



Certificate of Analysis

To: WhiteWater, Inc.
253 B Worcester Rd
Charlton, MA 01507

Date Reported: May 15, 2018

Date Received: May 8, 2018

PWS: Granby Jr Sr High & East Meadow School 1111006

Case No. **8E08052**

Submitted samples from:

DEP Location Code	DEP Sample Location
1	HS Gym - West Bubbler
2	HS Gym - East Bubbler
3	HS Kitchen South Bay 3 Bay Sink
4	HS Kitchen North Wall Sink
5	HS Kitchen South Wall Sink
6	HS North Bubbler Lower
7	HS North Bubbler Upper
8	HS East 2nd Floor Bubbler
9	HS Weight Room Sink
10	HS Room 222 Sink by Door
11	EM Nurses Room Sink
12	EM Main office Kitchenette
13	EM New Kitchen Prep Sink
14	EM Cafeteria Bubbler Near Exit
15	EM Main Entrance Hallway Bubbler
16	EM Room 026 Sink
17	EM Room 023 Sink
18	EM Room 020 Sink
19	EM Room 018 Sink
20	EM Room 016 Sink

SUBJECT: Lead + Copper

METHOD: *Standard Methods for the Examination of Water and Wastewater*, 20th Edition, 1998, APHA, AWWA-WPCF.
Lead: SM 3113B
Copper: SM 3120B

New England Testing Laboratory is certified in the Commonwealth of Massachusetts (Lab ID M-RI010) for all tests performed on the premises.

This report shall not be reproduced, except in full, without written approval of the laboratory.

New England Testing certifies that the test results contained within this report meet all method and certification requirements except as detailed in the Case Narrative section of this report.

NEW ENGLAND TESTING LABORATORY, INC.

59 Greenhill St., West Warwick, RI 02893

(401) 353-3420



Lead and Copper Analysis Report

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **1111006** City / Town: **GRANBY**
 PWS Name: **Granby Jr Sr High & East Meadow Sch** PWS Class: COM NTNC TNC

Routine or Special Samples	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

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

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-RI010** Primary Lab Name: **New England Testing Lab** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	3113B	0.001	M-RI010	New England Testing Lab
Copper:	1.3	3120B	0.01	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

	DEP Approved Sample Location (See DEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1	Hs Gym West Bubblers	5/8/2018	0.006	5/10/2018	0.09	5/10/2018	8E08052-01
2	Hs Gym East Bubblers	5/8/2018	0.004	5/10/2018	0.07	5/10/2018	8E08052-02
3	Hs Kitchen South 3 Bay Sink	5/8/2018	ND	5/10/2018	0.03	5/10/2018	8E08052-03
4	Hs Kitchen North Wall Sink	5/8/2018	0.001	5/10/2018	0.03	5/10/2018	8E08052-04
5	Hs Kitchen South Wall Sink	5/8/2018	0.002	5/10/2018	0.04	5/10/2018	8E08052-05
6	Hs North Bubblers Lower	5/8/2018	0.001	5/10/2018	0.04	5/10/2018	8E08052-06
7	Hs North Bubblers Upper	5/8/2018	ND	5/10/2018	0.03	5/10/2018	8E08052-07
8	HS East 2nd Floor Bubblers	5/8/2018	ND	5/10/2018	0.08	5/10/2018	8E08052-08
9	Hs Weight Room Sink	5/8/2018	0.002	5/10/2018	0.03	5/10/2018	8E08052-09
10	Hs Rm 222 Sink By Door	5/8/2018	0.002	5/10/2018	0.04	5/10/2018	8E08052-10
11	Em Nurses Room Sink	5/8/2018	ND	5/10/2018	0.09	5/10/2018	8E08052-11
12	Em Main Office Kitchenette	5/8/2018	ND	5/10/2018	0.16	5/10/2018	8E08052-12
13	Em New Kitchen Prep Sink	5/8/2018	ND	5/10/2018	0.21	5/10/2018	8E08052-13
14	Em Cafeteria Bubbler Near Exit	5/8/2018	ND	5/10/2018	0.20	5/10/2018	8E08052-14
15	Em Main Entrance Hallway Bubbl	5/8/2018	ND	5/10/2018	ND	5/10/2018	8E08052-15
16	Em Room 026 Sink	5/8/2018	ND	5/10/2018	0.19	5/10/2018	8E08052-16
17	Em Room 023 Sink	5/8/2018	ND	5/10/2018	0.28	5/10/2018	8E08052-17
18	Em Room 020 Sink	5/8/2018	ND	5/10/2018	0.27	5/10/2018	8E08052-18
19	Em Room 018 Sink	5/8/2018	ND	5/10/2018	0.33	5/10/2018	8E08052-19
20	Em Room 016 Sink	5/8/2018	ND	5/10/2018	0.18	5/10/2018	8E08052-20

