



REPORT OF ANALYTICAL RESULTS

PWS: 3269011
PINE HILL ELEMENTARY SCHOOL

Samples Received: 19-September-2023

Laboratory Case Number: 3I19067

Report Prepared for:

Andrew Donnelly
WhiteWater
253B Worcester Road
Charlton, MA 01507

A handwritten signature in black ink, appearing to read "Richard Oliva", is positioned above a horizontal line.

Director
New England Testing Laboratory, Inc.
Lab#: M-RI010
Date: 28-September-2023

Samples Submitted:

Lab ID	Sample Type	Location Code	Sample Location
3I19067-01	RS	NA	FACULTY ROOM - SINK
3I19067-02	RS	NA	HALL FOUNTAIN @ MAIN OFFICE
3I19067-03	RS	NA	KINDERGARTEN #4 FOUNTAIN
3I19067-04	RS	NA	LOBBY FOUNTAIN @ MAIN ENTRANCE
3I19067-05	RS	NA	NURSES OFFICE FOUNTAIN
3I19067-06	RS	NA	ROOM 14C FOUNTAIN
3I19067-07	RS	NA	ROOMK 21C FOUNTAIN
3I19067-08	RS	NA	ROOM 24D FOUNTAIN
3I19067-09	RS	NA	ROOM 25B FOUNTAIN
3I19067-10	RS	NA	KITCHEN SINK - CAFETERIA

Case Narrative

All samples were submitted in the proper containers and were properly cooled/preserved upon receipt with the following exceptions: none.

The chain of custody was adequately completed and corresponded to the samples submitted with the following exceptions: none.

All preparation/analysis holding times were met and all quality control audits were within control limits with the following exceptions: none.

Request for Analysis

FACULTY ROOM - SINK (RS)

Copper	EPA 200.8
Lead	EPA 200.8

HALL FOUNTAIN @ MAIN OFFICE (RS)

Copper	EPA 200.8
Lead	EPA 200.8

KINDERGARTEN #4 FOUNTAIN (RS)

Copper	EPA 200.8
Lead	EPA 200.8

LOBBY FOUNTAIN @ MAIN ENTRANCE (RS)

Copper	EPA 200.8
Lead	EPA 200.8

NURSES OFFICE FOUNTAIN (RS)

Copper	EPA 200.8
Lead	EPA 200.8

ROOM 14C FOUNTAIN (RS)

ROOM 14C FOUNTAIN (RS) (continued)

Copper	EPA 200.8
Lead	EPA 200.8

ROOMK 21C FOUNTAIN (RS)

Copper	EPA 200.8
Lead	EPA 200.8

ROOM 24D FOUNTAIN (RS)

Copper	EPA 200.8
Lead	EPA 200.8

ROOM 25B FOUNTAIN (RS)

Copper	EPA 200.8
Lead	EPA 200.8

KITCHEN SINK - CAFETERIA (RS)

Copper	EPA 200.8
Lead	EPA 200.8

The analytical methods provided are documented in the following references:

Standard Methods for the Examination of Water and Wastewater, 20th Edition, 1998, APHA, AWWA-WPCF.

Methods for the Determination of Organic Compounds in Finished Drinking Water and Raw Source Water, USEPA/EMSL.



Lead and Copper Analysis Report

Doc Rev 12/2020

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

PWS ID #:	3269011	City / Town:	SHERBORN
PWS Name:	PINE HILL ELEMENTARY SCHOOL		PWS Class: COM [] NTNC [X] TNC []

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
[X] RS [] SS	[X] Original [] Resubmitted [] Confirmation	[] Resample [] Reanalysis [] Report Correction	

SAMPLE COMMENTS

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)

Primary Lab MA Cert. #:	M-RI010	Primary Lab Name:	New England Testing Laboratory, Inc.	Subcontracted? (Y/N)	N
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Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA Cert. #	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.001	0.001	M-RI010	New England Testing Laboratory, Inc.
Copper:	1.3	EPA 200.8	0.005	0.005	M-RI010	New England Testing Laboratory, Inc.

LAB ANALYSIS COMMENTS

Result Qualifier

Result Qualifier Description

U

U = Undetected

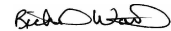
#	MassDEP Approved LCR Plan Sample Location	Collection Date	Dilution Factor	LEAD		Result Qualifier	COPPER		Result Qualifier	Primary Lab Sample ID# & Analysis Lab Sample ID#
				Date Analyzed	Result (mg/L)		Date Analyzed	Result (mg/L)		
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
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16										
17										
18										
19										
20										

Report SCHOOL RESULTS (250 ml) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations.

