



551 State Street  
Curwensville, PA 16833

Phone: 1-814-236-3540  
Fax: 1-877-267-4152

www.mahaffeylaboratory.com

## Certificate of Analysis

Chris Klase  
Ridgway Township Municipal Auth.  
1537B Montmorenci Rd  
Ridgway, Pa 15853

Project 1st Qtr  
Description

Lab Sample No. 1703028-001  
Client Sample ID 710DQ  
Matrix Drinking Water (Rep)  
Date Received 03/01/17 15:30  
Date Sampled 03/01/2017 09:30  
Date Reported 3/14/2017

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC HAA5</b>								
Haloacetic Acids (HAA5)	EPA 552.3	0.036	0.002	mg/L	PW	3/6/2017	3/8/2017	
Monochloroacetic Acid (MCAA)	EPA 552.3	<0.002	0.002	mg/L	PW	3/6/2017	3/7/2017	
Monobromoacetic Acid (MBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dichloroacetic Acid (DCAA)	EPA 552.3	0.024	0.002	mg/L	PW	3/6/2017	3/8/2017	R4
Trichloroacetic Acid (TCAA)	EPA 552.3	0.012	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dibromoacetic Acid (DBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC TTHM 524.3</b>								
Total Trihalomethanes	EPA 524.3	0.026	0.001	mg/L	PW	Not Required	3/6/2017	
Chloroform	EPA 524.3	0.022	0.001	mg/L	PW	Not Required	3/6/2017	
Bromodichloromethane	EPA 524.3	0.004	0.001	mg/L	PW	Not Required	3/6/2017	
Dibromochloromethane	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	
Bromoform	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	



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### Qualifiers

R4 = Higher reporting limit due to dilution.

Approved By

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Carlton R. McCracken, Jr. Chemist



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Project 1st Qtr  
Description

Lab Sample No. 1703028-002  
Client Sample ID 711DQ  
Matrix Drinking Water (Rep)  
Date Received 03/01/17 15:30  
Date Sampled 03/01/2017 08:30  
Date Reported 3/14/2017

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC HAA5</b>								
Haloacetic Acids (HAA5)	EPA 552.3	0.024	0.002	mg/L	PW	3/6/2017	3/7/2017	
Monochloroacetic Acid (MCAA)	EPA 552.3	<0.002	0.002	mg/L	PW	3/6/2017	3/7/2017	
Monobromoacetic Acid (MBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dichloroacetic Acid (DCAA)	EPA 552.3	0.014	0.001	mg/L	PW	3/6/2017	3/7/2017	
Trichloroacetic Acid (TCAA)	EPA 552.3	0.010	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dibromoacetic Acid (DBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC TTHM 524.3</b>								
Total Trihalomethanes	EPA 524.3	0.021	0.001	mg/L	PW	Not Required	3/6/2017	
Chloroform	EPA 524.3	0.018	0.001	mg/L	PW	Not Required	3/6/2017	
Bromodichloromethane	EPA 524.3	0.003	0.001	mg/L	PW	Not Required	3/6/2017	
Dibromochloromethane	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	
Bromoform	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	



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Project 1st Qtr  
Description

Lab Sample No. 1703028-003  
Client Sample ID 712DQ  
Matrix Drinking Water (Rep)  
Date Received 03/01/17 15:30  
Date Sampled 03/01/2017 09:00  
Date Reported 3/14/2017

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC HAA5</b>								
Haloacetic Acids (HAA5)	EPA 552.3	0.040	0.002	mg/L	PW	3/6/2017	3/8/2017	
Monochloroacetic Acid (MCAA)	EPA 552.3	<0.002	0.002	mg/L	PW	3/6/2017	3/7/2017	
Monobromoacetic Acid (MBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dichloroacetic Acid (DCAA)	EPA 552.3	0.026	0.002	mg/L	PW	3/6/2017	3/8/2017	R4
Trichloroacetic Acid (TCAA)	EPA 552.3	0.014	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dibromoacetic Acid (DBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC TTHM 524.3</b>								
Total Trihalomethanes	EPA 524.3	0.028	0.001	mg/L	PW	Not Required	3/6/2017	
Chloroform	EPA 524.3	0.024	0.001	mg/L	PW	Not Required	3/6/2017	
Bromodichloromethane	EPA 524.3	0.004	0.001	mg/L	PW	Not Required	3/6/2017	
Dibromochloromethane	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	
Bromoform	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	



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Description

Lab Sample No. 1703028-004  
Client Sample ID 714DQ  
Matrix Drinking Water (Rep)  
Date Received 03/01/17 15:30  
Date Sampled 03/01/2017 08:45  
Date Reported 3/14/2017

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC HAA5</b>								
Haloacetic Acids (HAA5)	EPA 552.3	0.035	0.002	mg/L	PW	3/6/2017	3/8/2017	
Monochloroacetic Acid (MCAA)	EPA 552.3	<0.002	0.002	mg/L	PW	3/6/2017	3/7/2017	
Monobromoacetic Acid (MBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dichloroacetic Acid (DCAA)	EPA 552.3	0.023	0.002	mg/L	PW	3/6/2017	3/8/2017	R4
Trichloroacetic Acid (TCAA)	EPA 552.3	0.012	0.001	mg/L	PW	3/6/2017	3/7/2017	
Dibromoacetic Acid (DBAA)	EPA 552.3	<0.001	0.001	mg/L	PW	3/6/2017	3/7/2017	

