



REPORT OF ANALYTICAL RESULTS

PWS: 2286007

STOW CENTER SCHOOL

Samples Received: 21-September-2022

Laboratory Case Number: 2121056

Report Prepared for:

Andrew Donnelly
WhiteWater
253B Worcester Road
Charlton, MA 01507

Director
New England Testing Laboratory, Inc.
Lab#: M-RI010
Date: 04-October-2022

Samples Submitted:

Lab ID	Sample Type	Location Code	Sample Location
2I21056-01	RS	Kitchen Sink By S	Kitchen Sink by Skillet
2I21056-02	RS	Faucet RM D - 15	Faucet Rm D - 157
2I21056-03	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 163
2I21056-04	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 180
2I21056-05	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 259
2I21056-06	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D -
2I21056-07	RS	Teacher Sink Rm I	Teacher Sink Rm B - 128
2I21056-08	RS	Bathroom Sink Rn	Bathroom Sink Rm A - 118
2I21056-09	RS	Sink/Bubbler Rm /	Sink/Bubbler Rm A - 116
2I21056-10	RS	Sink/Bubbler Rm /	Sink/Bubbler Rm A - 113
2I21056-11	RS	Sink/Bubbler next	Sink/Bubbler next to Kitchen
2I21056-12	RS	Sink/Bubbler Rm (Sink/Bubbler Rm C - 136
2I21056-13	RS	Sink Rm C -131	Sink Rm C - 131
2I21056-14	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 156
2I21056-15	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 181
2I21056-16	RS	Sink Rm - 128	Sink Rm - 128
2I21056-17	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm B - 119
2I21056-18	RS	Sink/Bubbler Rm /	Sink/Bubbler Rm A - 114
2I21056-19	RS	Sink/Bubbler Musi	Sink/Bubbler Music Room
2I21056-20	RS	Sink Rm D - 169	Sink Rm D - 169

Request for Analysis

Kitchen Sink By Skillet (RS) Kitchen Sink by Skillet

Copper	EPA 200.8
Lead	EPA 200.8

Faucet RM D - 157 (RS) Faucet Rm D - 157

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm D - 163 (RS) Sink/Bubbler Rm D - 163

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm D - 180 (RS) Sink/Bubbler Rm D - 180

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm D - 259 (RS) Sink/Bubbler Rm D - 259

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm D - 263 (RS) Sink/Bubbler Rm D -

Copper	EPA 200.8
Lead	EPA 200.8

Teacher Sink Rm B - 128 (RS) Teacher Sink Rm B - 128

Copper	EPA 200.8
Lead	EPA 200.8

Bathroom Sink Rm A - 118 (RS) Bathroom Sink Rm A - 118

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm A - 116 (RS) Sink/Bubbler Rm A - 116

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm A - 113 (RS) Sink/Bubbler Rm A - 113

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler next to Kitchen (RS) Sink/Bubbler next to Kitchen

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm C - 136 (RS) Sink/Bubbler Rm C - 136

Copper	EPA 200.8
Lead	EPA 200.8

Sink Rm C -131 (RS) Sink Rm C - 131

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm D - 156 (RS) Sink/Bubbler Rm D - 156

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm D - 181 (RS) Sink/Bubbler Rm D - 181

Copper	EPA 200.8
Lead	EPA 200.8

Sink Rm - 128 (RS) Sink Rm - 128

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm B - 119 (RS) Sink/Bubbler Rm B - 119

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Rm A - 114 (RS) Sink/Bubbler Rm A - 114

Copper	EPA 200.8
Lead	EPA 200.8

Sink/Bubbler Music Room (RS) Sink/Bubbler Music Room

Copper	EPA 200.8
Lead	EPA 200.8

Sink Rm D - 169 (RS) Sink Rm D - 169

Copper	EPA 200.8
Lead	EPA 200.8

The analytical methods provided are documented in the following references:

Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, APHA, AWWA-WPCF.

Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water, USEPA/EMSL.



