



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 TTHM HAA5 Quarterly
Description

Lab Sample No. 18120120-001
Client Sample ID 710DQ
Matrix Drinking Water (Rep)
Date Received 12/05/18 15:00
Date Sampled 12/04/2018 09:00
Date Reported 12/17/2018

Test	Method	Result	RL	MDL	Units	Analyst	Prep Date	Test Date	Qlf.
GC TTHM 524.3									
Total Trihalomethanes	EPA 524.3	0.029	0.001		mg/L	PW	Not Required	12/13/18	
Chloroform	EPA 524.3	0.025	0.001		mg/L	PW	Not Required	12/13/18	
Bromodichloromethane	EPA 524.3	0.004	0.001		mg/L	PW	Not Required	12/13/18	
Dibromochloromethane	EPA 524.3	<0.001	0.001		mg/L	PW	Not Required	12/13/18	
Bromoform	EPA 524.3	<0.001	0.001		mg/L	PW	Not Required	12/13/18	

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



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 TTHM HAA5 Quarterly
Description

Lab Sample No. 18120120-002
Client Sample ID 711DQ
Matrix Drinking Water (Rep)
Date Received 12/05/18 15:00
Date Sampled 12/04/2018 08:00
Date Reported 12/17/2018

Test	Method	Result	RL	MDL	Units	Analyst	Prep Date	Test Date	Qlf.
GC HAA5									
Haloacetic Acids (HAA5)	EPA 552.3	0.021	0.002		mg/L	PW	12/11/18	12/13/18	
Monochloroacetic Acid (MCAA)	EPA 552.3	<0.002	0.002		mg/L	PW	12/11/18	12/13/18	
Monobromoacetic Acid (MBAA)	EPA 552.3	<0.001	0.001		mg/L	PW	12/11/18	12/13/18	
Dichloroacetic Acid (DCAA)	EPA 552.3	0.009	0.001		mg/L	PW	12/11/18	12/13/18	
Trichloroacetic Acid (TCAA)	EPA 552.3	0.012	0.001		mg/L	PW	12/11/18	12/13/18	
Dibromoacetic Acid (DBAA)	EPA 552.3	<0.001	0.001		mg/L	PW	12/11/18	12/13/18	

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



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 TTHM HAA5 Quarterly
Description

Lab Sample No. 18120120-003
Client Sample ID 712DQ
Matrix Drinking Water (Rep)
Date Received 12/05/18 15:00
Date Sampled 12/04/2018 08:30
Date Reported 12/17/2018

Test	Method	Result	RL	MDL	Units	Analyst	Prep Date	Test Date	Qlf.
GC TTHM 524.3									
Total Trihalomethanes	EPA 524.3	0.033	0.001		mg/L	PW	Not Required	12/13/18	
Chloroform	EPA 524.3	0.029	0.001		mg/L	PW	Not Required	12/13/18	
Bromodichloromethane	EPA 524.3	0.004	0.001		mg/L	PW	Not Required	12/13/18	
Dibromochloromethane	EPA 524.3	<0.001	0.001		mg/L	PW	Not Required	12/13/18	
Bromoform	EPA 524.3	<0.001	0.001		mg/L	PW	Not Required	12/13/18	

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



551 State Street
Curwensville, PA 16833

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

www.mahaffeylaboratory.com

Certificate of Analysis

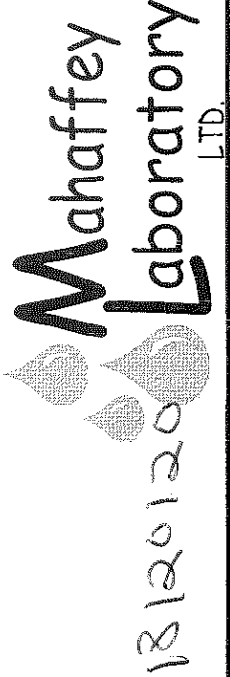
Chris Klase
Ridgway Township Municipal Auth.
1537B Montmorenci Rd
Ridgway, Pa 15853

Project TTHM HAA5 Quarterly
Description

Lab Sample No. 18120120-004
Client Sample ID 714DQ
Matrix Drinking Water (Rep)
Date Received 12/05/18 15:00
Date Sampled 12/04/2018 08:20
Date Reported 12/17/2018

Test	Method	Result	RL	MDL	Units	Analyst	Prep Date	Test Date	Qlf.
GC HAA5									
Haloacetic Acids (HAA5)	EPA 552.3	0.019	0.002		mg/L	PW	12/11/18	12/13/18	
Monochloroacetic Acid (MCAA)	EPA 552.3	<0.002	0.002		mg/L	PW	12/11/18	12/13/18	
Monobromoacetic Acid (MBAA)	EPA 552.3	<0.001	0.001		mg/L	PW	12/11/18	12/13/18	
Dichloroacetic Acid (DCAA)	EPA 552.3	0.006	0.001		mg/L	PW	12/11/18	12/13/18	
Trichloroacetic Acid (TCAA)	EPA 552.3	0.013	0.001		mg/L	PW	12/11/18	12/13/18	
Dibromoacetic Acid (DBAA)	EPA 552.3	<0.001	0.001		mg/L	PW	12/11/18	12/13/18	

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



CHAIN OF CUSTODY

551 STATE STREET
CURWENSVILLE, PA 16833

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

SDWA REPORTING

RUSH

Other (specify)

REPORT TO: Chris Klase
 COMPANY: Ridgway Township Municipal Authority
 ADDRESS: 1537B Montmorenci Rd
 Ridgway, Pa 15853
 INVOICE TO: Same as above
 COMPANY:
 ADDRESS:

CONTACT: Chris Klase
 PHONE: 814-772-2476 814-335-7560
 PWS ID# (IF APPLICABLE) 6240022
 PROJECT NAME: Quarterly
 SAMPLERS:
 FAX RESULTS: Y / N FAX:
 EMAIL RESULTS: Y / N EMAIL: rtkma1@windstream.net

Please note any comments on other side and check

Lab Use Only	Sample ID	Date Collected	Time	Sample Type	Sample Type	
					Grab	Composite
1812012001	710DQ	12/4/18	9:00 AM	DW	X	
002	711DQ	12/4/18	8:00 AM	DW	X	
003	712DQ	12/4/18	8:30 AM	DW	X	
004	714DQ	12/4/18	8:20 AM	DW	X	

Containers	Analysis to be Performed	Preservatives															
		HAAS	TTHM	3-40ml vials	1-250ml amber	3-40ml vials	1-250ml amber	Unpreserved	H2SO4	HNO3	HCl	NaOH	MeOH	Na2S2O3	Ascorbic Acid	NH3Cl4	Other
3-40ml vials		X												X			
1-250ml amber			X														X
3-40ml vials		X											X				
1-250ml amber																	X

Time _____ Mileage _____

LAB COMMENTS: Shaded Areas for Laboratory Use Only

Method of Delivery: Hand Delivery Fed Ex Courier UPS US Mail Other

Container Temperature: On Ice Yes No

Preserved Upon Receipt Out of Hold Time Damaged

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

Relinquished By: *Chris Klase* Date/Time: 12.5.18 10:30
 Received By: _____ Date/Time: _____

Relinquished By: _____ Date/Time: _____
 Rec'd. in Lab By: *JK* Date/Time: 12.5.18
 1500

Chain of Custody Receiving Document

Receiver: BDB

Date/Time of check: 12-5-18 1500

Client: Ridgway Twp

Date Sampled: 12-4-2018

Lab #: 18120120

Were The Samples Received On ICE?

Yes

No

Receiving Temperature: 5

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: _____