

South Central Connecticut Regional Water Authority

90 Sargent Drive, New Haven, Connecticut 06511-5966 203.562.4020 http://www.rwater.com

December 2, 2016

Ms. Tracey Daigle Finance Office Amity Regional School Dist 5 25 Newton Rd. Woodbridge, CT 06525

Dear Ms. Daigle,

Enclosed are water quality results representing water samples collected on November 18, 2016 from Amity Regional S. D. No. 5 and received November 18, 2016. Your PO# 210951-00.

Listed below are the jobbing number covering samples collected from Amity Regional S. D. No. 5

LIMS NO. LIMS #200455109-118 **DESCRIPTION**

<u>Amount</u> \$250.00

10 Lead Test Kit @ \$25.00 each

TOTAL CHARGE FOR JOBBING NUMBER LAB2016-1362

\$250.00

You will be billed for these analysis under the jobbing number listed above. Please refer to that number if you have any questions relative to jobbing. Also, the analyses dates have been included in the final report attached.

Please refer to the following table for a summary of results:

Parameter	Amity Regional S.D. #5	WQ Standards
Turbidity	< 0.05 – 0.10 NTU	5.0 NTU
Lead	<.001006 mg/L	0.015 mg/L
Copper	0.2 - 0.37mg/L	1.30 mg/L

Please contact me at 203-401-2700 should you have any questions regarding these data.

Sincerely,

REGIONAL WATER AUTHORITY

Michel P. LeBlanc, QA/QC Officer

For Theresa Spalletta, Laboratory Manager

Treatment & Distribution Division

MPL/TS:Im **Enclosures**

Elev	Broom
------	-------

RECEIPT#	Po 210951
_ LAB LIMS #	200455109

1 100	35 64 4.6 2425 4.6 (2.1)	
∏Mi:	Tim Sc. Sa (203) 397-4818 Customer Name Area Phone No.	
□Ms	Customer Name Area Phone No.	
UMr □Mr	5. Jim. 59i59 9 reg 5. 1612. Ct. US (203) 397-4869 Email Area Fax Phone No.	
	Émail Area Fax Phone No.	
	Amity Region 10 5.0. NO 5 Company Name (If applicable)	
		1000
SAN	MPLE LOCATION: 25 NEw for Road WOODSNIDGE City	06525
	Street	Zip
) ,	My water is supplied by (Please check one):	
, i	Regional Water Authority Other public water supply Private well	
1.	a) What was the <u>Date & Time</u> of the last water usage on the evening before sampling?	
	minder: Do Not use water 6 hours before sample is taken) /0.300m	
(1.10.	b) What was the <u>Date & Time</u> of sample collection in the morning?	5130
2.	a) At what temperature do you maintain your home in the evenings?	
3.	a) Do you use any water treatment systems or devices at this address? Yes No	
If yo	ou answered YES, please check if you have:	
	a water softener a filter on your tap (where you collected the sample)	
	other	
4.	What is the age of your home? <u>Lenoveled</u> 20 45 ago	
a)	Please check the box that shows the type of plumbing in your home:	
	□ copper □ galvanized □ iron □ mixed □ uncertain	
b)	Have you made any recent plumbing changes in your home? Yes No	
c)	If yes, when?/	
·	Mo. Day Year	
-5.	This address is a:	
\	single family home multi-family residence other other	-
	STOMER SIGNATURE: Rec. in Lab: 11116 09 16	
∂CU\$	STOMER SIGNATURE:Rec. in Lab:Rec. in Lab:RecRecRecRecRecRecRecRecRecRecRecRecRecRecRecRec	
	Revised 08/18/14 Page 2 of 2 \\Oa1\wg \lab\Forms_&_Labels\Submission_Forms	
	Revised 08/18/14 Page 2 of 2 \\Oa1\wq_lab\Forms_&_Labels\Submission_Forms	-

RECEIPT #_	Po 210951	
	200455110	_

CO Kitch

Lead Testing Consumer Questionnaire

	Aiss Jim Saisa (28) 397-4818 Customer Name Area Phone No.
	Area Phone No.
	Ars. 1:05 50:56 O con 5 t12. ct. u5 (203) 397- 4864
XIV	Its. Saisa 9 reps - £12. ct. us (203) 397- 4864 Email Area Fax Phone No.
	Am 1 ty Nagional S. D. No. S. Company Name (If applicable)
	Company Name (If applicalie)
SA	MPLE LOCATION: 25 NEW TON Read WOODBRIDGE 065
	Street
	My water is supplied by (Please check one):
	Regional Water Authority 📈 Other public water supply 🗌 Private well 🗌
1.	a) What was the Date & Time of the last water usage on the evening before sampling?
(Re	eminder: Do Not use water 6 hours before sample is taken.) 10.30 pm 11-11-16
	b) What was the <u>Date & Time</u> of sample collection in the morning? <u>II/18/A</u> S: & AA
2.	a) At what temperature do you maintain your home in the evenings? 65 degrees
3.	a) Do you use any water treatment systems or devices at this address? Yes No
	rou answered YES, please check if you have:
y	a water softener a filter on your tap (where you collected the sample)
	other
4.	What is the age of your home? <u>Nenovoked do</u> Yrs ago
	Please check the box that shows the type of plumbing in your home:
a)	The state of the s
b)	Have you made any recent plumbing changes in your home? Yes No
c)	If yes, when? / / / Mo. Day Year
5.	This address is a:
	single family home multi-family residence other school
CL	single family home multi-family residence other school Store of the single family home Rec. in Lab: 11 18 16 - 18 15

