

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:

	Sample	Location	
Lab ID	Туре	Code	Sample Location
2121056-01	RS	Kitchen Sink By S	Kitchen Sink by Skillet
2121056-02	RS	Faucet RM D - 15	Faucet Rm D - 157
2121056-03	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 163
2121056-04	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 180
2121056-05	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 259
2121056-06	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D -
2121056-07	RS	Teacher Sink Rm	Teacher Sink Rm B - 128
2121056-08	RS	Bathroom Sink Rn	Bathroom Sink Rm A - 118
2121056-09	RS	Sink/Bubbler Rm /	Sink/Bubbler Rm A - 116
2121056-10	RS	Sink/Bubbler Rm /	Sink/Bubbler Rm A - 113
2121056-11	RS	Sink/Bubbler next	Sink/Bubbler next to Kitchen
2121056-12	RS	Sink/Bubbler Rm (Sink/Bubbler Rm C - 136
2121056-13	RS	Sink Rm C -131	Sink Rm C - 131
2121056-14	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 156
2121056-15	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm D - 181
2121056-16	RS	Sink Rm - 128	Sink Rm - 128
2121056-17	RS	Sink/Bubbler Rm I	Sink/Bubbler Rm B - 119
2121056-18	RS	Sink/Bubbler Rm /	Sink/Bubbler Rm A - 114
2121056-19	RS	Sink/Bubbler Musi	Sink/Bubbler Music Room
2121056-20	RS	Sink Rm D - 169	Sink Rm D - 169

Request for Analysis

Kitchen Sink By Skillet (RS) Kitchen Sink by Skillet

EPA 200.8 EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
EPA 200.8
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	6
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 Ro	om
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.



LCR-C

Massachusetts Department of Environmental Protection - Drinking Water Program Lead and Copper Analysis Report Doc Rev 12/2020