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC TTHM 524.3</b>								
Total Trihalomethanes	EPA 524.3	0.029	0.001	mg/L	PW	Not Required	3/6/2017	
Chloroform	EPA 524.3	0.024	0.001	mg/L	PW	Not Required	3/6/2017	
Bromodichloromethane	EPA 524.3	0.005	0.001	mg/L	PW	Not Required	3/6/2017	
Dibromochloromethane	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	
Bromoform	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/6/2017	



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Ridgway, Pa 15853

Project 1st Qtr  
Description

Lab Sample No. 1703028-005  
Client Sample ID Trip Blank  
Matrix DI Water  
Date Received 03/01/17 15:30  
Date Sampled 02/21/2017 12:41  
Date Reported 3/14/2017

Test	Method	Result	Reporting Limit	Units	Analyst	Prep Date	Test Date	Qlf.
<b>GC TTHM 524.3</b>								
Total Trihalomethanes	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/7/2017	
Chloroform	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/7/2017	
Bromodichloromethane	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/7/2017	
Dibromochloromethane	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/7/2017	
Bromoform	EPA 524.3	<0.001	0.001	mg/L	PW	Not Required	3/7/2017	

Approved By Carlton R. McCracken, Jr.  
Carlton R. McCracken, Jr. Chemist

1703028



# CHAIN OF CUSTODY

SDWA  REPORTING

PHONE: 814-236-3540  
FAX: 877-267-4152  
EMAIL: INFO@MAHAFFEYLABORATORY.COM

551 STATE STREET  
CURWENSVILLE, PA 16833

RUSH

date

REPORT TO: Chris Klase  
 COMPANY: Ridgway Township  
 ADDRESS: 1537B Montmorenci Rd  
 Ridgway, Pa 15853

INVOICE TO: Same as above  
 COMPANY:   
 ADDRESS:   
 Please note any comments on other side and check

CONTACT: Chris Klase  
 PHONE: 814-772-2476  
 PWS ID# (IF APPLICABLE) 6240022  
 PROJECT NAME: Quarterly  
 SAMPLERS:   
 FAX RESULTS: Y / N FAX:   
 EMAIL RESULTS: Y / N EMAIL: rima1@windstream.net

Sample Type (write code in sample type)			Analysis to be Performed			Preservatives	
DW - Drinking Water SW - Surface Water	GW - Ground Water SL - Sludge	SO - Soil SLD - Solid XX - Other	Wastewater	HAAS	TTHM	Containers	Unpreserved H2SO4 HNO3 HCl NaOH MeOH Na2S2O3 Ascorbic Acid NH3Cl4 Other
	710DQ	3/1/17	9:30	DW	X	3-40ml vials	
	711DQ	3/1/17	8:30am	DW	X	1-250ml amber	
	712DQ	3/1/17	9:00am	DW	X	3-40ml vials	
	714DQ	3/1/17	8:45am	DW	X	1-250ml amber	
		2/21/2017	12:41	KSTB		1-40ML VIAL	

Time \_\_\_\_\_ Mileage \_\_\_\_\_

LAB COMMENTS:   
 Shaded Areas for Laboratory Use Only  
 Method of Delivery  
 Hand Delivery  Fed Ex  Courier  Approved Container  
 Other  UPS  US Mail  Cool down in process  Preserved  
 Container Temperature 16 C  
 On Ice  Yes  No  Preserved Upon Receipt  
 Out of Hold Time  Damaged

Relinquished By: \_\_\_\_\_ Date/Time 3-1-17 14:20 Received By: BD Best Date/Time 3-1-17 14:20

Relinquished By: \_\_\_\_\_ Date/Time \_\_\_\_\_ Rec'd. in Lab By: BD Best Date/Time 3-1-17 15:30

**PLEASE COMPLETE THE FOLLOWING INFORMATION TO RELINQUISH SAMPLE TO MAHAFFEY LABORATORY, LTD.**

# Chain of Custody Receiving Document

Receiver: BDB

Date/Time of check: 3.1.17 15:30

Client: Toby Water

Date Sampled: 3.1.17

Lab #: 1703028

Were The Samples Received On ICE?

Yes

No

Receiving Temperature: 8

COC/Labels On Bottles Agree?

Yes

No

If No, Please Explain. \_\_\_\_\_

Is/Are The Samples Properly Preserved?

Yes

No

If No, Please Explain. \_\_\_\_\_

Were Any Of The Samples Out Of Hold?

Yes

No

If Yes, Please Explain. \_\_\_\_\_

Were Any Of The Samples Damaged?

Yes

No

If Yes, Please Explain. \_\_\_\_\_

Method Of Delivery:

UPS

FedEx

US Mail

Lab Courier

Client

Other

Does Client Need To Be Contacted, Why? \_\_\_\_\_

Client Contacted By: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name Of Client Contacted: \_\_\_\_\_

Discussion/Outcome: \_\_\_\_\_