAIL ☐

FAX ☐ HARD COPY ☐

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE

COMMENTS: Annual monitoring wells

CONDITIONS UPON RECEIPT (CHECK ONE): COMPLIANT ☐

COOLED ☐ AMBIENT ☐

3.2 K6



Microbac Laboratories, Inc. - Dayville

## CERTIFICATE OF ANALYSIS

D0J1402

Weston & Sampson Services, Inc.

Dave Driscoll  
55 Walkers Brook Drive, Suite 100  
Reading, MA 01867

Project Name: Robbins Brook Condo Trust

Project / PO Number: C2170043  
Received: 10/14/2020  
Reported: 10/21/2020

### Analytical Testing Parameters

Client Sample ID: GZ-2  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1402-01

Collected By: Customer  
Collection Date: 10/14/2020 8:14

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	0.0870	0.0100	mg/L	1	A21	10/14/20 1746	10/14/20 1901	DJM
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	1.95	0.0500	mg/L	1	A5		10/14/20 2020	DJM
Nitrite as N	0.0154	0.0100	mg/L	1	A5, R3,Y1		10/14/20 2020	DJM

Client Sample ID: GZ-2  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1402-02

Collected By: Customer  
Collection Date: 10/14/2020 8:14

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 351.1</b>								
Total Kjeldahl Nitrogen (TKN)	2.07	0.400	mg/L	1	Method Notes: D1	10/16/20 1857	10/19/20 1247	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Phosphorus - Total as P	3.75	0.0425	mg/L	1	Method Notes: D1	10/14/20 1939	10/15/20 0953	CLW

Client Sample ID: GZ-3  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1402-03

Collected By: Customer  
Collection Date: 10/14/2020 9:16

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	1.25	0.0100	mg/L	1	A21	10/14/20 1746	10/14/20 1904	DJM
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	14.2	0.100	mg/L	2	A5		10/14/20 2100	DJM
Nitrite as N	<0.0100	0.0100	mg/L	1	A5,Y1		10/14/20 2028	DJM

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Page 1 of 4



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## CERTIFICATE OF ANALYSIS

D0J1402

Client Sample ID: GZ-3  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1402-04

Collected By: Customer  
Collection Date: 10/14/2020 9:16

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 351.1</b>								
Method Notes: D1								
Total Kjeldahl Nitrogen (TKN)	<2.00	2.00	mg/L	1		10/16/20 1857	10/19/20 1248	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Method Notes: D1								
Phosphorus - Total as P	5.16	0.0425	mg/L	1		10/14/20 1939	10/15/20 0954	CLW

Client Sample ID: MW-9  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1402-05

Collected By: Customer  
Collection Date: 10/14/2020 9:30

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 365.1, Rv. 2 (1993)</b>								
Ortho-phosphate as P	1.09	0.0100	mg/L	1	A21	10/14/20 1746	10/14/20 1906	DJM
<b>SM 4500-NO<sub>3</sub><sup>-</sup> F-2011</b>								
Nitrate as N	9.08	0.100	mg/L	2	A5		10/14/20 2101	DJM
Nitrite as N	0.361	0.0100	mg/L	1	A5,Y1		10/14/20 2030	DJM

Client Sample ID: MW-9  
Sample Matrix: Groundwater  
Lab Sample ID: D0J1402-06

Collected By: Customer  
Collection Date: 10/14/2020 9:30

Inorganics Total	Result	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
<b>EPA 351.1</b>								
Method Notes: D1								
Total Kjeldahl Nitrogen (TKN)	6.44	2.00	mg/L	1		10/16/20 1857	10/19/20 1251	CLW
<b>EPA 365.1, Rv. 2 (1993)</b>								
Method Notes: D1								
Phosphorus - Total as P	16.7	0.170	mg/L	4		10/14/20 1939	10/15/20 1029	CLW

### Definitions

A21:	Sample was filtered in the laboratory before analysis.
A5:	Sample was filtered (0.45 um) before analysis.
D1:	The sample was diluted during sample preparation (extraction, distillation or digestion) due to matrix interference.
MCL:	US EPA Maximum Contaminant Level
mg/L:	Milligrams per Liter
R3:	Duplicate RPD is outside of acceptance criteria. The difference between the results is less than 2x Method Reporting Limit.
RL:	Reporting Limit
Y1:	Accreditation is not offered by the accrediting body for this analyte.