I. F	PWS INFORMATION : Please refer to your MADEP Lead and Copper sampling plan for approved sampling locations.															
P۷	VS ID #:	2286007							City	/ / Tow	n:	STOW				
PV	VS Name:	STOW CEN	ITER SO	 CHOOL								PWS Cla	ass: COM	[] NT	NC [X] TNC []	
	Routine or									If Res	ubm	itted Report	t, list belov	v:		
	ecial Sample		_	, Resubmitted of mation Report	or		(1) Reason	for Re	 subm						te of Original Sam	ple
D	K] RS [] SS	[X] Original [1 Resubm	nitted [] Confirm	nation		[] Resample [] Reanalysis [] Report Correction									
_	AMPLE COMME		. 1				<u> </u>	M								
<u>ی</u>	RIVIP EL CONTINIL	1415														
II. z	ANALYTICAL LA	ABORATORY IN	NFORMA	TION: Attach o	ору с	of subc	ontracted lab	analys	s rep	orts (as	appli	icable)				
Р	rimary Lab MA	Cert. #:	M-RI0	10 Primary	/ Lab	Name	: Ne	w Engl	and 1	Testing I	abo	ratory, Inc		Subcont	racted? (Y/N)	N
	Analyte	Action Level (mg/L)		Lab Met	nod		MDL (mg/L) MF	L (m	g/L) '		ysis Lab Cert. #	Analysis Lab Name			
Lead:		0.015		EPA 200	0.8		0.001	\top	0.00	1	M-	RI010	New E	ngland	Testing Laborato	ry, Inc.
	Copper:	1.3		EPA 200	0.8		0.005		0.00	5	M-	RI010	New E	ngland	Testing Laborato	ry, Inc.
L/	AB ANALYSIS C	OMMENTS					Result Qua	lifier	R	esult Q	ualif	fier Decrip	tion			
		-					U		_	J = Und		-				
	Mas	sSDEP Approve	:d	Collecti	on	on	LE			ılt fier		COPPE	R	ier fier	Primary Lab San	nple ID#
#	LCR PI	an Sample Loc	ation	Date		Dilution Factor	Date Analyzed		esult g/L)	Result	Δ	Date nalyzed	Result (mg/L)	Result Qualifier	& Analysis Lab Sar	nple ID#
1	Kitchen Sink B	y Skillet		09/17/20)22	1	09/26/202		ND	U	-	/26/2022	0.259		2 21056-01/2 2	•
2	Faucet RM D -			09/17/20)22	1	09/26/202	2 0.	002		09	/26/2022	0.585		2 21056-02/2 2	1056-02
3	Sink/Bubbler R	Rm D - 163		09/17/20)22	1	09/26/202	2 0.	002		09	/26/2022	0.439		2 21056-03/2 2	1056-03
4	Sink/Bubbler R	Rm D - 180		09/17/20)22	1	09/26/202	2 0.	002		09	/26/2022	0.434		2 21056-04/2 2	1056-04
5	Sink/Bubbler R	lm D - 259		09/17/20)22	1	09/26/202	2 0.	002		09	/26/2022	0.445		2121056-05/212	1056-05
6	Sink/Bubbler R	lm D - 263		09/17/20	022	1	09/26/202	2 0.	002		09	/26/2022	0.475		2121056-06/212	1056-06
7	Teacher Sink F	Rm B - 128		09/17/20)22	1	09/26/202	2 1	۱D	U	09	/26/2022	0.351		2 21056-07/2 2	1056-07
8	Bathroom Sink	Rm A - 118		09/17/20)22	1	09/26/202	2 1	N D	U	09	/26/2022	0.410		2121056-08/212	1056-08
9	Sink/Bubbler R	Rm A - 116		09/17/20)22	1	09/27/202	2 1	ND.	U	09	/27/2022	0.424		2121056-09/212	1056-09
10	Sink/Bubbler R	Rm A - 113		09/17/20)22	1	09/27/202	2 1	ND	U	09	/27/2022	0.476		2l21056-10/2l2	1056-10
11	Sink/Bubbler n			09/17/20)22	1	09/27/202	2 0.	003		09	/27/2022	0.640		2 21056-11/2 2	1056-11
12	Sink/Bubbler R			09/17/20	_	1	09/27/202	_	003		09	/27/2022	0.177		2 21056-12/2 2	
	Sink Rm C -13			09/17/20		1	09/27/202		ND	U	₩	/27/2022	0.216		2 21056-13/2 2	
-	Sink/Bubbler R			09/17/20	-	1	09/27/202		001		-	/27/2022	0.552		2 21056-14/2 2	
_	Sink/Bubbler R	lm D - 181		09/17/20	$\overline{}$	1	09/27/202	-	002		_	/27/2022	0.460		2 21056-15/2 2	
_	Sink Rm - 128	5 440		09/17/20	-	1	09/27/202	-	004	-	_	/27/2022	0.402		2 21056-16/2 2	
_	Sink/Bubbler R			09/17/20	_	1	09/27/202	_	001		-	/27/2022	0.356		2 21056-17/2 2	
-	Sink/Bubbler R			09/17/20	$\overline{}$	1	09/27/202		001	-	_	/27/2022	0.444		2121056-18/212	
	Sink/Bubbler M			09/17/20	-	1	09/27/202	$-\!\!\!\!-$	001	-	-	/27/2022	0.381		2121056-19/212	
	Sink Rm D - 16		cted under	(LCCA) in accord		1 ith 310 C	09/27/202		002	not use the		/27/2022	0.730	ntile calcu	2121056-20/212	1030-20
	I	DETS (250 IIII) COIIE	cted under	(LCCA) III accorda	I I	101310	JWIN 22.00B(7)(l l	v. D0 i	I use the	1	Lilooi results ii	I sour perce	I	I auoris.	
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3					-			-			1					
4					\dashv			+			\vdash					
7														<u> </u>		
fi	certify under penalti Il out this form and t ccurate and complet	he information con	tained her	ein is true,			Pr	mary	Lab	Direct	or S	ignature: D		0/4/202	22	
the e	ccordance with 310 C end of the month in w rting (eDEP) deadlin	hich the results are	received o								-			•		
		COM & NTNC pu	ublic wate	r suppliers must	subm	nitt form	s LCR-D or L	CR-E w	ith thi	s form to	the a	appropriate	MassDEP	Regional	Office	
D	EP REVIEW ST	ATUS (Initial &	<u> </u>	Disapproved				eview	nto							
L			ш,					omme	ıııs							