Rin	205
1/W	200

RECEIPT#	Po 216 951	
_	200455111	

[][M	Aliss Jim Saisa (203) 397- 4818 Customer Name Area Phone No.	
Ϊм	Ars. 1:0 5:5- 9 reac tio of cit (203) 397-4864	
I-IVI	Ars. Jin. Saisa Dregs. K12. Ct. US (203) 397-4864 Email Area Fax Phone No.	
	Awity Regional S. D. No. S Company Name (If applicable)	
	Company Name (If applicable)	
SA	MPLE LOCATION: 25 NEW TON ROOF WOODS ADGE C	0685
	Street City	Zip
	My water is supplied by (Please check one):	
	Regional Water Authority 🕅 Other public water supply 🔲 Private well 🗌	
1.	a) What was the Date & Time of the last water usage on the evening before sampling?	
(Re	b) What was the Date & Time of sample collection in the morning?	
	%.//e// C!	In A
	b) What was the <u>Date & Time</u> of sample collection in the morning?	7
	b) What was the <u>Date & Time</u> of sample collection in the morning?	
2.	a) At what temperature do you maintain your home in the evenings? 65 degrees	
2. 3.	a) At what temperature do you maintain your home in the evenings? 65 degrees a) Do you use any water treatment systems or devices at this address? 7 Yes 7 No	
2. 3.	a) At what temperature do you maintain your home in the evenings? 65 degrees a) Do you use any water treatment systems or devices at this address? 7 Yes 7 No you answered YES, please check if you have:	<u>, </u>
2. 3.	a) At what temperature do you maintain your home in the evenings? 65 degrees a) Do you use any water treatment systems or devices at this address? 7 Yes No you answered YES, please check if you have: 1 a water softener 7 a filter on your tap (where you collected the sample)	<u>, </u>
2. 3. If y	a) At what temperature do you maintain your home in the evenings?	<u>, </u>
 3. If yo 4. 	a) At what temperature do you maintain your home in the evenings?	<u>, </u>
2. 3. If ye	a) At what temperature do you maintain your home in the evenings?	
2. 3. If yo 4. a)	a) At what temperature do you maintain your home in the evenings?	
2. 3. If you 4. a)	a) At what temperature do you maintain your home in the evenings?	,
2. 3. If you 4. a) b) c)	a) At what temperature do you maintain your home in the evenings? degrees a) Do you use any water treatment systems or devices at this address? Yes No rou answered YES, please check if you have: a water softener a filter on your tap (where you collected the sample) other What is the age of your home? Yers o Please check the box that shows the type of plumbing in your home: copper galvanized iron mixed uncertain Have you made any recent plumbing changes in your home? Yes No If yes, when? / / / Mo Day Year This address is a:	
2. 3. If you 4. a) b) c)	a) At what temperature do you maintain your home in the evenings? degrees a) Do you use any water treatment systems or devices at this address? Yes No rou answered YES, please check if you have: a water softener a filter on your tap (where you collected the sample) other What is the age of your home? Yers O Please check the box that shows the type of plumbing in your home: copper galvanized iron mixed uncertain Have you made any recent plumbing changes in your home? Yes No If yes, when? / / / No	

$1 \setminus 1 \cap 1 \cap 1$	R	M	27	
-------------------------------	---	---	----	--

RECEIPT#_	PO 210	951
AB LIMS #	2004	

☐Ms. Customer Name Area Phone No.	
Mrs. Jim, 59:59 Dregs. to.ct. US (203) 397-4864	
An 1ty Regional S. D. No. S Company Name (If applicable)	
Company Name (If applicable)	
SAMPLE LOCATION: 25 Newton Road Woodsalob E City	<i>0652</i> Zip
My water is supplied by (Please check one):	
Regional Water Authority Other public water supply Private well	
1. a) What was the Date & Time of the last water usage on the evening before sampling?	
(Reminder: Do Not use water 6 hours before sample is taken.) 10.30 pm 177-16 b) What was the Date & Time of sample collection in the morning? 11/8/16 5:3	y Am
2. a) At what temperature do you maintain your home in the evenings? 65 degrees	
3. a) Do you use any water treatment systems or devices at this address? 🗌 Yes 📈 No	
If you answered YES, please check if you have:	
☐ a water softener ☐ a filter on your tap (where you collected the sample)	
other	
4. What is the age of your home? <u>herovated</u> do tears ago	
a) Please check the box that shows the type of plumbing in your home:	
☐ copper ☐ galvanized ☐ iron	
b) Have you made any recent plumbing changes in your home? 🗌 Yes 📈 No	
c) If yes, when? / / / Mo. Day Year	
5. This address is a:	
☐ single family home ☐ multi-family residence ☐ other	
customer signature: Single family home multi-family residence Signature Signature	
Payised 08/18/14 Page 2 of 2 \\Oa1\wg \lab\Forms & Labels\Submission Forms	

