

Technical Report

prepared for:

Parkway School c/o Greenwich Public Schools, 290 Greenwich Ave Greenwich, CT 06830 Attention: Elisa Gonzalez

> Report Date: 06/12/2024 Client Project ID: PWS ID CT0570212 York Project (SDG) No.: N4E1072



New York Cert. No. 11706

CT Cert. No. PH-0800



Newtown, CT 06470

FAX (203) 270-3348

ClientServices@yorklab.com

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(203) 270-9973

Report Date: 06/12/2024 Client Project ID: PWS ID CT0570212 York Project (SDG) No.: N4E1072

Parkway School c/o Greenwich Public Schools, 290 Greenwich Ave Greenwich, CT 06830 Attention: Elisa Gonzalez

Purpose and Results

This report contains the analytical data for the sample(s) identified on the attached chain-of-custody received in our laboratory on May 30, 2024 and listed below. The project was identified as your project: **PWS ID CT0570212**.

The analyses were conducted utilizing appropriate EPA, Standard Methods, and ASTM methods as detailed in the data summary tables.

All samples were received in proper condition meeting the customary acceptance requirements for environmental samples except those indicated under the Sample and Analysis Qualifiers section of this report.

All analyses met the method and laboratory standard operating procedure requirements except as indicated by any data flags, the meaning of which are explained in the Sample and Data Qualifiers Relating to This Work Order section of this report and case narrative if applicable.

Please contact Client Services at 203-270-9973 with any questions regarding this report.

<u>York Sample ID</u>	<u>Client Sample ID</u>	<u>Matrix</u>	Date Collected	Date Received
N4E1072-01	PS001	Drinking Water	05/30/2024	05/30/2024
N4E1072-02	PS006	Drinking Water	05/30/2024	05/30/2024
N4E1072-03	PS008	Drinking Water	05/30/2024	05/30/2024
N4E1072-04	PS010	Drinking Water	05/30/2024	05/30/2024
N4E1072-05	PS011	Drinking Water	05/30/2024	05/30/2024
N4E1072-06	PS017	Drinking Water	05/30/2024	05/30/2024
N4E1072-07	PS020	Drinking Water	05/30/2024	05/30/2024
N4E1072-08	PS022	Drinking Water	05/30/2024	05/30/2024
N4E1072-09	PS025	Drinking Water	05/30/2024	05/30/2024
N4E1072-10	PS026	Drinking Water	05/30/2024	05/30/2024



			Sampi		ation				
Client Sample ID: PS001							<u>York S</u>	ample ID:	N4E1072-01
York Project (SDG) No.		Client Pro	oject ID			Matrix	Collection Date	/Time	Date Received
N4E1072	1	PWS ID CT	0570212			Drinking Water	May 30, 2024	6:00 am	05/30/2024
Field Analyses:]	Log-in/Sample N	otes:		
]	<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Meth	Date/Time od Prepared	Date/Time Analyzed	Analyst
Copper	0.424	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-PF	05/31/2024 19:1 I-0800,NELAC-NY11	
Lead	10.2	ug/L		1.00	15	EPA 200.8	05/31/2024 16:00 Certifications: CTDOH-PH	05/31/2024 21:2 I-0800,NELAC-NY11	
				TC					
			<u>Sampl</u>	e Inform	ation		V L C		N.451052.02
Client Sample ID: PS006							<u>YOFK S</u>	ample ID:	N4E1072-02
York Project (SDG) No.		Client Pro	-			Matrix	Collection Date		Date Received
N4E1072]	PWS ID CT	0570212			Drinking Water	May 30, 2024	6:00 am	05/30/2024
Field Analyses:]	Log-in/Sample N	otes:		
]	<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Meth	Date/Time od Prepared	Date/Time Analyzed	Analyst
Copper	0.158	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-PH	05/31/2024 19:2 I-0800,NELAC-NY11	0 JK 706
Lead	2.06	ug/L		1.00	15		05/31/2024 16:00		

			<u>Samp</u>	ole Inform	<u>ation</u>				
Client Sample ID: PS008							York S	ample ID:	N4E1072-03
York Project (SDG) No. N4E1072		<u>Client Pro</u> PWS ID CT				<u>Matrix</u> Drinking Water	Collection Date May 30, 2024		<u>Date Received</u> 05/30/2024
Field Analyses:]	Log-in/Sample Not	tes:		
				<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Method	Date/Time I Prepared	Date/Time Analyzed	Analyst
Copper	0.0693	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-PH	05/31/2024 19:24 I-0800,NELAC-NY117	
Lead	3.03	ug/L		1.00	15	EPA 200.8	05/31/2024 16:00 Certifications: CTDOH-PH	05/31/2024 21:35 H-0800,NELAC-NY117	