LCR-D

Lead and Copper - 90th PERCENTILE COMPLIANCE Report

	(For Systems Required to Collect More Than 5 Samples)															
I. P\	VS INFORM	OITA	N: Please re	fer to	your DEP I	_ead	& Copper sa	mpling	olan fo	or app	proved sa	mpling loc	ation	s.		
PWS	ID #:	2286	6007				Cit	ty / Tow	n: Si	tow						
PWS	Name:	Stow	Center Schoo	ol							PWS Cla	ss:	C	ити 🗌 мс	IC 🛛	
San	pling	□ F	IRST SEMI-AN	INUAL	SAMPLING I	PERIC)D			RE	DUCED - E	VERY THRE	E YEA	RS		
	quency:	⊠ s	SECOND SEMI	-ANNU	AL SAMPLIN	IG PEI	RIOD			LEA	AD SERVIC	E LINE (LSL)	REPL	ACEMENT P	ROGRA	М
	se one)	□R	REDUCED – Al	ANNUAL						☐ DEMONSTRATION						
							o highest valu									
limit							tory's reported opper shall be									
	Step 2: Multiply the total number of samples collected by 0.9 (this is your 90 th 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 Note	the action le : Do not inclu	vel, th ude sc	en you have hool results o	an exc on this	form unless	nd are	e required to o	contact Nool. Rem	/lassDl	EP as	soon as p	ossible for	inforr	nation on co	mpliand	ce actions.
trie p	ersons serve					10 Ch	MR 22.06B(6)	(6) .			COB	DED DESI	III TC	(ma/L)		
#	Posulto	#	AD RESUL	#	Results	#	Results	#	Pear	lte		PER RES	ULIS #		#	Posulto
1*	Results		Results	31	Results	# 46	Results	1*	Resu	_	4	Results	# 31	Results	46	Results
	0	16	0.002	_		-		_	0.17		16	0.475			_	
3	0	17	0.002	32		47		3	0.21		17	0.552	32		47	
	0	18	0.003	34		48 49		4	0.25	_	18	0.585			48	
4	0	19	0.003	_					0.35		19	0.640	34		49	
5	-	20	0.004	35 36		50 51		5 6	0.35	_	20 21	0.730	35 36		50 51	
6	0.001					52		7	0.38							
7	0.001	22		37		_		-	0.40		22		37		52	
8	0.001	23		38		53		8	0.41		23		38		53	
9	0.001	24		39		54		9	0.42	_	24		39		54	
10	0.001	25		40		55		10	0.43		25		40		55	
11	0.002	26 27		41		56 57		11	0.43		26		41		56	
12	0.002			42					0.44	_	27				57	
13	0.002	28		43		58		13	0.44		28		43		58	
14	0.002	29 30		44 45		59 60		14 15	0.46		29 30		44 45		59 60	
	vest Value	30		45		00		15	0.47	5	30		43		00	
LOV		m wa	s required t	0	20 lea	ıd an	d copper sa	mples. I	Mv sv	stem	collected	d: 20		lead and c	opper	samples.
			es collected	٠			= 18	•								-
				_			copper in the						•		•	
Circi			uie sampie				1	lable a	bove,			Tesuits III	uie	• • •		
(1.000	0.003 I result at 90 th		tilo complo#\	C	ompared to The lead:			(Con	nor roo		585	ile sample#)		Compare		
	ERTIFICATION		tile Sample#)		(The lead	action	level)	(COL	per res	uit at s	90 percent	ile sample#)	_	(The copp	Der actio	ii ievei)
Chec	ck and compl	ete th					rmined by the R) reporting re								ommuni	ity system
			vas at or be								,					
	☐ My sys	tem e	exceeded th	ie lea	d action le	vel a				_ sa	impling si	tes excee	ded	the lead ac	tion le	∕el.
							inser) termined fron ule (CCR) rep		ve res							munity
-		tem v	vas at or be exceeded th	low t	he copper	actio	on level.	,						the copper		level.
				_ '	-			t # of sam	ples)		. 3 -			11.2		
comp	ly with 310 CN	1R 22.0		under	penalty of lav		ave been previo am the person									
					_											
Please		Title	-C along with	thic		5	Signature of PW	/S or Own	er's Re	prese	ntative				Date	
Please submit Form LCR-C along with this form. Rev. 02- 2019 Page1 of									1							

¹ The Consumer notification form template is available at: <a href="https://www.mass.gov/fists/templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-page-6-01-29-and



LCR-D

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





✓ ROUTINE SAMPLE	SPECIAL SAMPLE
REPEAT SAMPLE	WAF SAMPLE
24 HR RUSH?	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								
	9-17-22	Is the sou	rce treated?	YES	NO				

DATE COLLECTED: 9-20-22

(YES) YES Sample after treatment?

NO

NO

METER READINGS: Cu Ft. or Gal

SPECIAL NOTES:

Lead & Copper Q3 2022

Required No of Samples: 20

**K = Kitchen, B = Bathroom

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	/			(•
	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			1 .
	Sink/Bubbler Rm - D259	L&C	9-17-22	1:29	1			1 -
	Sink/Bubbler Rm D - 263	L&C	9-17-22	1:32	V			1 -
	Teacher Sink Rm B - 128		9-17-22	1:52	✓			1 -
	Bathroom Sink Rm A - 118	L&C	9-17-22	Z:00	1			1 -
	Sink/Bubbler Rm A - 116	L&C	9-17-22	1:57	1			1 -
	Sink/Bubbler Rm A - 113	00 kgs 0	9-17-22		✓			1 0
								(10)

Custody Transfer	Name & Signature	DATE	TIME
Sampler:	Steven Burkreau	9-20-22	
Relinquished by:	Lum Bouchu	9-20-22	
Received by:	Bull Word	9.21-22	1400
Relinquished by:	1811Wood	9.4.22	1545
Received by:	Blorg	9-4-22	1545

