



REPORT OF ANALYTICAL RESULTS

PWS: 2034024

**FLORENCE SAWYER ELEMENTARY
SCHOOL**

Samples Received: 22-September-2020

Laboratory Case Number: 0122097

Report Prepared for:

WhiteWater
253B Worcester Road
Charlton, MA 01507

Director
New England Testing Laboratory, Inc.
Lab#: M-RI010
Date: 28-September-2020

Samples Submitted:

Lab ID	Sample Type	Location Code	Sample Location
0122097-01	RS	NA	021 TEACHERS LOUNGE SINK
0122097-02	RS	NA	043 BUBBLER OUTSIDE AUDITORIUM
0122097-03	RS	NA	0045 GYM BUBBLER
0122097-04	RS	NA	002 KITCHEN SINK
0122097-05	RS	NA	022 SPED SINK
0122097-06	RS	NA	063 BUBBLER OUTSIDE ROOM 232
0122097-07	RS	NA	065 SINK INSIDE ROOM 235
0122097-08	RS	NA	047 SINK INSIDE LIBRARY
0122097-09	RS	NA	056 SINK INSIDE ROOM 226
0122097-10	RS	NA	049 SINK INSIDE ROOM 221

Request for Analysis

021 TEACHERS LOUNGE SINK (RS)

Lead	EPA 200.8
Copper	EPA 200.8

043 BUBBLER OUTSIDE AUDITORIUM (RS)

Copper	EPA 200.8
Lead	EPA 200.8

0045 GYM BUBBLER (RS)

Copper	EPA 200.8
Lead	EPA 200.8

002 KITCHEN SINK (RS)

Copper	EPA 200.8
Lead	EPA 200.8

022 SPED SINK (RS)

Lead	EPA 200.8
Copper	EPA 200.8

063 BUBBLER OUTSIDE ROOM 232 (RS)

Lead	EPA 200.8
Copper	EPA 200.8

065 SINK INSIDE ROOM 235 (RS)

Copper	EPA 200.8
Lead	EPA 200.8

047 SINK INSIDE LIBRARY (RS)

Copper	EPA 200.8
Lead	EPA 200.8

056 SINK INSIDE ROOM 226 (RS)

Copper	EPA 200.8
Lead	EPA 200.8

049 SINK INSIDE ROOM 221 (RS)

Lead	EPA 200.8
Copper	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

I. PWS INFORMATION : Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	2034024	City / Town:	BOLTON
PWS Name:	FLORENCE SAWYER ELEMENTARY SCHOOL	PWS Class:	COM [] NTNC [X] 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
[X] RS [] SS	[X] Original [] Resubmitted [] Confirmation	[] Resample [] Reanalysis [] Report Correction	

SAMPLE NOTES - (Such as, if a Manifold/Mutiple sample, list the sources that were on-line during sample collection.)

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:	M-RI010	Primary Lab Name:	New England Testing Laboratory	Subcontracted? (Y/N)	N
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Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab Ma Cert. #	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.001	M-RI010	New England Testing Lab
Copper:	1.3	EPA 200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

MassDEP Approved Sample Location (See MassDEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 021 TEACHERS LOUNGE SINK	9/15/20	0.001	9/24/20	0.092	9/24/20	0122097-01
2 043 BUBBLER OUTSIDE AUDITORIUM	9/15/20	ND	9/24/20	0.072	9/24/20	0122097-02
3 0045 GYM BUBBLER	9/15/20	ND	9/24/20	0.115	9/24/20	0122097-03
4 002 KITCHEN SINK	9/15/20	0.004	9/24/20	0.161	9/24/20	0122097-04
5 022 SPED SINK	9/15/20	0.004	9/24/20	0.112	9/24/20	0122097-05
6 063 BUBBLER OUTSIDE ROOM 232	9/15/20	ND	9/24/20	0.103	9/24/20	0122097-06
7 065 SINK INSIDE ROOM 235	9/15/20	0.008	9/24/20	0.108	9/24/20	0122097-07
8 047 SINK INSIDE LIBRARY	9/15/20	0.005	9/24/20	0.139	9/24/20	0122097-08
9 056 SINK INSIDE ROOM 226	9/15/20	0.005	9/24/20	0.120	9/24/20	0122097-09
10 049 SINK INSIDE ROOM 221	9/15/20	0.006	9/24/20	0.110	9/24/20	0122097-10
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Report SCHOOL RESULTS collected in accordance with 310 CMR 22.6B (7)(a)9 below. Do not use these 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: 9/28/2020

If not submitting there results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

