

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

<u>LIMS NO.</u>	<u>DESCRIPTION</u>	<u>Amount</u>
LIMS #200455109-118	10 Lead Test Kit @ \$25.00 each	\$250.00

TOTAL CHARGE FOR JOBBING NUMBER LAB2016-1362	\$250.00
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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	<.001- .006 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:lm
Enclosures

Elev Broom

RECEIPT # PO 210951
LAB LIMS # 200455109

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.

☐ Miss Jim Scisa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs. Jim Scisa 1012 CFUS (203) 397-4864
☐ Mr. Email Area Fax Phone No.
Amity Regional S.D. NO 5
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON ROAD WOODBRIIDGE 06525
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:30 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? Renovated 2045 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? 1/1/1
Mo. Day Year

5. This address is a:

☐ single family home

☐ multi-family residence

☒ other School
Alex C. Yaworski
Rec. in Lab: 11/18/16 0916

CUSTOMER SIGNATURE: [Signature]

CO kitch

RECEIPT # P0 210951

LAB LIMS # 200455110

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.

☐ Miss Jim Saisa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs. Jim Saisa Dept 5. 12. Ct. US (203) 397-4864
☒ Mr. Email Area Fax Phone No.

Amity Regional S.D. NO. 5
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON Road WOODBRIE 06525
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:20 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? Renovated 20 yrs 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? 1 / 1 / 1
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Alex C. Jurenski
11/18/16 0215 (0915)

Rm 205

RECEIPT # PO 210 951
LAB LIMS # 200455111

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.

☐ Miss Jim Saisa (203) 397-4818
☐ Ms. Jim Saisa (203) 397-4864
☐ Mrs. Jim Saisa (203) 397-4864
☐ Mr. Jim Saisa (203) 397-4864
Customer Name Area Phone No.
Email Area Fax Phone No.

Amity Regional S.D. NO. 5
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON ROAD WOODBROOK 06825
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:40 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? Renovated 20 years 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? 1/1/16
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Alex C. Yaworski
11/18/16 0920

Rm 271

RECEIPT # P0 210 951
LAB LIMS # 200455112

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.

☐ Miss Jim. Saisa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs. Jim. Saisa Dregs. Eject. US (203) 397-4864
☒ Mr. Email Area Fax Phone No.

Amity Regional S.O. NO. 5
Company Name (If applicable)

SAMPLE LOCATION: 25 Newton Road Woodbridge 06525
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:34 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? Renovated 20 years 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? 1 1
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School
Alex C. Jaworski

CUSTOMER SIGNATURE: [Signature] Rec. in Lab: 11/18/16 0925

Kitchen

RECEIPT # PO 210951
LAB LIMS # 200455113

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.

☐ Miss Jim Saisa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs.
☐ Mr. Jim Saisa Dept. 1012 Ct. US (203) 397-4864
Email Area Fax Phone No.
Amity Regional S.D. NO. 5
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON Road WOODBRIDGE 06125
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?

(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? 11/8/16 5:25 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? Renovated 20 Yrs 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? 1 / 1 / 1
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other 56400/

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Alex C. Jaworski
11/18/16 0930

off. kitchen

RECEIPT # PO 210 951
LAB LIMS # 200755114

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.

☐ Miss Jim Sarsa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs. Jim. Sarsa 203 397-4864
☒ Mr. Email Area Fax Phone No.

Amity Regional S.D. No. 5
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON ROAD WOODBIDGE 06525
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:48 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? Renovated 20 YS 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? 1/1/16
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other school

CUSTOMER SIGNATURE: [Signature] Rec. in Lab: 11/18/16 0935

Ath. Fountain

RECEIPT # PO 210951
LAB LIMS # 200455115

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.

☐ Miss Sim SAISA (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs.
☒ Mr. Jim. Saissa 0 reg 5. k12. ct. us (203) 397-4864
Email Area Fax Phone No.

Amity Regional S.D. NO. 5
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON ROAD WOODBRIIDGE 06525
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:50 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? Renovated 20 years 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? 1/1/1
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature] Rec. in Lab: 11/18/16 0940

Kitchen

RECEIPT # PO 210951
LAB LIMS # 200455116

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.