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



_	WAT	rer	&	WA	STE	NATE	ΕR	SOL	UTIC	SNC	
_											

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

PWS ID #: 2286007 PWS CLA	SS: 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: 9-17-77	Is the source treated? YES NO									
DATE COLLECTED: 9-17-22	Sample after treatment? YES NO									

	✓ ROUTINE SAM	1PLE			SPECIAL SAMPLE				
	REPEAT SAME	LE			WAF SAMPLE				
	24 HR RUSH?				PRESEASON SAMPLE				
	SPECIAL NOTES:								
Lead & Copper Q3 2022									
	Required No of Sample	es: 20							
	**K = Kitchen, B = Bat	hroom							
١	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			1 -
	Sink/Bubbler Rm D - 181	L&C	9-17-22	1:45	1			1 -
	Sink Rm - 128	L&C	9-17-22	1:53	1			1 -
	Sink/Bubbler Rm B - 119	L&C	9-17-22	1:50	1			1 -
	Sink/Bubbler Rm A - 114	L&C	9-17-22	1:55	1			1 -
	Sink/Bubbler Music Room	L&C	9-17-22	2:05	1			1 -
	Sink Rm D - 169		9-17-22	1:42	1			/ •
								(10)

Custody Transfer	Name & Signature	DATE	TIME
Sampler:	Stuen Bendreau	9-20-22	12:00
Relinquished by:	Ston Barbar	9-20-22	
Received by:	Thill Wood	9.21.W	1800
Relinquished by:	Billword	9.21.22	1548
Received by:	Fyang	9-21-22	(545 }

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



Chain of Custody (COC)

LCR

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 5	tow
Address: 403 Great Road Town 5. Name: Nrck Scirpon Phone No Coptional)	(optional)
L-iviali (optional)	Snk/Bubbler
Were there any recent changes to the plumbing of the facility? Describe the changes, including the date they were made:	Yes No next to Kitchen
Do you have a treatment system or filter? ✓ Yes ☐ POU Point of Use treatment Device (POU) /Point of Entry treatment Device	☑ POE □ No e (POE)
Indicate Location of Sample Collected for Lead & Copper Testing Please read the attached instructions. Collect cold water only from site Fountain/Bubbler or Restroom Faucet where you would normally use (not used in the facility) for at least 6 hours before sample collection.	s on approved sampling plan, such as a Kitchen Faucet,
	hen Fountain/Bubbler Restroom 7:00 am/pm Date 9-17-22 115 am/pm Date 9-17-22
I have read the attached Sample Collection Instructions and have take ☑ Yes ☐ No	en a tap sample in accordance with these procedures:
Certified Operator or Facility Representative Signature	9 17 7 V Date
TO BE COMPLETED BY CERTIFIED OPERATOR:	
Sample accepted: (check applicable reason) Collected at wrong location COC is not filled out properly Improper standing time Plumbing modification to interior piping or building service Installation of treatment device (POU/POE) that removes	
Note: If the sample is rejected, the Certified Operator shall indicate the representative. The rejected sample must be discarded and a new same end of the monitoring period.	
I certify under penalty of law that I am the person authorized to fill out and complete to the best of my knowledge and belief. Sture Soveress Certified Operator Signature The person authorized to fill out and the perso	this form and the information contained herein is true, accurate 9 20 22 Date
======================================	Date

PWS Filing Requirement



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 5	tow			
Name: Wrch Surpon' E-Mail	Phone No		(option	nal)	Some/Bubbler Rm C-136
E-Mail	_(optional)				Rm C-136
Were there any recent changes to the plumbing of Describe the changes, including the date they were		☐ Yes	□/No		TOP TO T
Do you have a treatment system or filter? Yes	s POU y treatment Dev	POE ice (POE)	□No		
Indicate Location of Sample Collected for Lead & Please read the attached instructions. Collect cold we Fountain/Bubbler or Restroom Faucet where you we (not used in the facility) for at least 6 hours before s	rater only from sould normally us	ites on app se the water			
Sample location:	□K	itchen 🖸	Fountain/Bubbler	□ Re	estroom
Water was last used before sample was taken:	Time	7107	am/pm am/pm	Date	9-17-22
Time Sample was taken:	Time	1122	am/pm	Date	9-17 -22
I have read the attached Sample Collection Instruct Yes No	ions and have ta	iken a tap s	(1)	with the	ese procedures:
Certified Operator or Facility Representative Sig	gnature		9/17/22 Date		
TO BE COMPLETED BY CERTIFIED OPERA	 TOR:				
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	g or building ser	vice line			
☐ Installation of treatment device (POU/P			contaminants		
Note: If the sample is rejected, the Certified Operator	or shall indicate	the reason	on the COC and prov	ide a co	by to the facility
representative. The rejected sample must be discarend of the monitoring period.					
I certify under penalty of law that I am the person at and complete to the best of my knowledge and belief		out this fori	n and the information	contair	ned herein is true, accurate
Trum Souther Steven	Bordream	(9120122		
Certified Operator Signature Print Nam	е		Date		
			=		