Kitchen

RECEIPT#_	Po 210951	
- _# LAB LIMS	0	

Lead Testing Consumer Questionnaire

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	_
Mrs	
Email Area Fax Phone No.	
1. 1. hocard S. D. 112.	
Amity Regional S.D. ND. S Company Name (If applicable)	
SAMPLE LOCATION: 25 NEWTON Road WOODBQ,06 E O	5/2
Street City Zip	
My water is supplied by (Please check one):	
Regional Water Authority Other public water supply Private well	
1. a) What was the <u>Date & Time</u> of the last water usage on the evening before sampling?	
1. a) What was the <u>Date & Thire</u> of the last water about of the last water about 10. 30 and 11-7-16	
(Reminder: Do Not use water 6 nours before sample is taken.)	A.
(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-7-16 b) What was the Date & Time of sample collection in the morning? 11/18/16 5:25	_
2. a) At what temperature do you maintain your home in the evenings? 65 degrees	
3. a) Do you use any water treatment systems or devices at this address? 🗌 Yes 💆 No	
If you answered YES, please check if you have:	
a water softener a filter on your tap (where you collected the sample)	
other	
4. What is the age of your home? <u>Nonovoted 20</u> Y5 40	
a) Please check the box that shows the type of plumbing in your home:	
☐ copper ☐ galvanized ☐ iron ☐ mixed ☐ uncertain	
b) Have you made any recent plumbing changes in your home? Yes No	
c) If yes, when?// Mo. Day Year	
Mo. Day Year	
5. This address is a:	
single family home multi-family residence other 56900/	
customer signature: single family home multi-family residence other	
Revised 08/18/14 Page 2 of 2 \\Oa1\wq_lab\Forms_&_Labels\Submission_Forms	

off.	kitchen
OTT.	KILLER

RECEIPT#	Po 210951
LAB LIMS #_	200455114

T. 207. 287- 4818
Miss Sim Saisa Phone No.
☐Ms. Customer Name Area Phone No.
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Anity Negronal S. D. No. S Company Name (If applicable)
Company name (a approximate)
SAMPLE LOCATION: 25 WEWNON ROAD WOODBNINGE 0652 Street City Zip
My water is supplied by (Please check one):
Regional Water Authority 🗡 Other public water supply 🗌 Private well 🗌
1. a) What was the <u>Date & Time</u> of the last water usage on the evening before sampling?
(Pominder: Do Not use water 6 hours before sample is taken.) 10:30 pm 1-17-16
(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 1-17-16 b) What was the Date & Time of sample collection in the morning? 11118/16 5.48
b) What was the <u>Date & Time</u> of sample collection in the morning:
2. a) At what temperature do you maintain your home in the evenings? 65 degrees
3. a) Do you use any water treatment systems or devices at this address? Yes No
If you answered YES, please check if you have:
a water softener a filter on your tap (where you collected the sample)
other
4. What is the age of your home? Nenovokes 20 75 mgs
a) Please check the box that shows the type of plumbing in your home:
☐ copper ☐ galvanized ☐ iron ☑ mixed ☐ uncertain
b) Have you made any recent plumbing changes in your home? Yes No
c) If yes, when? / / / Mo. Day Year
5. This address is a:
single family home multi-family residence other
Mex C. Howowsky
CUSTOMER SIGNATURE: Rec. in Lab: 14 18/18 0935

Ath. Fountain

Lead Testing Consumer Questionnaire

Please complete this questionnaire just after you collect your sample. Please be sure to return this questionnaire with your sample to the receptionist at our headquarters at 90 Sargent Drive. Please call the Laboratory at (203) 401-2709 if you have any questions about these instructions.