☐ Miss Jim Saisa (203) 397-4818
☐ Ms. Jim Saisa Customer Name Area Phone No.
☐ Mrs. Jim Saisa
☒ Mr. Jim Saisa Email Area Fax Phone No.
203 397-4864

Amity Regional S.D. No. 5
Company Name (If applicable)

SAMPLE LOCATION: 160 OHMAN Avenue Orange 06477
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:00pm 11-7-16

b) What was the **Date & Time** of sample collection in the morning? 11/8/16 6:40 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? Renovated 10 years 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? 1 / 1 / 1
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Alex C. Jannowski
11/18/16 0945

off. kitchen

RECEIPT # P0210951
LAB LIMS # 20055117

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.

☐ Miss Jim Sgisa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs. Jim Sgisa (203) 397-4864
☒ Mr. Jim Sgisa Email Area Fax Phone No.

Amity Regional S.D. No. 5

Company Name (If applicable)

SAMPLE LOCATION: 100 OHMAN Avenue Orange 06477
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:00pm 11-17-10

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 6:45 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? Renovated 10 years 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? 1/1/16
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School
Alex Czajkowski

CUSTOMER SIGNATURE: [Signature] Rec. in Lab: 11/18/16 0950

EIOS

RECEIPT # PO 210951
LAB LIMS # 200455118**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.

☐ Miss Jim Saisa (203) 397-4818
Customer Name Area Phone No.
☐ Ms.
☐ Mrs.
☒ Mr. Jim Saisa 2 reg 5 k12 ct us (203) 397-4864
Email Area Fax Phone No.

Amity Regional S.D. No. 5
Company Name (If applicable)

SAMPLE LOCATION: 100 OHMAN Avenue Orange 06477
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:00 pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 6:35 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? Renovated 10 years 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? 1/1/16
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Max C. Jaraman
11/18/16 0955

A

Boiler Rm Tap

RECEIPT # PO 210 951
 LAB LIMS # 200455119

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.

☐ Miss Jim Saisa (203) 397-4818
☐ Ms. Customer Name Area Phone No.
☐ Mrs. Jim Saisa & Reps. K2-Ct-US (203) 397-4864
☒ Mr. Email Area Fax Phone No.
Amity Regional S.D. NOR S
Company Name (If applicable)

SAMPLE LOCATION: 25 NEWTON ROAD WOODBRIIDGE 06525
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 5:00 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? Renovated 20 years 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? 1 1 1
 Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Alex P. Jaworski
11/18/16 1002

B

Boiler Room Tap

RECEIPT # P0 210 951
LAB LIMS # 200455120Lead 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.

☐ Miss Jim Saisa (203) 397-4818
☐ Ms. Jim Saisa Customer Name Area Phone No.
☐ Mrs. Jim Saisa Email Area Fax Phone No.
☒ Mr. Jim Saisa Email Area Fax Phone No.
Amity Regional S.D. No. 5
 Company Name (If applicable)

SAMPLE LOCATION: 25 Newton Road WOODBRIDGE 06525
 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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:30 pm 11-17-16

b) What was the Date & Time of sample collection in the morning? 11/18/16 5:00 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? Renovated 20 years 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? 1/1/16
 Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature] Rec. in Lab: Alex C. Jurenski
11/18/16 1008

Orange M.S

Boiler Rm Tap

RECEIPT # PO 210 951
LAB LIMS # 20045521

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.

☐ Miss Jim Sgisa (203) 397-4818
☐ Ms. Jim Sgisa Customer Name Area Phone No.
☐ Mrs. Jim Sgisa Gregs. K12.C.F. US
☒ Mr. Jim Sgisa Email Area Fax Phone No.

Amity Regional S.D. No. 5
Company Name (If applicable)

SAMPLE LOCATION: 100 Gorman Avenue Orange 06477
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?

(Reminder: Do Not use water 6 hours before sample is taken.) 10:00 pm 11-17-16

b) What was the **Date & Time** of sample collection in the morning? 11/18/16 6:30 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? renovated 10 years 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? 1/1/16
Mo. Day Year

5. This address is a:

☐ single family home ☐ multi-family residence ☒ other School

CUSTOMER SIGNATURE: [Signature]

Rec. in Lab: Alex P. Jaworski
11/18/16 1010



Purchase Order

Fiscal Year 2017

Page 1 of 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase Order # **210951-00**

Amity Regional High School District No. 5

Finance Office

25 Newton Road

Woodbridge, CT 06525

PH (203) 397-4802 FX (203) 397-4864

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.