Lead and Copper Analysis Report

Doc Rev 12/2020

I. PWS INFORMATION : Please refer to your MADEP Lead and Copper sampling plan for approved sampling locations.

PWS ID #: City / Town:
 PWS Name: PWS Class: COM NTNC TNC

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" 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 COMMENTS

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)

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

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA Cert. #	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.001	0.001	M-RI010	New England Testing Laboratory, Inc.
Copper:	1.3	EPA 200.8	0.005	0.005	M-RI010	New England Testing Laboratory, Inc.

LAB ANALYSIS COMMENTS		Result Qualifier	Result Qualifier Description
		U	U = Undetected

#	MassDEP Approved LCR Plan Sample Location	Collection Date	Dilution Factor	LEAD		Result Qualifier	COPPER		Result Qualifier	Primary Lab Sample ID# & Analysis Lab Sample ID#
				Date Analyzed	Result (mg/L)		Date Analyzed	Result (mg/L)		
				1	Kitchen Sink By Skillet		09/17/2022	1		
2	Faucet RM D - 157	09/17/2022	1	09/26/2022	0.002		09/26/2022	0.585		2I21056-02/2I21056-02
3	Sink/Bubbler Rm D - 163	09/17/2022	1	09/26/2022	0.002		09/26/2022	0.439		2I21056-03/2I21056-03
4	Sink/Bubbler Rm D - 180	09/17/2022	1	09/26/2022	0.002		09/26/2022	0.434		2I21056-04/2I21056-04
5	Sink/Bubbler Rm D - 259	09/17/2022	1	09/26/2022	0.002		09/26/2022	0.445		2I21056-05/2I21056-05
6	Sink/Bubbler Rm D - 263	09/17/2022	1	09/26/2022	0.002		09/26/2022	0.475		2I21056-06/2I21056-06
7	Teacher Sink Rm B - 128	09/17/2022	1	09/26/2022	ND	U	09/26/2022	0.351		2I21056-07/2I21056-07
8	Bathroom Sink Rm A - 118	09/17/2022	1	09/26/2022	ND	U	09/26/2022	0.410		2I21056-08/2I21056-08
9	Sink/Bubbler Rm A - 116	09/17/2022	1	09/27/2022	ND	U	09/27/2022	0.424		2I21056-09/2I21056-09
10	Sink/Bubbler Rm A - 113	09/17/2022	1	09/27/2022	ND	U	09/27/2022	0.476		2I21056-10/2I21056-10
11	Sink/Bubbler next to Kitchen	09/17/2022	1	09/27/2022	0.003		09/27/2022	0.640		2I21056-11/2I21056-11
12	Sink/Bubbler Rm C - 136	09/17/2022	1	09/27/2022	0.003		09/27/2022	0.177		2I21056-12/2I21056-12
13	Sink Rm C - 131	09/17/2022	1	09/27/2022	ND	U	09/27/2022	0.216		2I21056-13/2I21056-13
14	Sink/Bubbler Rm D - 156	09/17/2022	1	09/27/2022	0.001		09/27/2022	0.552		2I21056-14/2I21056-14
15	Sink/Bubbler Rm D - 181	09/17/2022	1	09/27/2022	0.002		09/27/2022	0.460		2I21056-15/2I21056-15
16	Sink Rm - 128	09/17/2022	1	09/27/2022	0.004		09/27/2022	0.402		2I21056-16/2I21056-16
17	Sink/Bubbler Rm B - 119	09/17/2022	1	09/27/2022	0.001		09/27/2022	0.356		2I21056-17/2I21056-17
18	Sink/Bubbler Rm A - 114	09/17/2022	1	09/27/2022	0.001		09/27/2022	0.444		2I21056-18/2I21056-18
19	Sink/Bubbler Music Room	09/17/2022	1	09/27/2022	0.001		09/27/2022	0.381		2I21056-19/2I21056-19
20	Sink Rm D - 169	09/17/2022	1	09/27/2022	0.002		09/27/2022	0.730		2I21056-20/2I21056-20

Report SCHOOL RESULTS (250 ml) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations.