$\square Miss = 5 \text{ Im } SAIS$	A Nama	(203)	397-4818	
☐Mrs. Custome	er Name	Alea i	vėlu	
□Miss SIM SAIS □Ms. Custome □Mrs. □Mr. J.m. 59:59 \$	Email	$\frac{5}{\sqrt{20}}$ Area	Fax Phone No	D.
Amity Region	Ol S. D.: NO. S Company Name (If a	applicable)		_
SAMPLE LOCATION: 25	NEWTON ROAD Street	W000	<i>BR106E</i> City	0652 Zip
My water i	s supplied by (Please chec	k one):		
Regional Water Au	thority 🕅 Other public	water supply 🔲 🛛 F	rivate well	
	<u>Fime</u> of the last water usa			
/Pamindar: Do Not use water 6	hours hefore sample is tak	ren 1 10:3	opus 11-17-1	6
b) What was the Date &	Time of sample collection	in the morning?	11/18/16 5	50 1
b) What was the <u>Balls as</u>				
	you maintain your home in			
3. a) Do you use any water tr	eatment systems or device	s at this address?	Yes X No	
If you answered YES, please ch				
a water softener	a filter on your tap (where	you collected the sa	mple)	
other				
4. What is the age of your ho	me? Renoveted	20 years 190		
a) Please check the box that s	hows the type of plumbing	in your home:		
☐ copper ☐ galvan	ized 🗌 iron 💢	mixed 🔲 uncei	tain	
b) Have you made any recen	t plumbing changes in your	home? Yes	☑ No	
c) If yes, when?/		,	*	
5. This address is a:			. j	
single family home	multi-family residence	other Sch	00/	
		' A	gro 6 Dansmiss	<u>ث</u>
³²²	-			

Revised 08/18/14

Page 2 of 2

\\Oa1\wq_lab\Forms_&_Labels\Submission_F

Kitchen)
---------	---

RECEIPT #	PO 210951	
	200455116	

□Mi	Scisa (203) 397-4818 Scisa (203) 397-4818 Scisa Phone No. Phone Phone No. Phone
M	rs. 1: 50:00 9 C t/2 C t/15 . 207. 367- 4 E/4
[]M	Email Area Fax Phone No.
	Amity Kegono'l S.D. No. S Company Name (If applicable)
SAI	MPLE LOCATION: 160 OHMAN Avenue 064 Street City Zip
	Street City Zip
	My water is supplied by (Please check one):
	Regional Water Authority 💋 Other public water supply 🗌 Private well 🗌
1.	a) What was the Date & Time of the last water usage on the evening before sampling?
Re	minder: Do Not use water 6 hours before sample is taken.) 10:00pm 11-17-16
	b) What was the <u>Date & Time</u> of sample collection in the morning? h)8/4 6. 40 4
2.	a) At what temperature do you maintain your home in the evenings?6 5_ degrees
3.	a) Do you use any water treatment systems or devices at this address? Yes No
f yc	ou answered YES, please check if you have:
	a water softener a filter on your tap (where you collected the sample)
	other
4.	What is the age of your home? <u>honovetel</u> 10 years ago
a)	Please check the box that shows the type of plumbing in your home:
	☐ copper ☐ galvanized ☐ iron ☐ mixed ☐ uncertain
၁)	Have you made any recent plumbing changes in your home? ☐ Yes ☐ No
c)	If yes, when?//
5.	This address is a:
	single family home multi-family residence other 50400
CUS	single family home multi-family residence other SChool STOMER SIGNATURE: Rec. in Lab: 1 18 16 0975
	Revised 08/18/14 Page 2 of 2 \\Oa1\wq_lab\Forms_&_Labels\Submission_Forms

CC	1-:40/10
off.	Kitchen

RECEIPT#	P6 210 951	
_ LAB LIMS #	200455117	

☐Ms	s. Customer Name Area Phone No.
Mi	iss J.m Sq. 5a s. Customer Name Area Phone No. rs. J.m, Sq. 5q D. rey S. k. 12. Ct. US (203) 397- 4864 Email Area Fax Phone No.
	Am 1 ty Ib ground 5. D. No. S Company Name (If applicable)
SAR	MPLE LOCATION: 100 0 Hm Avenue Oronge 0647 Street City Zip
	Street City Zip
	My water is supplied by (Please check one):
	Regional Water Authority 🔀 Other public water supply 🗌 Private well 🗌
1.	a) What was the Date & Time of the last water usage on the evening before sampling?
(Re	eminder: Do Not use water 6 hours before sample is taken.)
	b) What was the <u>Date & Time</u> of sample collection in the morning? 11/18/16 6.45
2.	a) At what temperature do you maintain your home in the evenings? 65 degrees
3.	a) Do you use any water treatment systems or devices at this address? Yes
	ou answered YES, please check if you have:
,	a water softener a filter on your tap (where you collected the sample)
	other
4.	What is the age of your home? <u>Ne noveted</u> 10 years 090
a)	Please check the box that shows the type of plumbing in your home:
	□ copper □ galvanized □ iron □ mixed □ uncertain
b)	Have you made any recent plumbing changes in your home? Yes
c)	If yes, when?//
5.	This address is a:
	single family home multi-family residence other 5000/
CU	single family home multi-family residence tother 5000/ STOMER SIGNATURE: Rec. in Lab: 111816 0950
	Revised 08/18/14 Page 2 of 2 \\Oa1\wq_lab\Forms_&_Labels\Submission_Forms