1	FACULTY ROOM - SINK	09/16/2023	1	09/20/2023	ND	U	09/20/2023	0.102		3I19067-01/3I19067-01
2	HALL FOUNTAIN @ MAIN OFFICE	09/16/2023	1	09/20/2023	ND	U	09/20/2023	0.115		3I19067-02/3I19067-02
3	KINDERGARTEN #4 FOUNTAIN	09/16/2023	1	09/20/2023	ND	U	09/20/2023	0.145		3I19067-03/3I19067-03
4	LOBBY FOUNTAIN @ MAIN ENTRANCE	09/16/2023	1	09/20/2023	ND	U	09/20/2023	0.092		3I19067-04/3I19067-04
5	NURSES OFFICE FOUNTAIN	09/16/2023	1	09/21/2023	0.001		09/21/2023	0.095		3I19067-05/3I19067-05
6	ROOM 14C FOUNTAIN	09/16/2023	1	09/21/2023	ND	U	09/21/2023	0.096		3I19067-06/3I19067-06
7	ROOMK 21C FOUNTAIN	09/16/2023	1	09/21/2023	0.004		09/21/2023	0.167		3I19067-07/3I19067-07
8	ROOM 24D FOUNTAIN	09/16/2023	1	09/21/2023	0.002		09/21/2023	0.194		3I19067-08/3I19067-08
9	ROOM 25B FOUNTAIN	09/16/2023	1	09/21/2023	ND	U	09/21/2023	0.153		3I19067-09/3I19067-09
10	KITCHEN SINK - CAFETERIA	09/16/2023	1	09/21/2023	ND	U	09/21/2023	0.073		3I19067-10/3I19067-10

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: 9/28/2023

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

COM & NTNC public water suppliers must submit forms **LCR-D** or **LCR-E** with this form to the appropriate MassDEP Regional Office

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

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

PWS ID #: 3269011 PWS CLASS: NTNC JOB/SO #: _____

PWS NAME: Pine Hill Elementary School

PWS ADDRESS: 10 Pine Hill Ln, Sherborn, MA 01770

PWS PHONE #: _____

DATE COLLECTED: 9/19/23 Is the source treated? YES NO
Sample after treatment? YES NO

SPECIAL NOTES:

K=Kitchen
B=Bath

*Dates + Times
on sheets.*

METER READINGS: Cu Ft. or Gal

LOCATION CODE	SAMPLE LOCATION	SAMPLE TYPE	TIME	CHLORINE RESIDUAL	Lead and Copper					NOTES (# of Bottles)
K	Faculty Room - Sink	L&C		N/A	✓					/ •
K	Hall Fountain @ Main Office	L&C			✓					/ •
K	Kindergarten # 4 Fountain	L&C			✓					/ •
K	Lobby Fountain @ Main Entrance	L&C			✓					/ •
K	Nurses Office Fountain	L&C			✓					/ •
K	Room 14C Fountain	L&C			✓					/ • 10
K	Room 21C Fountain	L&C			✓					/ •
K	Room 24D Fountain	L&C			✓					/ •
K	Room 25B- Fountain	L&C			✓					/ •
K	Kitchen Sink - Cafeteria	L&C			✓					/ •

Custody Transfer	Name & Signature	DATE	TIME
Sampler:	<i>[Signature]</i>	9/19/23	0845
Relinquished by:	<i>[Signature]</i>	9/19/23	1040
Received by:	<i>[Signature]</i>	9-19-23	1420
Relinquished by:	<i>[Signature]</i>	9-19-23	1830
Received by:	<i>[Signature]</i>	9/19/23	1520

PWS Name: Pine Hill Elementary School

PWSID: 3269011

PWS Class: NTNC

WHITEWATER WILL PICK UP ON:

Quick Sampling Tips:

1. Water MUST NOT be used for a minimum of 6 hours.
 - A. DO NOT INTENTIONALLY FLUSH THE WATER LINE / RUN TAP BEFORE THE START OF THE 6 HOUR PERIOD.
2. Sample must be collected from "Kitchen Tap" or "Bathroom Tap"
 - A. DO NOT REMOVE AERATOR PRIOR TO SAMPLING AND AVOID USING A TAP WITH A FILTER ATTACHMENT.
3. Only use cold water tap for collecting sample and fill entire bottle to the top. "1000 - mL Marked Line"
4. After water has been stagnant for the minimum 6 hour period, place bottle under faucet and collect your sample.
 - A. DO NOT RUN WATER PRIOR TO COLLECTING SAMPLE, MUST COLLECT FIRST DRAW SAMPLE.
5. This paperwork MUST be filled out accurately below and placed with bottle in order to be a valid sample.