1										
2										
3										
4										

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: 10/4/2022

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

COM & NTNC public water suppliers must submit forms LCR-D or LCR-E with this form to the appropriate MassDEP Regional Office

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



Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #:	2286007	City / Town:	Stow
PWS Name:	Stow Center School		PWS Class: COM <input type="checkbox"/> NTNC <input checked="" type="checkbox"/>

Sampling Frequency: (choose one)	<input type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> REDUCED - EVERY THREE YEARS
	<input checked="" type="checkbox"/> SECOND SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	<input type="checkbox"/> REDUCED - ANNUAL	<input type="checkbox"/> DEMONSTRATION

Step 1: Place lead results in ascending order (from lowest to highest value) with lowest value at # 1, in the table below. Repeat for copper results. Please report results that are ND or less than (<) the laboratory's reported detection limit (MDL) as zero. Results at or above the laboratory's detection limit (MDL) but below 0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as measured or may be reported as 0.0025 mg/L for lead or 0.025 mg/L for copper.

Step 2: Multiply the total number of samples collected by 0.9 (this is your 90th percentile sample number). Round to the nearest whole number, if necessary.

Step 3: Compare the sample result at the 90th percentile sample number against the corresponding action level. If the 90th percentile value is higher than the action level, then you have an exceedance and are required to contact MassDEP as soon as possible for information on compliance actions.

Note: Do not include school results on this form unless the PWS is a school. Remember, within 30 days of receipt, you must send individual results to the persons served at each sampled location as per 310 CMR 22.06B(6)(c)¹.

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0	16	0.002	31		46	
2	0	17	0.002	32		47	
3	0	18	0.003	33		48	
4	0	19	0.003	34		49	
5	0	20	0.004	35		50	
6	0.001	21		36		51	
7	0.001	22		37		52	
8	0.001	23		38		53	
9	0.001	24		39		54	
10	0.001	25		40		55	
11	0.002	26		41		56	
12	0.002	27		42		57	
13	0.002	28		43		58	
14	0.002	29		44		59	
15	0.002	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.177	16	0.475	31		46	
2	0.216	17	0.552	32		47	
3	0.259	18	0.585	33		48	
4	0.351	19	0.640	34		49	
5	0.356	20	0.730	35		50	
6	0.381	21		36		51	
7	0.402	22		37		52	
8	0.410	23		38		53	
9	0.424	24		39		54	
10	0.434	25		40		55	
11	0.439	26		41		56	
12	0.444	27		42		57	
13	0.445	28		43		58	
14	0.460	29		44		59	
15	0.475	30		45		60	

***Lowest Value**

My system was required to collect 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 This number is my system's 90th percentile sample #.

Circle the 90th percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

<u>0.003</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.585</u> (Copper result at 90 th percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
----------------------------------------------------------------------	----------------------------------------------------------	------------------------------------------------------------------------	----------------------------------------------------------

II. CERTIFICATION:

Check and complete the correct statement for lead as determined by the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

- My system was **at or below** the lead action level.
- My system **exceeded** the lead action level and _____ sampling sites **exceeded** the lead action level.
(Insert # of samples)

Check and complete the correct statement for copper as determined from the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

- My system was **at or below** the copper action level.
- My system **exceeded** the copper action level _____ sampling sites **exceeded** the copper action level.
(Insert # of samples)

My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP, and both the sites and sampling procedures used comply with 310 CMR 22.06B(7). I certify under penalty 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 of my knowledge and belief.

_____ Title	_____ Signature of PWS or Owner's Representative	_____ Date
Please submit Form LCR-C along with this form.	Rev. 02- 2019	Page <u>1</u> of <u>1</u>

¹ The Consumer notification form template is available at: [https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-\(lcr-](https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr-)



Lead and Copper - 90th PERCENTILE COMPLIANCE Report
(For Systems Required to Collect More Than 5 Samples)



- ROUTINE SAMPLE
- REPEAT SAMPLE
- 24 HR RUSH?