F	10	

RECEIPT #	Po	210951	
LAB LIMS #	20	81122401	

ΠM	lies Jim Saisa (207) 397-4818
□ M	Tiss Jrm Saisa (207) 397- 4818 Customer Name Area Phone No.
	Tiss $J \sim S6.59$ (207) $397 - 48.8$ Is. Customer Name Area Phone No. Tirs. $J \sim S6.59995 \times 12.01 \times 1$
۰۰۰۰ لیکر	Émail Area Fax Phone No.
	Gompany Name (If applicable)
	Company Name (If applicable)
SA	MPLE LOCATION: 100 OHMAN Avenue Oronee 06477 Street City Zip
-	Street City Zip
	My water is supplied by (Please check one):
	Regional Water Authority Other public water supply Private well
1.	a) What was the Date & Time of the last water usage on the evening before sampling?
(Re	amindary Do Not use water 6 hours before sample is taken) 10,00 cm 11-17-16
•	b) What was the <u>Date & Time</u> of sample collection in the morning? <u>III 18/K</u> 6:35 A
0	a) At what temperature do you maintain your home in the evenings? 65 degrees
2.	a) Do you use any water treatment systems or devices at this address? Yes No
3.	
it y	ou answered YES, please check if you have:
	other
4.	What is the age of your home? <u>Nonovoked</u> 16 Years 140
a)	Please check the box that shows the type of plumbing in your home:
	☐ copper ☐ galvanized ☐ iron ☐ mixed ☐ uncertain
b)	Have you made any recent plumbing changes in your home? 🔲 Yes 🔲 No
c)	If yes, when? / / / Mo. Day Year
5.	This address is a:
	single family home multi-family residence other <u>SChool</u>
cu	single family home multi-family residence other school Rec. in Lab: 11/18/16 0957
	Revised 08/18/14 Page 2 of 2 \\Oa1\wg \lab\Forms & Labels\Submission Forms

Boiler Rm Tap

RECEIPT#	P6210951	
LAB LIMS #	, , , , o	

Lead Testing Consumer Questionnaire

Please complete this questionnaire just <u>after</u> you collect your sample. Please be sure to return this questionnaire with your sample to the receptionist at our headquarters at **90 Sargent Drive**. Please call the Laboratory at (203) 401-2709 if you have any questions about these instructions.

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
□Ms. Customer Name Area Phone No.	
Mrs. J.m. 59:59 D 1045. k12-Ct. US (203) 397-4864 Finall Area Fax Phone No.	
Company Name (If applicable)	
Company Name (If applicable)	
SAMPLE LOCATION: 25 NEWTON ROOD WOODEN 106E OF	<u> 25</u>
Street City Zip	ŧ
My water is supplied by (Please check one):	
Regional Water Authority 🗡 Other public water supply 🗌 Private well 🗌	
1. a) What was the <u>Date & Time</u> of the last water usage on the evening before sampling?	
(Reminder: Do Not use water 6 hours before sample is taken.)	
b) What was the Date & Time of sample collection in the morning?	Am
2. a) At what temperature do you maintain your home in the evenings? degrees	
3. a) Do you use any water treatment systems or devices at this address? Yes Thomas should if you have:	
If you answered YES, please check if you have: a water softener a filter on your tap (where you collected the sample)	
other	
4. What is the age of your home? <u>Nenture of all waters</u> in your home?	
a) Please check the box that shows the type of plumbing in your home: ☐ copper ☐ galvanized ☐ iron ☑ mixed ☐ uncertain	
b) Have you made any recent plumbing changes in your home? Yes No	
c) If yes, when? // // Mo. Day Year	
5. This address is a:	
single family home multi-family residence other school	
single family home multi-family residence tother school CUSTOMER SIGNATURE: Rec. in Lab: 11/18/16 100Z	
CUSTOMER SIGNATURE: Rec. in Lab: 1918/1007	
Deviced 20142144 Deve 2 of 2 NO21/wg Jah/Forms & Lahels/Suhmission Forms	