REGIONAL WATER AUTHORITY

90 SARGENT DRIVE

NEW HAVEN CT 06511

CENTRAL OFFICES

AMITY REGIONAL SCHOOL DIST 5

25 NEWTON ROAD

WOODBIDGE CT 06525-1598

Vendor Phone Number		Vendor Fax Number	Requisition Number	Delivery Reference		
562-4020			80974			
Date Ordered	Vendor Number	Date Required	Freight Method/Terms		Department/Location	
09/28/2016	284580				CUST/MAINTENANCE	
Item#	Description/Part No.		Qty	UOM	Unit Price	Extended Price
	Lead Testing					
	The Above Purchase Order Number Must Appear On All Correspondence - Packing Sheets And Bills Of Lading					
	The Amity Board of Education does not knowingly condone discrimination in employment, assignment, program, or services on the basis of race, gender, color, religion, national origin, age, sexual orientation or disability.					
1	lead test kits for testing at Amity Regional High School and Amity Middle School, Orange Campus.		10.0	EACH	\$25.000	\$250.00
2	Baseline sample bottles (no charge).		3.0	\$	\$0.000	\$0.00
	est kits will be picked up Thursday, 9/29 by Amity Representative. This purchase order will be provided at time of pickup.					
	***** GL SUMMARY *****					
1	-03-14-2600-5420					0.00
1	-05-14-2600-5420					250.00

ORIGINATOR

PO Total

\$250.00

FINAL REPORT

Report Date: 07-DEC-2016 09:37 AM

Sample Number: 200455109

Subm #: 100142689 Type : - LEAD STUDY- RWA DISTRIB Customer : Jim Saisa
Study : LEAD (RWA CUST. ONLY) (Loca) : -LOGIN Attn : Amity Reg. SD #5
Logged : 18-Nov-2016 09:14 am ID : WO - 25 Newton Rd/Elev Broom Samp Addr: 25 Newton Rd
By : YAWOROWSKI Samp City : Woodbridge
Categ. : DISTRIBUTION Collected : 11/18/16 05:30
CUSTOMER LEAD 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 ANALYSIS 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			

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.

Approved by and Date :



DEC 07 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 ID : WO - 25 Newton Rd/Co Kitch Samp Addr: 25 Newton Rd
By : YAWOROWSKI Samp City : Woodbridge
Categ. : DISTRIBUTION Collected : 11/18/16 05:20
CUSTOMER LEAD Other : pH-Lead-Copper-Turb Loca Desc : LAB

PARAMETER	RESULT	UNITS	RL	METHOD	COMMENTS
ACIDIFIED TURBIDITY	0.07	NTUs	0.05	STM 2130B	
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			

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

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Approved by and Date :



DEC 07 2016

FINAL REPORT

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

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 ID : WO - 25 Newton Rd/Rm 205 Samp Addr: Amity Reg. SD #5
By : YAWOROWSKI Other : pH-Lead-Copper-Turb Samp City : Woodbridge
Categ. : DISTRIBUTION Loca Desc : LAB
CUSTOMER LEAD

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			

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.

Approved by and Date : _____



DEC 07 2016

FINAL REPORT

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

Sample Number: 200455112

Subm # : 100142692 Type : - LEAD STUDY- RWA DISTRIB Customer : Jim Saisa
Study : LEAD (RWA CUST. ONLY) (Loca) : -LOGIN Attn : n/a
Logged : 18-Nov-2016 09:27 am ID : WO - 25 Newton Rd/Rm 271 Samp Addr: Amity Reg. SD #5
By : YAWOROWSKI Other : pH-Lead-Copper-Turb Samp City : Woodbridge
Categ. : DISTRIBUTION Loca Desc : LAB
CUSTOMER LEAD

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			

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Approved by and Date :  DEC 07 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) (Loca) : -LOGIN Attn : n/a
Logged : 18-Nov-2016 09:32 am ID : WO - 25 Newton Rd/Kitchen Samp Addr: Amity Reg. SD #5
By : YAWOROWSKI 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	
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.