- SPECIAL SAMPLE
- WAF SAMPLE
- PRESEASON SAMPLE

253B Worcester Road, Charlton MA 01507 Phone: (888) 377-7678 Fax: (508) 248-2895

PWS ID #: 2286007 PWS CLASS: NTNC JOB/SO #: _____
 PWS NAME: Stow Center School - Page 1
 PWS ADDRESS: 403 Great Road, Stow, MA 01775
 PWS PHONE #: 781-223-1980
 DATE COLLECTED: 9-17-22 Is the source treated? YES NO
9-20-22 Sample after treatment? YES NO

SPECIAL NOTES:
 Lead & Copper Q3 2022
 Required No of Samples: 20
 **K = Kitchen, B = Bathroom
 METER READINGS: _____ Cu Ft. or Gal

LOCATION CODE	SAMPLE LOCATION	SAMPLE TYPE	DATE	TIME	L&C				NOTES (# of Bottles)
K	Kitchen Sink by Skillet	L&C	9-17-22	1:19	✓				1
	Faucet Rm D - 157	L&C	9-17-22	1:37	✓				1
	Sink/Bubbler Rm D - 163	L&C	9-17-22	1:39	✓				1
	Sink/Bubbler Rm D - 180	L&C	9-17-22	1:44	✓				1
	Sink/Bubbler Rm - D259	L&C	9-17-22	1:29	✓				1
	Sink/Bubbler Rm D - 263	L&C	9-17-22	1:32	✓				1
	Teacher Sink Rm B - 128	L&C	9-17-22	1:52 4:53	✓				1
	Bathroom Sink Rm A - 118	L&C	9-17-22	2:00	✓				1
	Sink/Bubbler Rm A - 116	L&C	9-17-22	1:57	✓				1
	Sink/Bubbler Rm A - 113	L&C	9-17-22	1:54	✓				1
									(10)

Custody Transfer	Name & Signature	DATE	TIME
Sampler:	<i>Steven Bourbeau</i>	9-20-22	
Relinquished by:	<i>Steven Bourbeau</i>	9-20-22	
Received by:	<i>Bill Wood</i>	9-21-22	1400
Relinquished by:	<i>Bill Wood</i>	9-21-22	1545
Received by:	<i>[Signature]</i>	9-21-22	1545

PLEASE EMAIL THIS REPORT WITH RESULTS & INVOICE TO: ADonnelly@RHWhite.com and CAstephen@RHWhite.com

- ROUTINE SAMPLE
- REPEAT SAMPLE
- 24 HR RUSH?
- SPECIAL SAMPLE
- WAF SAMPLE
- PRESEASON SAMPLE

PWS ID #: 2286007 PWS CLASS: NTNC JOB/SO #: _____

PWS NAME: Stow Center School - Page 1

PWS ADDRESS: 403 Great Road, Stow, MA 01775

PWS PHONE #: 781-223-1980

DATE COLLECTED: 9-17-22

Is the source treated? YES NO

Sample after treatment? YES NO

SPECIAL NOTES:
 Lead & Copper Q3 2022

Required No of Samples: 20

**K = Kitchen, B = Bathroom +

METER READINGS: _____ Cu Ft. or Gal

LOCATION CODE	SAMPLE LOCATION	SAMPLE TYPE	DATE	TIME	L&C				NOTES (# of Bottles)
	Sink/Bubbler next to Kitchen	L&C	9-17-22	1:15	✓				1 -
	Sink/Bubbler Rm C - 136	L&C	9-17-22	1:22	✓				1 -
	Sink Rm C - 131	L&C	9-17-22	1:24	✓				1 -
	Sink/Bubbler Rm D - 156	L&C	9-17-22	1:35	✓				1 -
	Sink/Bubbler Rm D - 181	L&C	9-17-22	1:45	✓				1 -
	Sink Rm - 128	L&C	9-17-22	1:53	✓				1 -
	Sink/Bubbler Rm B - 119	L&C	9-17-22	1:50	✓				1 -
	Sink/Bubbler Rm A - 114	L&C	9-17-22	1:55	✓				1 -
	Sink/Bubbler Music Room	L&C	9-17-22	2:05	✓				1 -
	Sink Rm D - 169	L&C	9-17-22	1:42	✓				1 -
									(10)