PWS Filing Requirement



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 Creat	Row Town	Stow	
Address: 403 Creat Name: Nrch Scripon E-Mail	Phone No (optional)	(optio	Snk Rm C-131
Were there any recent changes to Describe the changes, including the		Yes No	
Do you have a treatment system Point of Use treatment Device (PC			
Indicate Location of Sample Col Please read the attached instruction Fountain/Bubbler or Restroom Fat (not used in the facility) for at least	ns. Collect cold water only from ucet where you would normally u	sites on approved sampling planuse the water to drink or prepare	, such as a Kitchen Faucet, food. The water must stay stagnant
Sample location:	₫ H	Kitchen	Restroom
Water was last used before sample Time Sample was taken:	e was taken: Tim	e 1:24 am/pm	Date 9-17-72
Yes No Certified Operator or Facility R	epresentative Signature	9 17 1 72 Date	
TO BE COMPLETED BY CER	TIFIED OPERATOR:		
	cation properly		
Note: If the sample is rejected, the representative. The rejected sample end of the monitoring period.			vide a copy to the facility n as possible, but not later than the
I certify under penalty of law that and complete to the best of my kno	wledge and belief.		n contained herein is true, accurate
Atu Donku	Steven Bordren	9/20/22 Data	
Certified Operator Signature	Print Name	Date	
DWS Filing Dogwinsment			

PWS Filing Requirement



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
Name: Nrth Surrpoir Phone No
E-Mail (optional) (optional) SME/Bubbler Rm D-156 Were there any recent changes to the plumbing of the facility? \(\subseteq \text{Yes} \) Describe the changes, including the date they were made: Do you have a treatment system or filter? Yes □ POU П 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. ☐ Kitchen Fountain/Bubbler Sample location: Restroom Time 7:16 am/pm Date 9-17-?2
Time 1,35 am/pm Date 9-17-?2 Water was last used before sample was taken: Time Sample was taken: I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: Certified Operator or Facility Representative Signature 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

Certified Operator Signature

end of the monitoring period.

and complete to the best of my knowledge and belief.

Stoven Bondreau 9/20/27 Print Name Date

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

PWS Filing Requirement



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
Name: Nich Sarron; Phone i
E-Mail (options Phone No (optional) Sink/Bubbler (optional) Rm D-181 Were there any recent changes to the plumbing of the facility? \(\subseteq\) Yes 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. ☐ Kitchen
☐ Fountain/Bubbler
☐ Restroom

Time
7.2 %
am/pm
Date
9-17-22

Time
1:45
am/pm
Date
9-17-22 Sample location: Water was last used before sample was taken: Time Sample was taken: I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: ied Operator or Facility Representative Signature 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.

PWS Filing Requirement

Certified Operator Signature



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:

Name: Nrch Scripor Phone No (optional)
Name: Name: Name: Name: 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:
Water was last used before sample was taken: Time 7.33 am/pm Date $9-17-32$
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: Divinity No
Certified Operator or Facility Representative Signature Date
TO BE COMPLETED BY CERTIFIED OPERATOR:
Sample accepted: (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 Print Name Date

PWS Filing Requirement



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 Rog Town
Name: Ni-ch Sci'(po v Phone No E-Mail (optional) SMK/Bubbler Were there any recent changes to the plumbing of the facility? \(\subseteq\) Yes Rm B-119 Describe the changes, including the date they were made: Do you have a treatment system or filter? Ves POE □ POU □ 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 Four	ntain/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 9-17-23	
I have read the attached Sample Collection Instructions an	d have taken a tap sample	e in accordance		

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 Bondreau Print Name Certified Operator Signature