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			<u>Sampl</u>	e Inform	<u>ation</u>				
Client Sample ID: PS010							<u>York</u>	Sample ID:	N4E1072-04
York Project (SDG) No.		Client Proj	ect ID			Matrix	Collection Date	e/Time	Date Received
N4E1072	Р	WS ID CT	0570212			Drinking Water	May 30, 2024	6:00 am	05/30/2024
Field Analyses:]	Log-in/Sample No	otes:		
			1	<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Metho	Date/Time od Prepared	Date/Time Analyzed	Analyst
Copper	0.448	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-P	05/31/2024 19:2 H-0800,NELAC-NY11	
Lead	1.37	ug/L		1.00	15	EPA 200.8	05/31/2024 12:52 Certifications: CTDOH-P	05/31/2024 21:4 H-0800,NELAC-NY11	
			<u>Sample</u>	e Inform	<u>ation</u>				
Client Sample ID: PS011							<u>York</u>	Sample ID:	N4E1072-05
York Project (SDG) No.		Client Proj	ect ID			Matrix	Collection Date	e/Time	Date Received
N4E1072	Р	WS ID CT	0570212			Drinking Water	May 30, 2024	6:00 am	05/30/2024
Field Analyses:]	Log-in/Sample No	otes:		
			I	Results					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Metho	Date/Time od Prepared	Date/Time Analyzed	Analyst
Copper	0.419	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-P	05/31/2024 19:3 H-0800,NELAC-NY11	3 JK 706
Lead	2.79	ug/L		1.00	15	EPA 200.8	05/31/2024 12:52 Certifications: CTDOH-P	05/31/2024 21:5 H-0800,NELAC-NY11	

			<u>Sampl</u>	e Inform	ation				
<u>Client Sample ID:</u> PS017							<u>York S</u>	Sample ID:	N4E1072-06
York Project (SDG) No. N4E1072		<u>Client Pro</u> PWS ID CT				<u>Matrix</u> Drinking Water	Collection Date May 30, 2024		Date Received 05/30/2024
Field Analyses:					1	Log-in/Sample Not	es:		
]	<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Method	Date/Time Prepared	Date/Time Analyzed	Analyst
Copper	0.0518	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-PH	05/31/2024 19:3 H-0800,NELAC-NY11	
Lead	1.35	ug/L		1.00	15	EPA 200.8	05/31/2024 12:52 Certifications: CTDOH-PH	05/31/2024 21:54 H-0800,NELAC-NY11	

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			<u>Sampl</u>	e Inform	ation				
Client Sample ID: PS020							York	Sample ID:	N4E1072-07
York Project (SDG) No.		Client Pro	ject ID			Matrix	Collection Dat	e/Time	Date Received
N4E1072	Ι	WS ID CT	0570212			Drinking Water	May 30, 2024	6:00 am	05/30/2024
Field Analyses:]	Log-in/Sample Not	es:		
			1	<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Method	Date/Time Prepared	Date/Time Analyzed	Analyst
Copper	0.137	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:05 Certifications: CTDOH-P	05/31/2024 19:4 H-0800,NELAC-NY1	42 JK 1706
Lead	2.48	ug/L		1.00	15	EPA 200.8	05/31/2024 12:52 Certifications: CTDOH-P	05/31/2024 21:: H-0800,NELAC-NY1	
			<u>Sampl</u>	e Inform	<u>ation</u>				
Client Sample ID: PS022							York	Sample ID:	N4E1072-08
York Project (SDG) No.		Client Pro	ject ID			Matrix	Collection Dat	e/Time	Date Received
N4E1072	Ι	WS ID CT	0570212			Drinking Water	May 30, 2024	6:00 am	05/30/2024
Field Analyses:]	Log-in/Sample Not	es:		
			1	Results					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Method	Date/Time Prepared	Date/Time Analyzed	Analyst
Copper	0.229	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:07 Certifications: CTDOH-P	05/31/2024 20: PH-0800,NELAC-NY1	
Lead	5.27	ug/L		1.00	15	EPA 200.8	05/31/2024 12:52 Certifications: CTDOH-P	05/31/2024 22: H-0800,NELAC-NY1	

			<u>Samp</u>	le Inform	<u>ation</u>			
Client Sample ID: PS025							York Sample ID:	N4E1072-09
York Project (SDG) No. N4E1072		<u>Client Pro</u> PWS ID CT	· · · · ·			<u>Matrix</u> Drinking Water	Collection Date/Time May 30, 2024 6:00 am	<u>Date Received</u> 05/30/2024
Field Analyses:]	Log-in/Sample Not	tes:	
				<u>Results</u>				
Parameter	Result	Units	Qualifier	RL	MCL	Reference Metho	Date/Time Date/Tim d Prepared Analyzed	e Analyst
Copper	0.247	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:07 05/31/2024 2 Certifications: CTDOH-PH-0800,NELAC-N	
Lead	11.4	ug/L		1.00	15	EPA 200.8	05/31/2024 12:52 05/31/2024 2 Certifications: CTDOH-PH-0800,NELAC-N	