Report SCHOOL RESULTS collected in accordance with 310 CMR 22.06B (7)(a)9 below. Do not use these school results in 90th percentile calculations.

1							
2							
3							
4							

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Primary Lab Director Signature:

Date: 5/15/2018

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

COM & NTNC Public Water Suppliers must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.

DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	



Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: 1111006 City / Town: GRANBY

PWS Name: Granby Jr Sr High & East Meadow Sch PWS Class: COM NTNC

Sampling Frequency: (choose one)	<input checked="" type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> REDUCED - EVERY THREE YEARS
	<input type="checkbox"/> SECOND SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	<input type="checkbox"/> REDUCED - ANNUAL	<input type="checkbox"/> DEMONSTRATION

Step 1: Place lead results in ascending order (from lowest to highest value) with lowest value at # 1, in the table below. Repeat for copper results.

Step 2: Multiply the total number of samples collected by 0.9 (this is your 90th percentile sample number). Round to the nearest whole number, if necessary.

Step 3: Compare the sample result at the 90th percentile sample number against the corresponding action level. If the 90th percentile value is higher than the action level, then you have an exceedance and are required to contact MassDEP as soon as possible for information on compliance actions.

Note: Do not include school results on this form unless the PWS is a school.

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0	16	0.002	31		46	
2	0	17	0.002	32		47	
3	0	18	0.002	33		48	
4	0	19	0.004	34		49	
5	0	20	0.006	35		50	
6	0	21		36		51	
7	0	22		37		52	
8	0	23		38		53	
9	0	24		39		54	
10	0	25		40		55	
11	0	26		41		56	
12	0	27		42		57	
13	0	28		43		58	
14	0.001	29		44		59	
15	0.001	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0	16	0.20	31		46	
2	0.03	17	0.21	32		47	
3	0.03	18	0.27	33		48	
4	0.03	19	0.28	34		49	
5	0.03	20	0.33	35		50	
6	0.04	21		36		51	
7	0.04	22		37		52	
8	0.04	23		38		53	
9	0.07	24		39		54	
10	0.08	25		40		55	
11	0.09	26		41		56	
12	0.09	27		42		57	
13	0.16	28		43		58	
14	0.18	29		44		59	
15	0.19	30		45		60	

*Lowest Value

My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 This number is my system's 90th percentile sample #.

Circle the 90th percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

<u>0.002</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.27</u> (Copper result at 90 th percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
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II. CERTIFICATION:

Check and complete the correct statement for lead as determined by the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

- My system was at or below the lead action level.
- My system exceeded the lead action level and _____ sampling sites exceeded the lead action level.
(Insert # of samples)

Check and complete the correct statement for copper as determined from the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

- My system was at or below the copper action level.
- My system exceeded the copper action level and _____ sampling sites exceeded the copper action level.
(Insert # of samples)

My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP and that I have complied with 310 CMR 22.06B(7). I have also notified the owner of each sampling site of their sites' individual results. 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.