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 07 2016

FINAL REPORT

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

Sample Number: 200455114

Subm # : 100142694 Type : - LEAD STUDY- RWA DISTRIB Customer : Jim Saisa
Study : LEAD (RWA CUST. ONLY) (Loca) : -LOGIN Attn : Amity Reg. SD #5
Logged : 18-Nov-2016 09:37 am ID : WO - 25 Newton Rd/Off. Kitch Samp Addr: 25 Newton Rd
By : YAWOROWSKI 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
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			

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

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 DEC 07 2016

Approved by and Date : _____

FINAL REPORT

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

Sample Number: 200455115

Subm #: 100142695 Type : - LEAD STUDY- RWA DISTRIB Customer : Jim Saisa
Study : LEAD (RWA CUST. ONLY) (Loca) : -LOGIN Attn : Amity Reg. SD #5
Logged : 18-Nov-2016 09:44 am 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			
pH	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			

All 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 NELAP certified. For identification of specific analytes maintaining this certification please contact the Laboratory Manager.

 DEC 07 2016

Approved by and Date : _____

FINAL REPORT

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

Sample Number: 200455116

Subm # : 100142696 Type : - LEAD STUDY- RWA DISTRIB Customer : Jim Saisa
Study : LEAD (RWA CUST. ONLY) (Loca) : -LOGIN Attn : Amity Reg. SD #5
Logged : 18-Nov-2016 09:48 am ID : OR - 100 Ohman Ave/Kitchen Samp Addr: 100 Ohman Ave
By : YAWOROWSKI Samp City : Orange
Categ. : DISTRIBUTION Collected : 11/18/16 06:40
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	
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			

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

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 DEC 07 2016

Approved by and Date : _____

FINAL REPORT

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

Sample Number: 200455117

Subm # : 100142697 Type : - LEAD STUDY- RWA DISTRIB Customer : Jim Saisa
Study : LEAD (RWA CUST. ONLY) (Loca) : -LOGIN Attn : Amity Reg. SD #5
Logged : 18-Nov-2016 09:55 am ID : OR - 100 Ohman Ave/Off. Kitchen Samp Addr: 100 Ohman Ave
By : YAWOROWSKI Samp City : Orange
Categ. : DISTRIBUTION Collected : 11/18/16 06:45
CUSTOMER LEAD 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	7.4	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			

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DEC 07 2016

Approved by and Date : _____

FINAL REPORT

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

Sample Number: 200455118

Subm #: 100142698 Type: - LEAD STUDY- RWA DISTRIB Customer: Jim Saisa
Study: LEAD (RWA CUST. ONLY) (Loca): -LOGIN Attn: Amity Reg. SD #5
Logged: 18-Nov-2016 09:59 am ID: OR - 100 Ohman Ave/EIOS Samp Addr: 100 Ohman Ave
By: YAWOROWSKI Samp City: Orange
Categ.: DISTRIBUTION Collected: 11/18/16 06:35
CUSTOMER LEAD 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	7.3	Units		STM 450QH 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			
COPPER	0.37	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.

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Approved by and Date : _____

 DEC 07 2016

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 ID : WO-25 Newton Rd/B Room Tap A Samp Addr: 25 Newton Rd
By : YAWOROWSKI 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			

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 DEC 07 2016

Approved by and Date : _____

FINAL REPORT

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

Sample Number: 200455120

Subm #: 100142700 Type: - LEAD STUDY- RWA DISTRIB Customer: Jim Saisa
Study: LEAD (RWA CUST. ONLY) (Loca): -LOGIN Attn: Amity Reg. SD #5
Logged: 18-Nov-2016 10:09 am ID: WO-25 Newton Rd/B Room Tap B Samp Addr: 25 Newton Rd
By: YAWOROWSKI 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	8.4	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.

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 DEC 07 2016

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 ID : OR-100 Ohman Ave/Boiler Rm Tap Samp Addr: 100 Ohman Ave
By : YAWOROWSKI Other : pH-Lead-Copper-Turb Samp City : Orange
Categ. : DISTRIBUTION Loca Desc : LAB
CUSTOMER LEAD Collected : 11/18/16 06:30

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	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			

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Approved by and Date : _____



DEC 07 2016