Custody Transfer	Name & Signature	DATE	TIME
Sampler:	<i>Stacy Bourdreau</i>	9-20-22	12:00
Relinquished by:	<i>Stacy Bourdreau</i>	9-20-22	
Received by:	<i>Bill Ward</i>	9-21-22	1400
Relinquished by:	<i>Bill Ward</i>	9-21-22	1545
Received by:	<i>Zyong</i>	9-21-22	1545

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Ston
 Name: Nick Scirpoli Phone No _____ (optional)
 E-Mail _____ (optional)

Sink/Bubbler next to Kitchen

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:

Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:00 am/pm Date 9-17-22
 Time Sample was taken: Time 9:15 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scirpoli 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Boudreau Steven Boudreau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Serponi Phone No _____ (optional) Sink/Bubbler
 E-Mail _____ (optional) Rm C-136

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:07 am/pm Date 9-17-22
 Time Sample was taken: Time 1:22 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Serponi 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bordreau Steven Bordreau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Chain of Custody (COC)

LCR COC

Sampling for Lead and Copper (NTNC Systems Only)

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING: PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town: Stow
Name: Nick Scripodi Phone No: (optional)
E-Mail: (optional)

Sink Rm C-131

Were there any recent changes to the plumbing of the facility? [] Yes [x] No
Describe the changes, including the date they were made:

Do you have a treatment system or filter? [x] Yes [] POU [x] POE [] No
Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: [x] Kitchen [] Fountain/Bubbler [] Restroom
Water was last used before sample was taken: Time 7:10 am/pm Date 9-17-22
Time Sample was taken: Time 1:24 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: [x] Yes [] No

[Signature] Date 9/17/22
Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted: [x]
Sample rejected: (check applicable reason)
[] Collected at wrong location
[] COC is not filled out properly
[] Improper standing time
[] Plumbing modification to interior piping or building service line
[] Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

[Signature] Steven Boudreau Date 9/20/22
Certified Operator Signature Print Name Date

PWS Filing Requirement
PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program

Chain of Custody (COC)

Sampling for Lead and Copper (NTNC Systems Only)

LCR COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING: PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 493 Great Road Town: Stow
Name: Nick Scarpola Phone No: (optional)
E-Mail: (optional)

Sink/Bubbler Rm D-156

Were there any recent changes to the plumbing of the facility? [] Yes [x] No
Describe the changes, including the date they were made:

Do you have a treatment system or filter? [x] Yes [] POU [x] POE [] No
Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: [] Kitchen [x] Fountain/Bubbler [] Restroom
Water was last used before sample was taken: Time 7:16 am/pm Date 9-17-22
Time Sample was taken: Time 1:35 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: [x] Yes [] No

Certified Operator or Facility Representative Signature: [Signature] Date: 9/17/22

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted: [x]
Sample rejected: (check applicable reason)
[] Collected at wrong location
[] COC is not filled out properly
[] Improper standing time
[] Plumbing modification to interior piping or building service line
[] Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Certified Operator Signature: [Signature] Print Name: Steven Bordreau Date: 9/20/22

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Sorapan Phone No _____ (optional)
 E-Mail _____ (optional)

Sink/Bubbler
Rm D-181

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:28 am/pm Date 9-17-22
 Time Sample was taken: Time 1:45 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Sorapan Certified Operator or Facility Representative Signature Date 9/17/22

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourdeau Certified Operator Signature Print Name Date 9/20/22