PWS Filing Requirement



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 1	loge	Town	Stou			
Address: 403 Name: Vrch E-Mail	Scripor	/	Phone No (optional)			(option	Sink/Bubbler
Were there any rec Describe the changes				y? □ Yes	□N ₀		Rm A - 114
Do you have a treat Point of Use treatme						Мо	-
	hed instructions. C Restroom Faucet	ollect cold wa where you wo	ater only fro ould normall	m sites on a y use the wa			such as a Kitchen Faucet, ood. The water must stay stagnant
Sample location: Water was last used Time Sample was ta		taken:			Fountain.		☐ Restroom Date 9-17-22 Date 9-17-2 2
I have read the attac	hed Sample Collec No	ction Instructi	ons and hav	ve taken a ta	p sample in a	ccordance	with these procedures:
Certified Operator	or Facility Repre	sentative Sig	nature		9/1/ Date	7/72	
TO BE COMPLET	ED BY CERTIF	ED OPERA	TOR:				and made dates made and
☐ COC is n☐ Imprope☐ Plumbin		n erly interior piping				ants	
	rejected sample m						ide a copy to the facility as possible, but not later than the
I certify under penalt and complete to the l Tum Dovelue Certified Operator	est of my knowlea	ge and belief.			form and the i		contained herein is true, accurate

PWS Filing Requirement



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	Ros Town	Stow		
Address: 403 Great Name: Nrch Screp E-Mail	Phone (option		(optio	Sale / Bubble
E-Man	(орио	iiai)		Sink/Bubbler Music Room
Were there any recent changes to to Describe the changes, including the control of the changes to the changes the		cility?	₩No	Music Room
Do you have a treatment system or Point of Use treatment Device (POU)		POU PO ent Device (POE		
Indicate Location of Sample Collect Please read the attached instructions. Fountain/Bubbler or Restroom Fauce (not used in the facility) for at least 6	Collect cold water only twhere you would nor	y from sites on apmally use the wa		
Sample location: Water was last used before sample w Time Sample was taken:	as taken:	☐ Kitchen Time _ 7,4 Time _ 2,14	Fountain/Bubbler am/pm am/pm	□ Restroom Date 9-/7-72 Date 9-/7-72
I have read the attached Sample Coll ✓ Yes □ No	ection Instructions and	l have taken a tap	sample in accordance	with these procedures:
Certified Operator or Facility Rep	resentative Signature		9/17/ -27 Date	r
TO BE COMPLETED BY CERTI	FIED OPERATOR:			
Sample accepted: (check applied	on perly o interior piping or buil		nic contaminants	
Note: If the sample is rejected, the Corepresentative. The rejected sample end of the monitoring period.				
I certify under penalty of law that I ar andfcomplese to the best of my knowle		l to fill out this fo	orm and the information	n contained herein is true, accurate
ATTU & Souther	Steven Bor	LICAU	9120122	
Certified Operator Signature	Print Name		Date	
DWC Filing Dequirement				

PWS Filing Requirement



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 G Name: Wrok E-Mail	reat Roge	Town 57	tow		
Name: Nrch	Surpay	Phone No		(optional	The second secon
E-Mail		(optional)		/	Sink Rm 0-169
Were there any recen Describe the changes, i		bing of the facility? [were made:	□ Yes No		
Do you have a treatment Point of Use treatment		☑Yes ☐ POU f Entry treatment Devic] No	
Please read the attached Fountain/Bubbler or Re	d instructions. Collect of the stroom Faucet where y	Lead & Copper Testing cold water only from sit you would normally use fore sample collection.	es on approved sa		ch as a Kitchen Faucet, d. The water must stay stagnant
Sample location: Water was last used be Time Sample was taken		「Kito Time Time	chen ☐ Founta 7-25	ain/Bubbler am/pm I am/pm I	Restroom Oate 9-/7-22 Oate 9-/7-22
	d Sample Collection In	structions and have tak	en a tap sample i		•
TO BE COMPLETED	D BY CERTIFIED O	PERATOR:		=========	=====
Sample accepted: Collected a COC is not Improper s Plumbing t	(check applicable real through the control of t			ninants	
	jected sample must be	perator shall indicate the discarded and a new san			e a copy to the facility possible, but not later than the
I certify under penalty of and complete to the bes	t of my knowledge and SHo			ne information co	ontained herein is true, accurate

03/2020

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.



LCR COC

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	
Address: 403 6 cent Road Town Stow Name: Nrch Scripor Phone No (optional) E-Mail (optional)	Kitchen Sink
Were there any recent changes to the plumbing of the facility? Yes No Describe the changes, including the date they were made:	by Stillet
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 Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. (not used in the facility) for at least 6 hours before sample collection.	
Sample location: Water was last used before sample was taken: Time Sample was taken: Time Ji 19 am/pm Da	Restroom te 9-17-72- te 9-17-72-
I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with Yes \sum No	these procedures:
Certified Operator or Facility Representative Signature Date	==
TO BE COMPLETED BY CERTIFIED OPERATOR:	
Sample accepted: (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 representative. The rejected sample must be discarded and a new sample must be collected as soon as poend of the monitoring period.	
I certify under penalty of law that I am the person authorized to fill out this form and the information contant complete to the best of my knowledge and belief. Share South	tained herein is true, accurate
Certified Operator Signature Print Name Date	==