Water Manager _____ Signature of PWS or Owner's Representative _____ Date 5-25-2018

Title _____



8 E 0 80523

White

WATER & WASTEWATER SOLUTIONS

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

PWS ID#: 1111006 PWS CLASS NTNC JOB/PO# 908

PWS NAME: Granby Jr Sr High & East Meadow School

ADDRESS 385 E State St, Granby, MA 01033 PHONE: (413) 467-7104

DATE COLLECTED: 5-8-18

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

ROUTINE SAMPLE SPECIAL SAMPLE
 REPEAT SAMPLE OF 5 FOLLOW-UP

SPECIAL NOTES:

COC revised 3-28-2018 (Old 10-25-2016) LCR Plan
20 samples required COC 1 of 2

METER READINGS - Cu ft or Gal

Meter:

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	Lead & Copper	OTHER
1	HS Gym -West Bubbler		L&C	6:15	X	1
2	HS Gym - East Bubbler		L&C	6:18	X	1
3	HS Kitchen South 3 Bay Sink		L&C	6:03	X	1
4	HS Kitchen North Wall Sink		L&C	6:05	X	1
5	HS Kitchen South Wall Sink		L&C	6:07	X	1
6	HS North Bubbler -Lower		L&C	6:10	X	1
7	HS North Bubbler -Upper		L&C	6:11	X	1
8	HS East 2nd Floor Bubbler		L&C	6:26	X	1
9	HS Weight Room Sink		L&C	10:9	X	1
10	HS Rm 222 Sink by Door		L&C	6:21	X	1

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	John Sullivan	5-8-18	9:00 AM
Relinquished by:	John Sullivan	5-8-18	9:00 am
Received by:	John Sullivan	5-8-18	
Relinquished by:	John Sullivan	5-8-18	
Received by:	John Sullivan	5/8/18	1415
Received by:	John Sullivan	5/8/18	1630
Received by:	John Sullivan	5/8/18	1630

DO NOT MAIL HARD COPY! Please Email this report with results AND invoice to viaim@rhwhite.com

Whitewater

WATER & WASTEWATER SOLUTIONS

2538 Worcester Road, Charlton MA 01507 Phone: 888-377-7678 / Fax 508-248-2895

PWS ID#: 1111006 PWS CLASS NTNC JOB/PO# 908
 PWS NAME: Granby Jr Sr High & East Meadow School
 ADDRESS 385 E State St, Granby, MA 01033 PHONE: (413) 467-7104

DATE COLLECTED: 5-8-18

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

ROUTINE SAMPLE SPECIAL SAMPLE
 REPEAT SAMPLE OF 5 FOLLOW-UP

SPECIAL NOTES:

COC revised 3-28-2018 (old 10-25-2016) LCR Plan
 20 samples required COC 2 of 2

METER READINGS - Cu ft or Gal

Meter:

LOCATION CODE	SAMPLE LOCATION	CHLORINE RESIDUAL	SAMPLE TYPE	TIME	Lead & Copper	OTHER if bottles, how many?
11	EM Nurses Room Sink		L&C	7:22	X	1
12	EM Main Office Kitchenette		L&C	7:20	X	1
13	EM New Kitchen Prep Sink		L&C	6:54	X	1
14	EM Cafeteria Bubbler Near Exit		L&C	6:50	X	1
15	EM Main Entrance Hallway Bubbler		L&C	6:45	X	1
16	EM Room 026 Sink		L&C	6:58	X	1
17	EM Room 023 Sink		L&C	7:09	X	1
18	EM Room 020 Sink		L&C	7:12	X	1
19	EM Room 018 Sink		L&C	7:14	X	1
20	EM Room 016 Sink		L&C	7:17	X	1

CUSTODY TRANSFER	NAME	DATE	TIME
Sampler:	<i>[Signature]</i>	5-8-18	9:00 AM
Relinquished by:	<i>[Signature]</i>	5-8-18	9:00 AM
Received by:	<i>[Signature]</i>	5/8/18	1415
Relinquished by:	<i>[Signature]</i>	5/8/18	1630
Received by:	<i>[Signature]</i>	5/8/18	1630

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KJ