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: Apex 403 Gravel Row Town Stow
 Name: Nick Scipori Phone No _____ (optional)
 E-Mail _____ (optional)

Smt Rm - 128

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:33 am/pm Date 9-17-22
 Time Sample was taken: Time 1:53 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipori 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Tom Boreau Steven Boreau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Chain of Custody (COC)

Sampling for Lead and Copper (NTNC Systems Only)

LCR COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING: PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town: Stow
Name: Nich Scripov Phone No: (optional)
E-Mail: (optional)

Sink/Bubbler Rm B-119

Were there any recent changes to the plumbing of the facility? [] Yes [x] No
Describe the changes, including the date they were made:

Do you have a treatment system or filter? [x] Yes [] POU [x] POE [] No
Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: [] Kitchen [x] Fountain/Bubbler [] Restroom
Water was last used before sample was taken: Time 7:30 am/pm Date 9-17-22
Time Sample was taken: Time 1:50 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: [x] Yes [] No

Certified Operator or Facility Representative Signature: [Signature] Date: 9/17/22

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted: [x]
Sample rejected: (check applicable reason)
[] Collected at wrong location
[] COC is not filled out properly
[] Improper standing time
[] Plumbing modification to interior piping or building service line
[] Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Certified Operator Signature: [Signature] Print Name: Steven Bondreau Date: 9/20/22

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Scipori Phone No _____ (optional)
 E-Mail _____ (optional)

Sink/Bubbler
Rm A - 114

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:

Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:37 am/pm Date 9-17-22
 Time Sample was taken: Time 1:55 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipori 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bordreau Steven Bordreau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Chain of Custody (COC)

Sampling for Lead and Copper (NTNC Systems Only)

**TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:**

Address: 403 Great Road Town Stow
Name: Nick Scarpoli Phone No _____ (optional)
E-Mail _____ (optional)

Sink/Bubbler
Music Room

Were there any recent changes to the plumbing of the facility? Yes No
Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:

Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
Water was last used before sample was taken: Time 7:42 am/pm Date 9-17-22
Time Sample was taken: Time 2:05 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

[Signature] 9/17/22
Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

[Signature] Steven Bordicau 9/20/22
Certified Operator Signature Print Name Date

PWS Filing Requirement

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Chain of Custody (COC)

Sampling for Lead and Copper (NTNC Systems Only)

**TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:**

Address: 403 Great Road Town Stow
Name: Nick Surpen Phone No _____ (optional)
E-Mail _____ (optional)

Sink Rm D-169

Were there any recent changes to the plumbing of the facility? Yes No
Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
Water was last used before sample was taken: Time 7-25 am/pm Date 9-17-22
Time Sample was taken: Time 1:42 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Surpen Certified Operator or Facility Representative Signature 9/17/22 Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourdreau Certified Operator Signature Steven Bourdreau Print Name 9/20/22 Date

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Scipori Phone No _____ (optional)
 E-Mail _____ (optional)

*Kitchen Sink
by Skillet*

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:

Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:05 am/pm Date 9-17-22
 Time Sample was taken: Time 1:19 am/pm Date 9-17-22

I have read ~~the~~ attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipori 9/17/22
Certified Operator or Facility Representative Signature **Date**

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourdeau Steven Bourdeau 9/20/22
Certified Operator Signature **Print Name** **Date**

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Scipor Phone No _____ (optional) **Faucet Rm D -157**
 E-Mail _____ (optional)

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:18 am/pm Date 9-17-22
 Time Sample was taken: Time 1:37 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipor
 Certified Operator or Facility Representative Signature Date 9/17/22

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourbeau Steven Bourbeau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Scripob Phone No _____ (optional) Sink/Bubbler
 E-Mail _____ (optional) Rm D-143

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:19 am/pm Date 9-17-22
 Time Sample was taken: Time 1:39 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

[Signature] 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

[Signature] Steven Boudreau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program

Chain of Custody (COC)