Revised 08/18/14

Page 2 of 2

Boiler Roon Tap

RECEIPT # PO 210 951

LAB LIMS # 2004 55120

Lead Testing Consumer Questionnaire

	707 11815
□М	iss Jim 36.50 (20) 39/- 90.0
	s. Customer Name Area Phone No.
JIM	liss J_{im} S_{6} : S_{6} S_{6} S_{7} S_{7} : S_{7}
	Am 1 ty Rogional S. D. No. S Company Name (If applicable)
SAI	MPLE LOCATION: 25 Newfor Rodd WOODBRIDGE 06525 Street City Zip
	Street
	My water is supplied by (Please check one):
	Regional Water Authority 🔀 Other public water supply 🗌 Private well 🗌
1.	a) What was the Date & Time of the last water usage on the evening before sampling?
(Re	minder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-17-16
	b) What was the <u>Date & Time</u> of sample collection in the morning? W/S/L S: W AM
2.	a) At what temperature do you maintain your home in the evenings? degrees
3.	a) Do you use any water treatment systems or devices at this address? Yes No
	ou answered YES, please check if you have:
ii y	a water softener a filter on your tap (where you collected the sample)
	other
4	
4.	What is the age of your home? <u>Nonavaled</u> 20 Years also
a)	Please check the box that shows the type of plumbing in your home:
	□ copper □ galvanized □ iron □ mixed □ uncertain
b)	Have you made any recent plumbing changes in your home? Yes No
c)	If yes, when? / / Mo. Day Year
5.	This address is a:
	single family home multi-family residence tother 5660/
	STOMER SIGNATURE: Rec. in Lab: 11/18/16 1008
CU	STOMER SIGNATURE: Rec. in Lab: 11 18/16 1008
	Revised 08/18/14 Page 2 of 2 \\Oa1\wq_lab\Forms_&_Labels\Submission_Forms

orange M.S Boiler Rm Tap

RECEIPT # 10 210 951

LAB LIMS # 2004 55) 21

Lead Testing Consumer Questionnaire

□M □M	Customer Name Area Phone No.	
Ĭ,	Second S	-
	Am 1 ty Negronal S.D. No. S Company Name (If applicable)	-
		m/47
SAI	MPLE LOCATION: 100 64 MAN Avenue Orenge Street City	7in
	Street	~.b
)	My water is supplied by (Please check one):	
	Regional Water Authority 📈 Other public water supply 🗌 Private well 🗌	
1.	a) What was the <u>Date & Time</u> of the last water usage on the evening before sampling?	
(Re	minder: Do Not use water 6 hours before sample is taken.) 10:00 pm 11-17-16	1-
	b) What was the <u>Date & Time</u> of sample collection in the morning? <u>III 8//6</u>	301
2.	a) At what temperature do you maintain your home in the evenings? 65 degrees	
3.	a) Do you use any water treatment systems or devices at this address? Yes	
	bu answered YES, please check if you have:	
пус	a water softener a filter on your tap (where you collected the sample)	
	other	
4.	What is the age of your home? <u>Nenovotes</u> 10 years ago	
	Please check the box that shows the type of plumbing in your home:	
a)	□ copper □ galvanized □ iron □ mixed □ uncertain	
h)	Have you made any recent plumbing changes in your home? Yes No	
b)		
c)	If yes, when?/	
5.	This address is a:	
	single family home multi-family residence other 5000/	7
)	Talex & Jawansk	
CU	STOMER SIGNATURE: Rec. in Lab: 1/18/16 1010	
	Revised 08/18/14 Page 2 of 2 \\Oa1\wq_lab\Forms_&_Labels\Submission_Form	S



Amity Regional High School District No. 5

Finance Office
25 Newton Road
Woodbridge, CT 06525
PH (203) 397-4802 FX (203) 397-4864

REGIONAL WATER AUTHORITY 90 SARGENT DRIVE NEW HAVEN CT 06511

Purchase Order

Fiscal Year 2017

Page 1

of 1

THE MUMBER MUST APPLAY OWALL INVOICES, TO CHARGES AND SHIPPING PAPERS.

Purchase Order #

210951-00

Articles received under this order are subject to our inspection and test before acceptance. Variations in this order, or from its terms as herein stated are subject to the approval of the purchaser in writing.



CENTRAL OFFICES AMITY REGIONAL SCHOOL DIST 5 25 NEWTON ROAD WOODBRIDGE CT 06525-1598

		10 mm2	I - Viert	Description Alexander	DATE:	result of	larythan in the	
	rolate illustations	#Eletator	Fare Mulafifatat	विकार्गित्रमाना होताना	भ और	Section 1	Delivery Reference	
	-4020			80974	A3-5	্যুগ্রন্থ	pures respectively.	and the second
Drate Ordiare			Dietre Ptotajuffens	िरसंबिति।।	/lethod/perms	of the second	Departme	
09/28/201		100			The state of the s	man with a		NTENANCE
l'enr#		is (stelejeji	olntife ster Mio,		Oly	PUOM	Unit Price	Extended Price
	Testing							
The A Corres	bove Purchase spondence - Pa	Order cking S	Number Must Sheets And Bill	Appear On All Is Of Lading				
The A discrir service nation	mity Board of E mination in emp es on the basis al origin, age, s	ducation loyment of race exual c	n does not kn t, assignment, , gender, colo rientation or d	owingly condone program, or r, religion, isablity.				
lead to Amity	est kits for testir Middle School,	ng at Ar Orango	nity Regional I e Campus.	High School and	10.0	EACH	\$25.000	\$250.00
2 Baseli	ine sample bottl	es (no	charge).		3.0	\$	\$0.000	\$0.00
by Am	s will be picked nity Representa ill be provided a	tive. Th t time c	is purchase or					
1 -03	3-14-2600-5420			0.00				
1 -05	5-14-2600-5420			250.00				
							Ξ	
				-				
						The state of the s		