TO BE COMPLETED BY PWS EMPLOYEE OR CERTIFIED OPERATOR

Water Last Used: Time: 10:30 pm. ☐ AM ☒ PM Date: 9/15/23
 Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23
 Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Faculty Room.

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gimblett
 Signature: Peter Gimblett Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
Point of Use treatment Device (POU) Point of Entry treatment Device (POE)

TO BE COMPLETED BY CERTIFIED OPERATOR AFTER VERIFYING THAT THE SAMPLE WAS COLLECTED CORRECTLY AND THAT THE COC WAS PROPERLY COMPLETED:

Sample Accepted: ☒

Sample Rejected: _____ (Check applicable reason below)

- ☐ Collected at wrong location ☐ COC is not filled out properly ☐ Plumbing modifications to interior piping or home service line
☐ Improper standing Time ☐ Installation of treatment device (POU/POE) that removes inorganic contaminants

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.

Ken Dunham Ken Dunham 9/19/23
 Operator Signature Print Name Date

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.

PWS Name: Pine Hill Elementary School

PWSID: 3269011

PWS Class: NTNC

WHITEWATER WILL PICK UP ON:

Quick Sampling Tips:

1. Water MUST NOT be used for a minimum of 6 hours.

A. DO NOT INTENTIONALLY FLUSH THE WATER LINE / RUN TAP BEFORE THE START OF THE 6 HOUR PERIOD.

2. Sample must be collected from "Kitchen Tap" or "Bathroom Tap"

A. DO NOT REMOVE AERATOR PRIOR TO SAMPLING AND AVOID USING A TAP WITH A FILTER ATTACHMENT.

3. Only use cold water tap for collecting sample and fill entire bottle to the top. "1000 - mL Marked Line"

4. After water has been stagnant for the minimum 6 hour period, place bottle under faucet and collect your sample.

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TO BE COMPLETED BY PWS EMPLOYEE OR CERTIFIED OPERATOR

Water Last Used: Time: 10:30 ☐ AM ☒ PM Date: 9/15/23
Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23
Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Hall Fountain @ Main office

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gumbett Date: 9/16/23
Signature: Peter Gumbett

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
Point of Use treatment Device (POU) Point of Entry treatment Device (POE)

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TO BE COMPLETED BY PWS EMPLOYEE OR CERTIFIED OPERATOR

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Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23

Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Kindergarten #4 Fountain

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gimblett

Signature: Peter C. Gimblett

Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter?

☐ YES

☐ POU

☐ POE

☒ NO

Point of Use treatment Device (POU)

Point of Entry treatment Device (POE)

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Sample Accepted: ☒

Sample Rejected: _____ (Check applicable reason below)

☐ Collected at wrong location

☐ COC is not filled out properly

☐ Plumbing modifications to interior piping or home service line

☐ Improper standing Time

☐ Installation of treatment device (POU/POE) that removes inorganic contaminants

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.

Ken Durham
Operator Signature

Ken Durham
Print Name

9/19/23
Date

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PWS Class: NTNC

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Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23

Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Lobby Fountain @ main Entrance

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gumblett

Signature: Peter Gumblett

Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
Point of Use treatment Device (POU) Point of Entry treatment Device (POE)

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Ken Durham
Operator Signature

Ken Durham
Print Name

9/19/23
Date

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PWS Class: NTNC

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Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23.

Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Nurses office Fountain

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gambetti

Signature: [Signature]

Date: 9/16/23.

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter?