PWS Filing Requirement



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
Address: 403 Great Road Town Stow Name: Nrck Screpor Phone No (optional) E-Mail (optional)
8mD-157
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: Water was last used before sample was taken: Time 7-18 am/pm Date 9-17-72 Time Sample was taken: Time 1737 am/pm
I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: No
Certified Operator or Facility Representative Signature Date
TO BE COMPLETED BY CERTIFIED OPERATOR:
Sample accepted: (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 Soulier 9/20/22 Certified Operator Signature Print Name Date

PWS Filing Requirement



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 G-reat Road	Town Stow		
Address: 403 G-rent Road Name: Nrch Scripor	Phone No(optional)	(option	JINK/ DUDDIE
Were there any recent changes to the plumb Describe the changes, including the date they	oing of the facility? Yes	No	Rm D-143
Do you have a treatment system or filter? [Point of Use treatment Device (POU) /Point of			
Indicate Location of Sample Collected for L Please read the attached instructions. Collect c Fountain/Bubbler or Restroom Faucet where y (not used in the facility) for at least 6 hours be	old water only from sites on a ou would normally use the wa	pproved sampling plan, ter to drink or prepare fo	such as a Kitchen Faucet, ood. The water must stay stagnant
Sample location: Water was last used before sample was taken: Time Sample was taken:	☐ Kitchen Time	Fountain/Bubbler man/pm man/pm man/pm	□ Restroom Date 9-17-22 Date 9-17-22
I have read the attached Sample Collection Ins	structions and have taken a tap	sample in accordance	with these procedures:
Certified Operator or Facility Representative	ve Signature	9 17 72 Date	
TO BE COMPLETED BY CERTIFIED OF	PERATOR:		
Sample accepted: (check applicable reason content of the con	piping or building service line	nic contaminants	
Note: If the sample is rejected, the Certified Or representative. The rejected sample must be deed of the monitoring period.			
I certify under penalty of law that I am the pers and pomplete to the best of my knowledge and t		orm and the information	contained herein is true, accurate
Atom Bowlin Ster Certified Operator Signature Print	ven Bondreau Name	<u>9 /20 /22</u> Date	
PWS Filing Requirement		=	====



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 Rog Town Stow Name: Nrch Scrippy Phone No 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
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 stagnation (not used in the facility) for at least 6 hours before sample collection.
Sample location: Water was last used before sample was taken: Time 1-27 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: Yes No
Certified Operator or Facility Representative Signature Q / 17 / 22 Date
TO BE COMPLETED BY CERTIFIED OPERATOR:
Sample accepted: (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, accurately and penalty of my knowledge and belief. Huy Denulus Steven Box reput 9/20/22
Certified Operator Signature Print Name Date

PWS Filing Requirement



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: Nrck Scilpol; Phone No (optional) E-Mail (optional)
Were there any recent changes to the plumbing of the facility? Describe the changes, including the date they were made: Yes No No Rm-D259
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 stagnate (not used in the facility) for at least 6 hours before sample collection.
Sample location: Water was last used before sample was taken: Time Sample was taken: Kitchen Fountain/Bubbler Restroom
I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: Yes No
Certified Operator or Facility Representative Signature Out Out Date
TO BE COMPLETED BY CERTIFIED OPERATOR:
Sample accepted: (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, accura and complete to the best of my knowledge and belief. Staven Boxercau 9/20/22
Certified Operator Signature Print Name Date

PWS Filing Requirement



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: 408	Grast R	Town			
Address: 408 Name: Vrck E-Mail	Scilpon	Phone (option	No	(optio	Sink/Bubbler
Were there any red Describe the change		plumbing of the face they were made:	ility?	⊡No	Sink/Bubbler Rm D-263
Do you have a treatment of Use treatment	ntment system or fi ent Device (POU)	Iter? Yes 1	POU PO nt Device (PO)		
Please read the attac Fountain/Bubbler o	ched instructions. C r Restroom Faucet v		from sites on a		, such as a Kitchen Faucet, food. The water must stay stagnant
Sample location: Water was last used Time Sample was to		taken:	☐ Kitchen Time 7:7 Time 1:3	Fountain/Bubbler man/pm am/pm am/pm	☐ Restroom Date _ 9-17-22
I have read the atta √ Yes ✓	ched Sample Collec	tion Instructions and	have taken a ta –	p sample in accordance	with these procedures:
Certified Operator	r or Facility Repre	sentative Signature		Date	
TO BE COMPLE	TED BY CERTIFI	ED OPERATOR:			10 COM 10
☐ COC is ☐ Improp ☐ Plumbi	(check applica ed at wrong location not filled out prope er standing time ng modification to i	1			
	e rejected sample m				vide a copy to the facility as possible, but not later than the
I certify under pena and complete to the Atuu Brake	lty of law that I am t best of my knowled	the person authorized ge and belief. Steven Bova	,	form and the information	n contained herein is true, accurate
Certified Operator	Signature	Print Name		Date	
DWC Filing Donnie				=	