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 #:	2034024	City / Town:	BOLTON
PWS Name:	FLORENCE SAWYER ELEMENTARY 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)							COPPER RESULTS (mg/L)								
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results		
1*	0	16		31		46		1*	0.072	16		31		46	
2	0	17		32		47		2	0.092	17		32		47	
3	0	18		33		48		3	0.103	18		33		48	
4	0.001	19		34		49		4	0.108	19		34		49	
5	0.004	20		35		50		5	0.110	20		35		50	
6	0.004	21		36		51		6	0.112	21		36		51	
7	0.005	22		37		52		7	0.115	22		37		52	
8	0.005	23		38		53		8	0.120	23		38		53	
9	0.006	24		39		54		9	0.139	24		39		54	
10	0.008	25		40		55		10	0.161	25		40		55	
11		26		41		56		11		26		41		56	
12		27		42		57		12		27		42		57	
13		28		43		58		13		28		43		58	
14		29		44		59		14		29		44		59	
15		30		45		60		15		30		45		60	

*Lowest Value

My system was required to collect: 10 lead and copper samples. My system collected: 10 lead and copper samples.

Total # of samples collected: 10 x 0.9 = 9 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>0.006</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.14</u> (Copper result at 90 th percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
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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 _____
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Please submit Form LCR-C along with this form.

Rev. 02- 2019

Page _____ of _____

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)-)



0 I 2 2097

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

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

SPECIAL NOTES:

Q3 2020 Lead and Copper Page 2 of 2

K=Kitchen
B=Bath

* See Mass. Chains of Custody for times

METER READINGS: (Cf Ft.) or Gal

2404670

PWS ID #: 2034024 PWS CLASS: NTNC JOB/SO #: _____
 PWS NAME: Florence Sawyer Elementary School
 PWS ADDRESS: 100 Mechanic Street, Bolton, MA 01740
 PWS PHONE #: 781-223-1980
 DATE COLLECTED: 9/15/2020

Is the source treated? YES NO
 Sample after treatment? YES NO

LOCATION CODE	SAMPLE LOCATION	SAMPLE TYPE	TIME	CHLORINE RESIDUAL	Lead and Copper	NOTES (# of Bottles)
K	021 - Teachers Lounge Sink (Florence)	L&C	*	NA	✓	1
	043 - Bubbler Outside Auditorium (Florence)	L&C	11	11	✓	1
	045 - Gym Bubbler (Florence)	L&C	11	11	✓	1
K	002 - Kitchen Sink (Florence)	L&C	11	11	✓	1
K	022 - SPED Sink (Florence)	L&C	11	11	✓	1
	063 - Bubbler Outside Room 232 (Florence)	L&C	11	11	✓	1
K	065 - Sink Inside Room 235 (Florence)	L&C	11	11	✓	1
K	047 - Sink Inside Library (Florence)	L&C	11	11	✓	1
K	056 - Sink Inside Room 226 (Florence)	L&C	11	11	✓	1
K	049 - Sink Inside Room 221 (Florence)	L&C	11	11	✓	1
						10

Custody Transfer	Name & Signature	DATE	TIME
Sampler:	William Hibbs	9/16/2020	10:00
Relinquished by:	William Hibbs		
Received by:	B. Keenan	9/22/20	13:35
Relinquished by:	B. Keenan	9/22/20	17:10
Received by:	ohr	9/22/20	17:10

PLEASE EMAIL THIS REPORT WITH RESULTS & INVOICE TO: ADONNELLY@RHWHITE.COM and CASTEPHEN@RHWHITE.COM





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:

Address: 100 Mechanica St Town Bolton, MA
 Name: FLORENCE SAWYER NRSD Phone No _____ (Optional)
 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: 021 Reach 426 lounge Kitchen Fountain/Bubbler Restroom
 Sample was taken: Time 6:16 AM Date 9-15-2020
 Water was last used before sample was taken: Time 10:30 P Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Yes No

[Signature]
 Certified Operator or Facility Representative Signature

9, 15, 2020
 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] William Hibbs 9, 16, 2020
 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)

Sampling for Lead and Copper (NTNC Systems Only)

LCR
COC

TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR

SAMPLING:

Address: 100 Mechanic St Town Bolton, MA
Name: FLORENCE SAWYER NRSD Phone No (Optional)
E-Mail (optional)

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

Do you have a treatment system or filter? [X] 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: 043 Bubbler [] Kitchen [X] Fountain/Bubbler [] Restroom
Sample was taken: Time 6:11AM Date 9-15-2020
Water was last used before sample was taken: Time 10:30P Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

[X] Yes [] No

[Signature]
Certified Operator or Facility Representative Signature

9, 15, 2020
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]
Certified Operator Signature

William Hibbs
Print Name

9, 16, 2020
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:

Address: 100 Muchemin St Town Bolton, MA
Name: FLORENCE SAWYER NRSD Phone No (Optional)
E-Mail (optional)

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

Do you have a treatment system or filter? [X] 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: 045 Gym Bubblers [] Kitchen [X] Fountain/Bubbler [] Restroom
Sample was taken: Time 6:09A Date 9-15-2020
Water was last used before sample was taken: Time 10:30P Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

[X] Yes [] No

Signature of Certified Operator or Facility Representative

Date 9, 15, 2020

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 of Certified Operator

Print Name William Hibbs

Date 9, 16, 2020

PWS Filing Requirement

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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:

Address: 100 Mechenin St Town Bolton, MA
Name: FLORENCE SAWYER NRSD Phone No (Optional)
E-Mail (optional)

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

Do you have a treatment system or filter? [X] 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: 002 Kitchen Sink [X] Kitchen [] Fountain/Bubbler [] Restroom
Sample was taken: Time 6:15A Date 9-15-2020
Water was last used before sample was taken: Time 10:30P Date 9-14-2020

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

[Signature]
Certified Operator or Facility Representative Signature

9, 15, 2020
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]
Certified Operator Signature

William Hibbs
Print Name

9, 16, 2020
Date

PWS Filing Requirement

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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:

Address: 100 Mechanic St Town Bolton, MA
Name: FLORENCE SAWYER NRSO Phone No _____ (Optional)
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: 002 - SPED SINK Kitchen Fountain/Bubbler Restroom
Sample was taken: 022 Time 6:32A Date 9-15-2020
Water was last used before sample was taken: Time 10:30P Date 9/14/2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Yes No

[Signature]
Certified Operator or Facility Representative Signature

9, 15, 2020
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.

Will Hibbs
Certified Operator Signature

William Hibbs
Print Name

9, 16, 2020
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:

Address: 100 Meacham St Town Bolton, MA
Name: FLORENCE SAWYER NRSO Phone No _____ (Optional)
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: 063 Kitchen Fountain/Bubbler Restroom
Sample was taken: Time 6:22AM Date 9-15-2020
Water was last used before sample was taken: Time 10:30pm Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Yes No

[Signature]
Certified Operator or Facility Representative Signature

9, 15, 2020
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.

William Hibbs William Hibbs 9, 16, 2020
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:

Address: 100 Meacham St Town Bolton, MA
Name: FLORENCE SAWYER NRSD Phone No (Optional)
E-Mail (optional)

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

Do you have a treatment system or filter? [X] 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: 065 2352M [X] Kitchen [] Fountain/Bubbler [] Restroom
Sample was taken: Time 6:24 AM Date 9-15-2020
Water was last used before sample was taken: Time 10:30 PM Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

[X] Yes [] No

Signature of Certified Operator or Facility Representative

Date: 9/15/2020

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: William Hibbs Print Name: William Hibbs Date: 9/16/2020

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:

Address: 100 Meacham St Town Bolton, MA
Name: Florence Sawyer NRSO Phone No (Optional)
E-Mail (optional)

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

Do you have a treatment system or filter? [X] 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: 047 Saw-LTB [X] Kitchen [] Fountain/Bubbler [] Restroom
Sample was taken: Time 6:27A Date 9-15-2020
Water was last used before sample was taken: Time 10:30P Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

[X] Yes [] No

[Signature] Certified Operator or Facility Representative Signature

9, 15, 2020 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] Certified Operator Signature

William Hibbs Print Name

9, 16, 2020 Date

PWS Filing Requirement

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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:

Address: 100 Meacham St Town Bolton, MA
 Name: FLORENCE SAWYER NRSD Phone No _____ (Optional)
 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: 056 RM 226 Kitchen Fountain/Bubbler Restroom
 Sample was taken: Time 6:25 Date 9-15-2020
 Water was last used before sample was taken: Time 10:30pm Date 9-14-2020

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Yes No

[Signature]
 Certified Operator or Facility Representative Signature

9/15/2020
 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]
 Certified Operator Signature

William Hibbs
 Print Name

9/16/2020
 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:

Address: 100 Meehan in ST Town Bolton, MA
Name: FLORENCE SAWYER NRSD Phone No (Optional)
E-Mail (optional)

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

Do you have a treatment system or filter? [X] 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: 049 12M221 [X] Kitchen [] Fountain/Bubbler [] Restroom
Sample was taken: Time 6:26A Date 9-15-2020
Water was last used before sample was taken: Time 10:30pm Date 9-14-2020

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

[Signature]
Certified Operator or Facility Representative Signature

9, 15, 2020
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]
Certified Operator Signature

William Hibbs
Print Name

9, 16, 2020
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.