☐ YES

☐ POU

☐ POE

☒ NO

Point of Use treatment Device (POU)

Point of Entry treatment Device (POE)

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[Signature]
Operator Signature

Ken Dunham
Print Name

9/19/23
Date

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Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23
Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Room 14c Fountain

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gumbert
Signature: [Signature] Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
Point of Use treatment Device (POU) Point of Entry treatment Device (POE)

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[Signature] Ken Dunham 9/19/23
Operator Signature Print Name Date

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PWS Name: Pine Hill Elementary School

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TO BE COMPLETED BY PWS EMPLOYEE OR CERTIFIED OPERATOR

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 Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23
 Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom
 Sample Site: Room 21C Fountain
I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
 Print Name: Peter Gorbett
 Signature: [Signature] Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
 Point of Use treatment Device (POU) Point of Entry treatment Device (POE)

TO BE COMPLETED BY CERTIFIED OPERATOR AFTER VERIFYING THAT THE SAMPLE WAS COLLECTED CORRECTLY AND THAT THE COC WAS PROPERLY COMPLETED:

Sample Accepted: ☒
 Sample Rejected: ☐ (Check applicable reason below)
☐ Collected at wrong location ☐ COC is not filled out properly ☐ Plumbing modifications to interior piping or home service line
☐ Improper standing Time ☐ Installation of treatment device (POU/POE) that removes inorganic contaminants

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[Signature] Ken Durham 9/19/23
 Operator Signature Print Name Date

PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements.

PWS Name: Pine Hill Elementary School
PWSID: 3269011
PWS Class: NTNC

WHITEWATER WILL PICK UP ON:

Quick Sampling Tips:

1. Water MUST NOT be used for a minimum of 6 hours.
A. DO NOT INTENTIONALLY FLUSH THE WATER LINE / RUN TAP BEFORE THE START OF THE 6 HOUR PERIOD.
2. Sample must be collected from "Kitchen Tap" or "Bathroom Tap"
A. DO NOT REMOVE AERATOR PRIOR TO SAMPLING AND AVOID USING A TAP WITH A FILTER ATTACHMENT.
3. Only use cold water tap for collecting sample and fill entire bottle to the top. "1000 - mL Marked Line"
4. After water has been stagnant for the minimum 6 hour period, place bottle under faucet and collect your sample.
A. DO NOT RUN WATER PRIOR TO COLLECTING SAMPLE, MUST COLLECT FIRST DRAW SAMPLE.
5. This paperwork MUST be filled out accurately below and placed with bottle in order to be a valid sample.

TO BE COMPLETED BY PWS EMPLOYEE OR CERTIFIED OPERATOR

Water Last Used: Time: 10:30 ☐ AM ☒ PM Date: 9/15/23
Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23
Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom
Sample Site: Room 24D Fountain
I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:
Print Name: Peter Gubelt
Signature: [Signature] Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
Point of Use treatment Device (POU) Point of Entry treatment Device (POE)

TO BE COMPLETED BY CERTIFIED OPERATOR AFTER VERIFYING THAT THE SAMPLE WAS COLLECTED CORRECTLY AND THAT THE COC WAS PROPERLY COMPLETED:

Sample Accepted: ☒
Sample Rejected: _____ (Check applicable reason below)
☐ Collected at wrong location ☐ COC is not filled out properly ☐ Plumbing modifications to interior piping or home service line
☐ Improper standing Time ☐ Installation of treatment device (POU/POE) that removes inorganic contaminants

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

[Signature] Ken Dunham 9/19/23
Operator Signature Print Name Date

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 Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23
 Sample Location: ☐ Kitchen/Sink ☒ Fountain/Bubbler ☐ Bathroom

Sample Site: Room 258 Fountain

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gimbelt

Signature: Pete Gimbelt

Date: 9/16/23

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter?

☐ YES

☐ POU

☐ POE

☒ NO

Point of Use treatment Device (POU)

Point of Entry treatment Device (POE)

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Ken Dunham
Operator Signature

Ken Dunham
Print Name

9/19/23
Date

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Sample Collected: Time: 6:30 ☒ AM ☐ PM Date: 9/16/23.
Sample Location: ☒ Kitchen/Sink ☐ Fountain/Bubbler ☐ Bathroom

Sample Site: Kitchen Sink - Cafeteria

I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:

Print Name: Peter Gindelf
Signature: Peter Gindelf

Date: 9/16/23.

Were there any recent changes to your home plumbing? ☐ YES ☒ NO

If yes, please describe changes and include date they were made. _____

Do you have a treatment system or filter? ☐ YES ☐ POU ☐ POE ☒ NO
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Operator Signature: Ken Dunham

Print Name: Ken Dunham

Date: 9/19/23

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