Sampling for Lead and Copper (NTNC Systems Only)

LCR COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING: PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town: Stow
Name: Nich Serpoy Phone No: (optional) Smk/Bubbler
E-Mail: (optional) Rm D-180

Were there any recent changes to the plumbing of the facility? [] Yes [x] No
Describe the changes, including the date they were made:

Do you have a treatment system or filter? [x] Yes [] POU [x] POE [] No
Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: [] Kitchen [x] Fountain/Bubbler [] Restroom
Water was last used before sample was taken: Time 7:27 am/pm Date 9-17-22
Time Sample was taken: Time 1:44 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
[x] Yes [] No

Certified Operator or Facility Representative Signature: [Signature] Date: 9/17/22

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted: [x]
Sample rejected: [] (check applicable reason)
[] Collected at wrong location
[] COC is not filled out properly
[] Improper standing time
[] Plumbing modification to interior piping or building service line
[] Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Certified Operator Signature: [Signature] Print Name: Steven Bourdeau Date: 9/20/22

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town STOW
 Name: Nick Scipoti Phone No _____ (optional) Sink/Bubbler
 E-Mail _____ (optional) Rm-D259

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:12 am/pm Date 9-17-22
 Time Sample was taken: Time 1:29 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipoti Certified Operator or Facility Representative Signature Date 9/17/22

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steve Bourdeau Certified Operator Signature Steven Bourdeau Print Name 9/20/22 Date

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.



Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 408 Great Road Town Stow
 Name: Nick Scilpori Phone No _____ (optional)
 E-Mail _____ (optional)

Sink/Bubbler
Rm D-263

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:15 am/pm Date 9-17-22
 Time Sample was taken: Time 1:32 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

[Signature] 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

[Signature] Steven Bordreau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Scirpo Phone No _____ (optional)
 E-Mail _____ (optional) Teacher Sink
Rm B-128

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:32 am/pm Date 9-17-22
 Time Sample was taken: Time 1:52 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scirpo 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourdeau 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stor
 Name: Nick Scipon Phone No _____ (optional)
 E-Mail _____ (optional)

Bathroom Sink
Rm A-118

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:44 am/pm Date 9-17-22
 Time Sample was taken: Time 2:00 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipon 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

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I certify under penalty 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 of my knowledge and belief.

Steven Bondreanu Steven Bondreanu 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 423 Great Road Town Stow
 Name: Nick Scirpo Phone No _____ (optional) Sink/Bubbler
 E-Mail _____ (optional) Rm A-116

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:39 am/pm Date 9-17-22
 Time Sample was taken: Time 1:57 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scirpo 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourdieu Steven Bourdieu 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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Massachusetts Department of Environmental Protection - Drinking Water Program
Chain of Custody (COC)
Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:
PLEASE COMPLETE ALL INFORMATION HIGHLIGHTED IN RED:

Address: 403 Great Road Town Stow
 Name: Nick Scipio Phone No _____ (optional)
 E-Mail _____ (optional) Sink/Bubbler
Rm A-113

Were there any recent changes to the plumbing of the facility? Yes No
 Describe the changes, including the date they were made: _____

Do you have a treatment system or filter? Yes POU POE No
 Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:
 Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location: Kitchen Fountain/Bubbler Restroom
 Water was last used before sample was taken: Time 7:35 am/pm Date 9-17-22
 Time Sample was taken: Time 1:54 am/pm Date 9-17-22

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Yes No

Nick Scipio 9/17/22
 Certified Operator or Facility Representative Signature Date

TO BE COMPLETED BY CERTIFIED OPERATOR:

Sample accepted:
 Sample rejected: _____ (check applicable reason)
 Collected at wrong location
 COC is not filled out properly
 Improper standing time
 Plumbing modification to interior piping or building service line
 Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

I certify under penalty 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 of my knowledge and belief.

Steven Bourgeois 9/20/22
 Certified Operator Signature Print Name Date

PWS Filing Requirement

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