



REPORT OF ANALYTICAL RESULTS

PWS: 2034024

**FLORENCE SAWYER ELEMENTARY
SCHOOL**

Samples Received: 30-September-2020

Laboratory Case Number: 0130055

Report Prepared for:

WhiteWater
253B Worcester Road
Charlton, MA 01507

Director
New England Testing Laboratory, Inc.
Lab#: M-RI010
Date: 05-October-2020

Samples Submitted:

Lab ID	Sample Type	Location Code	Sample Location
0130055-01	RS	NA	012 - SINK INSIDE ROOM 5332 (EMERSON)

Request for Analysis

012 - SINK INSIDE ROOM 5332 (EMERSON) (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 <small>(See MassDEP approved LCR plan for sampling locations)</small>	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 012 - SINK INSIDE ROOM 5332 (EMERSON)	9/30/20	0.001	10/01/20	0.064	10/01/20	0130055-01
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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: 10/05/2020

If not submitting there results electronically, mail TWQ 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	



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:

Address: 100 Mechanic Street Town Bolton
 Name: Florence Sawyer School 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: 012 Sink Inside RM 5332 Kitchen Fountain/Bubbler Restroom
 Sample was taken: Emerson Time 1400 Date 9/30/2020
 Water was last used before sample was taken: _____ Time 1700 Date 9/29/2020

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

9/30/2020
 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

9/30/2020
 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.