Microbac Laboratories, Inc. - Dayville

CERTIFICATE OF ANALYSIS

D0J1402

**Project Requested Certification(s)**

Microbac Laboratories, Inc. - Dayville  
M-CT008

Massachusetts Department of Environmental Protection

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**Report Comments**

*Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.*

*The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.***

**Reviewed and Approved By:**

Melisa L. Montgomery  
Quality Assurance Officer  
Reported: 10/21/2020 10:57

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Page 3 of 4
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Microbac Laboratories, Inc.

Copy of Report To

CUSTOMER: Weston & Sampson Services, Inc.  
ADDRESS: 5 Centennial Drive  
Peabody, MA 01960  
E-MAIL: driscoll@wseinc.com, vurgaroi@wseinc.com  
E-MAIL: roland@wseinc.com, wsscompliance@wseinc.com  
PHONE: 978-977-0110 FAX: \_\_\_\_\_

BILL TO: Weston & Sampson Services, Inc.  
ADDRESS: 5 Centennial Dr, Peabody, MA 01960  
EMAIL: invoices@wseinc.com  
PURCHASE ORDER # C2170043  
ATTENTION: Stacy Waxman  
PHONE: 978-977-0110

Project Information

PROJECT: Robbins Brook Condo Trust  
LOCATION: Devon Drive, Acton MA  
WSS Compliance  
ANY QUESTIONS WHEN SAMPLES ARRIVE WE SHOULD CALL  
PHONE: 978-977-0110  
FAX: \_\_\_\_\_

Sample Identification	Date Collected	Time Collected	Sample Type		Sample Matrix	Number of Bottles	Analysis						Preservatives				
			COMPOSITE	GRAB			TKN	Ortho-P	Total-P	VOC	NO <sub>2</sub> , NO <sub>3</sub>		NON-PRES	HS2O4	HCL	HNO3	OTHER
<del>WACUP</del>				X	GW	1	X	X	X	X	X		X	X			
				X	GW	1	X	X	X	X	X		X	X			
				X	GW	1	X	X	X	X	X		X	X			
GZ-2	10-14-20	8:14		X	GW	1	X	X	X	X	X		X	X			
		8:14		X	GW	1	X	X	X	X	X		X	X			
		9:16		X	GW	1	X	X	X	X	X		X	X			
GZ-3		9:16		X	GW	1	X	X	X	X	X		X	X			
		9:16		X	GW	1	X	X	X	X	X		X	X			
		9:30		X	GW	1	X	X	X	X	X		X	X			
MW-9		9:30		X	GW	1	X	X	X	X	X		X	X			
		9:30		X	GW	1	X	X	X	X	X		X	X			
		9:30		X	GW	1	X	X	X	X	X		X	X			

TURN AROUND (INDICATE IN CALENDAR DAYS): Standard		FAX		HARD COPY		E-MAIL	
SAMPLER: <u>Weston &amp; Sampson</u>		10-14-20		11:00		11:00	
RECEIVED: <u>Weston &amp; Sampson</u>		10-14-20		12:00		12:00	
RELINQUISHED: <u>Weston &amp; Sampson</u>		10-14-20		15:50		15:50	
RECEIVED: <u>R</u>		10-14-20		15:50		15:50	
RELINQUISHED:							
RECEIVED:							
COMMENTS: Annual monitoring wells				EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE			
CONDITIONS UPON RECEIPT (CHECK ONE):				COMPLIANT			
COOLED				AMBIENT			

PREPARED BY: KG  
VERIFIED BY: KG  
INITIALS

3-2-2010