PWS Filing Requirement



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 Row Town Stow Name: Nicht Scirpor Phone No (optional)	
Name: Ni Crt Se N Po p Phone No (optional)	ptional) Teacher Sink
Were there any recent changes to the plumbing of the facility? Yes Describe the changes, including the date they were made:	Teacher Sink RmB-128
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 p Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepa (not used in the facility) for at least 6 hours before sample collection.	lan, such as a Kitchen Faucet, are food. The water must stay stagnant
Sample location: Water was last used before sample was taken: Time Sample was taken: Time ✓ Kitchen ☐ Fountain/Bubbl Time 7.3 2 am/pn Time // 15 2 am/pn	er \square Restroom Date $9-17-22$ Date $9-17-22$
I have read the attached Sample Collection Instructions and have taken a tap sample in accorda Yes No	nce with these procedures:
Certified Operator or Facility Representative Signature 9 / 17 / 5 Date	22
TO BE COMPLETED BY CERTIFIED OPERATOR:	
Sample accepted: (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 prepresentative. The rejected sample must be discarded and a new sample must be collected as send of the monitoring period.	
I certify under penalty of law that I am the person authorized to fill out this form and the information and complete to the best of my knowledge and belief.	ation contained herein is true, accurate

PWS Filing Requirement



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 AreaT Row Town 570
Name: Nich Strippin Phone No (optional) E-Mail (optional) Bathroom Sink
Were there any recent changes to the plumbing of the facility? Yes No Pm A-118 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: Water was last used before sample was taken: Time 7,44 am/pm Date 9-17-22 Time Sample was taken: Time 7,40 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
Certified Operator or Facility Representative Signature 9 / 77 / 72 Date
TO BE COMPLETED BY CERTIFIED OPERATOR:
Sample accepted: (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.
Start Bororenu 9/20/22 Certified Operator Signature Print Name Date

PWS Filing Requirement



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: Nich Seirpon Phone No

E-Mail (optional) Sink/Bubbler Rm A-116 Were there any recent changes to the plumbing of the facility? \(\subseteq\) Yes Describe the changes, including the date they were made: Do you have a treatment system or filter? Yes ☐ POU □ 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.
 ☐ Kitchen
 ☑ Fountain/Bubbler
 ☐ Restroom

 Time
 7,39
 am/pm

 Time
 1/57
 am/pm

 Date
 9-17-22
 Sample location: Water was last used before sample was taken: Time Sample was taken: Time Sample was taken: I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures: Certified Operator or Facility Representative Signature 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. Certified Operator Signature

PWS Filing Requirement



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 Ro	Town	Stow		
Address: 403 Great Ri Name: Nier Schippy E-Mail	Phone N (optiona	lo l)	(option	nal) SME/Bubbler
Were there any recent changes to the p Describe the changes, including the date		ity?	ŪN₀	SME/Bubbler Rm A-113
Do you have a treatment system or filted Point of Use treatment Device (POU) /Po				
Indicate Location of Sample Collected Please read the attached instructions. Col Fountain/Bubbler or Restroom Faucet when (not used in the facility) for at least 6 hours.	lect cold water only f	rom sites on apally use the water		
Sample location: Water was last used before sample was ta Time Sample was taken:	ıken:	☐ Kitchen ☐ Time	Fountain/Bubbler am/pm am/pm	☐ Restroom Date 9-17-22 Date 9-17-22
I have read the attached Sample Collection ✓ Yes ☐ No	on Instructions and h	ave taken a tap	sample in accordance	with these procedures:
Certified Operator or Facility Represe	ntative Signature		9/17/27 Date	
TO BE COMPLETED BY CERTIFIE	D OPERATOR:			
Sample accepted: (check applicable application (check applicable collected at wrong location COC is not filled out proper Improper standing time Plumbing modification to int Installation of treatment devi	y erior piping or buildi		ic contaminants	
Note: If the sample is rejected, the Certif representative. The rejected sample must end of the monitoring period.	ied Operator shall ind st be discarded and a	licate the reasor new sample mu	on the COC and prov st be collected as soon	ide a copy to the facility as possible, but not later than the
I certify under penalty of law that I am th and complete to the best of my knowledge	and belief.	/		n contained herein is true, accurate
Thu Doubu Certified Operator Signature	Steven Boxde Print Name	CAU	9 20 ZZ Date	

PWS Filing Requirement