FINAL REPORT

07-DEÇ-2016 09:37 AM Report Date:

CUSTOMER LEAD

Sample Number: 200455109

05:30

Subm #: 100142689

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. QNLY)

(Loca): -LOGIN

Attn: Amity Reg. SD #5

Logged: 18-Nov-2016 09:14 am

Samp Addr: 25 Newton Rd

By: YAWOROWSKI

ID: WO - 25 Newton Rd/Elev Broom

Samp City: Woodbridge

Collected: 11/18/16

Categ.: DISTRIBUTION

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.08	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	7.5	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYŞIŞ PH	1003	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.04	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

lease note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : DEC 0 7 2016

FINAL REPORT

Report Date: 07-DEC-2016 09:40 AM

Sample Number: 200455110

Subm #: 100142690

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

(Loca): -LOGIN

Attn: Amity Reg. SD #5

Logged: 18-Nov-2016 09:18 am

loca): -LOGIN

Samp Addr: 25 Newton Rd

By : YAWOROWSKI

ID: WO - 25 Newton Rd/Co Kitch

Samp City: Woodbridge

Categ. : DISTRIBUTION

Collected: 11/18/16

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc : LAB

05:20

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.07	NTUs	0.05	STM 2130B	Thin day, and the same of the
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	8.0	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1004	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.05	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : ___

101

DEC 0 7 2018

FINAL REPORT

07-DEC-2016 09:41 AM Report Date:

Sample Number: 200455111

Subm #: 100142691

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

(Loca): -LOGIN

Attn: n/a

Logged: 18-Nov-2016 09:23 am

Samp Addr: Amity Reg. SD #5

By: YAWOROWSKI

ID: WO - 25 Newton Rd/Rm 205

Samp City: Woodbridge

Categ.: DISTRIBUTION

Collected: 11/18/16 05:40

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.10	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	8.1	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1005	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.04	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : _

DEC 0 7 2018

FINAL REPORT

07-DEC-2016 09:41 AM Report Date:

Sample Number: 200455112

05:34

Subm #: 100142692

Type: - LEAD STUDY- RWA DISTRIB

Study: LEAD (RWA CUST. ONLY)

Customer: Jim Saisa

CUSTOMER LEAD

(Loca): -LOGIN

Attn: n/a

Logged: 18-Nov-2016 09:27 am

Samp Addr: Amity Reg. SD #5

By: YAWOROWSKI

ID: WO - 25 Newton Rd/Rm 271

Samp City: Woodbridge

Collected: 11/18/16

Categ.: DISTRIBUTION

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.08	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	9.9	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1006	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.02	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : _______ DEC 0 7 2016

FINAL REPORT

Report Date: 07-DEC-2016 09:41 AM Sample Number: 200455113

Subm #: 100142693

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

Logged: 18-Nov-2016 09:32 am

(Loca): -LOGIN

Attn: n/a

Samp Addr: Amity Reg. SD #5

By: YAWOROWSKI

ID: WO - 25 Newton Rd/Kitchen

Samp City: Woodbridge

Categ.: DISTRIBUTION

Collected: 11/18/16

05:25

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.06	NTUs	0.05	STM 2130B	THE RESERVE THE PARTY OF THE PA
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	8.0	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1007	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.04	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

parameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

rease note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : _______ DEC 0 7 2018

FINAL REPORT

07-DEC-2016 09:41 AM Report Date:

Sample Number: 200455114

Subm #: 100142694

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Approved by and Date : _

Study: LEAD (RWA CUST. ONLY)

(Loca): -LOGIN

Attn: Amity Reg. SD #5

Logged: 18-Nov-2016 09:37 am

Samp Addr: 25 Newton Rd

By: YAWOROWSKI

ID: WO - 25 Newton Rd/Off. Kitch

Samp City: Woodbridge

Categ.: DISTRIBUTION

Collected: 11/18/16

05:48

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
	Marie Strain	新的语言和多言是 新 简			
ACIDIFIED TURBIDITY	0.08	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	7.9	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1008	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.03	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

"narameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Frease note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

DEC 0 7 2018

FINAL REPORT

07-DEC-2016 09:41 AM Report Date:

Sample Number: 200455115

Subm #: 100142695

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

Logged: 18-Nov-2016 09:44 am

(Loca): -LOGIN

Attn: Amity Reg. SD #5

ID: WO-25 Newton Rd/Ath. Fountain

Samp Addr: 25 Newton Rd

By: YAWOROWSKI

Samp City: Woodbridge

Categ.: DISTRIBUTION

Collected: 11/18/16 05:50

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.09	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pΗ	8.2	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1009	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.08	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

parameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

lease note that not all the analytes listed above are NELAÇ certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

DEC 0 7 2016

Approved by and Date : _

FINAL REPORT

Report Date:

07-DEC-2016 09:41 AM

Sample Number: 200455116

06:40

Subm #: 100142696

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

DEC 0 7 2016

Logged: 18-Nov-2016 09:48 am

(Loca): -LOGIN

Attn: Amity Reg. SD #5 Samp Addr: 100 Ohman Ave

By: YAWOROWSKI

ID: OR - 100 Ohman Ave/Kitchen

Samp City: Orange

Collected: 11/18/16

Categ.: DISTRIBUTION

CUŞTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.06	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	7.5	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1010	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.08	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : _

FINAL REPORT

07-DEC-2016 09:41 AM

Sample Number: 200455117

06:45

Subm #: 100142697

Report Date:

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

CUSTOMER LEAD

(Loca): -LOGIN

Attn: Amity Reg. SD #5

Logged: 18-Nov-2016 09:55 am

Samp Addr: 100 Ohman Ave

By: YAWORQWSKI

ID: OR - 100 Qhman Ave/Qff. Kitchen

Samp City: Orange

Categ.: DISTRIBUTION

Other: pH-Lead-Copper-Turb

Collected: 11/18/16

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.08	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
pH	7.4	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1011	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.10	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

DEC 0 7 2016

Approved by and Date:

FINAL REPORT

07-DEC-2016 09:41 AM Report Date:

Sample Number: 200455118

Subm #: 100142698

Type: - LEAD \$TUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

Attn: Amity Reg. SD #5

(Loca): -LOGIN

Samp Addr: 100 Ohman Ave

Logged: 18-Nov-2016 09:59 am

ID: OR - 100 Ohman Ave/EIOS

By: YAWQROWSKI

Samp City: Orange Collected: 11/18/16

06:35

Categ.: DISTRIBUTION

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
AÇIDIFIED TÜRBIDITY	0.08	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			
Н	7.3	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1025	Hours			
LEAD	<.001	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
ÇOPPER	0.37	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/23/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date:

DEC 0 7 2018

FINAL REPORT

Report Date: 07-DEC-2016 09:41 AM Sample Number: 200455119

Subm #: 100142699

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

(Loca): -LOGIN

Attn: Amity Reg. SD #5

Logged: 18-Nov-2016 10:04 am

Samp Addr: 25 Newton Rd

By: YAWOROWSKI

ID: WO-25 Newton Rd/B Room Tap A

Samp City: Woodbridge

Categ.: DISTRIBUTION

Collected: 11/18/16

05:00

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	<0.05	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
pH	8.5	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1026	Hours			
LEAD	0.006	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.08	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/30/16	MM/DD/YY			

parameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Please note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

DEC 0 7 2016 Approved by and Date : _

FINAL REPORT

07-DEC-2016 09:42 AM Report Date:

Sample Number: 200455120

Subm #: 100142700

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Attn: Amity Reg. SD #5

Study: LEAD (RWA CUST. ONLY)

(Loca): -LOGIN

Logged: 18-Nov-2016 10:09 am

Samp Addr: 25 Newton Rd

By: YAWOROWSKI

ID: WQ-25 Newton Rd/B Room Tap B

Samp City: Woodbridge Collected: 11/18/16

Categ.: DISTRIBUTION

05:00

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.05	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
pH	8.4	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1027	Hours			
LEAD	0.003	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.03	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/30/16	MM/DD/YY			

parameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

rease note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : _

FINAL REPORT

Report Date: 07-DEC-2016 09:42 AM Sample Number: 200455121

Subm #: 100142701

Type: - LEAD STUDY- RWA DISTRIB

Customer: Jim Saisa

Study: LEAD (RWA CUST. ONLY)

(Loca): -LOGIN

Attn: Amity Reg. SD #5

Logged: 18-Nov-2016 10:12 am

Samp Addr: 100 Ohman Ave

By: YAWOROWSKI

ID: OR-100 Ohman Ave/Boiler Rm Tap

Samp City: Orange

Categ.: DISTRIBUTION

Collected: 11/18/16

06:30

CUSTOMER LEAD

Other: pH-Lead-Copper-Turb

Loca Desc: LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
AÇIDIFIED TÜRBIDITY	0.05	NTUs	0.05	STM 2130B	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
pН	7.6	Units		STM 4500H B	
DATE OF ANALYSIS REQUIRED	11/18/16	MM/DD/YY			
TIME OF ANALYSIS PH	1028	Hours			
LEAD	0.003	mg/L	0.001	EPA 200.9	
DATE OF ANALYSIS REQUIRED	12/01/16	MM/DD/YY			
COPPER	0.01	mg/L	0.01	EPA 200.7	
DATE OF ANALYSIS REQUIRED	11/30/16	MM/DD/YY			

arameters were analyzed in accordance with EPA approved methods EXCEPT where noted in 'COMMENTS' column. This report is not valid without cover sheet.

Frease note that not all the analytes listed above are NELAC certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

Approved by and Date : _

DEC 0 7 2018