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Client Sample ID: PS026							York :	<u>Sample ID:</u>	N4E1072-10
York Project (SDG) No. N4E1072		<u>Client Pro</u> PWS ID CT	· · · · · ·			<u>Matrix</u> Drinking Water	Collection Date May 30, 2024		Date Received 05/30/2024
Field Analyses:		rwsidei	0370212			Log-in/Sample Note		0.00 am	03/30/2024
				<u>Results</u>					
Parameter	Result	Units	Qualifier	RL	MCL	Reference Method	Date/Time Prepared	Date/Time Analyzed	Analyst
Copper	0.212	mg/L		0.02	1.3	EPA 200.7	05/31/2024 13:07 ertifications: CTDOH-P	05/31/2024 20:22 H-0800,NELAC-NY117	

1.00

15

EPA 200.8

2.62

Lead

ug/L

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05/31/2024 12:52 05/31/2024 22:09 Certifications: CTDOH-PH-0800,NELAC-NY11706

JK



Definitions and Other Information

- * Analyte is not certified or the state of the samples origination does not offer certification for the Analyte.
- MCL The Maximum Contaminant Level (MCL) is the maximum concentration of a chemical that is allowed in public drinking water systems. The MCL is established by the U.S. Environmental Protection Agency (EPA). Some states have MCLs that are equal to or less than the Federally established MCL. The listed MCL value reflects the MCL established by the State where the sample was taken.

General Notes for

- 1. The RLs and MDLs (Reporting Limit and Method Detection Limit respectively) reported are adjusted for any dilution necessary due to the levels of target and/or non-target analytes and matrix interference. The RL(REPORTING LIMIT) is based upon the lowest standard utilized for the calibration where applicable.
- 2. Samples are retained for a period of thirty days after submittal of report, unless other arrangements are made.
- 3. York's liability for the above data is limited to the dollar value paid to York for the referenced project.
- 4. This report shall not be reproduced without the written approval of York Analytical Laboratories, Inc.
- 5. All analyses conducted met method or Laboratory SOP requirements. See the Sample and Data Qualifiers Section for further information.
- 6. It is noted that no analyses reported herein were subcontracted to another laboratory, unless noted in the report.
- 7. This report reflects results that relate only to the samples submitted on the attached chain-of-custody form(s) received by York.

Approved By:

Cassie Mosher Chemistry Director

Phil Murphy Interim Microbiology Director

Other & Most

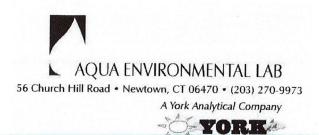
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Date: June 12, 2024

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Parkway Elementary 141 Lower Cross Rd., Greenwich CT0570212 Client Sample ID PSCOOR PSSOOR PS



Sampling For Lead and Copper Should be conducted as follows:

- 1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected or any adjacent or tap close to the sample tap. Either early morning or evening upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. Do not intentionally flush the water line before the start of the 6-hour period.
- 2. First-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in residential buildings. In non-residential buildings, samples must be collected from an interior tap from which water typically drawn for consumption. If possible, use a tap that is not treated. Do not remove the aerator prior to the sampling. Fill the sample bottles completely (to the top). Cap the bottle tightly. Label the bottle and complete the sample information sheet so that the sample can be identified.
- 3. Please list any plumbing repairs or replacements which has been done since the previous sampling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results)

Contact:	At	
with any question	s regarding these sampling instruc	tions.
TO BE COMPLETED	D BY THE RESIDENT OR SAMPLER	
Name:	PARKWAY School	_ Sample Date: 5/30/24
Address:	141 LOWET Cross RD	Sample Time: 6:06AM
Sample Location: _	PS 001	(Kitchen sink/ Bathroom Sink ETC.)
I have read the abo directions.	ove directions and have taken a ta	p sample in accordance with these

Signed: ____

_____ Date: _____

Comments/ Notes:

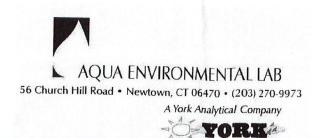
PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: _____ Time: _____ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: _____



Sampling For Lead and Copper Should be conducted as follows:

- 1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected or any adjacent or tap close to the sample tap. Either early morning or evening upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. Do not intentionally flush the water line before the start of the 6-hour period.
- 2. First-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in residential buildings. In non-residential buildings, samples must be collected from an interior tap from which water typically drawn for consumption. If possible, use a tap that is not treated. Do not remove the aerator prior to the sampling. Fill the sample bottles completely (to the top). Cap the bottle tightly. Label the bottle and complete the sample information sheet so that the sample can be identified.
- 3. Please list any plumbing repairs or replacements which has been done since the previous sampling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results)

Contact:	At
with any questions	regarding these sampling instructions.
TO BE COMPLETED	BY THE RESIDENT OR SAMPLER
Name:	Parkulay Shoo Sample Date: 5/30/24
Address:	141 LOWER Cross RD Sample Time: 635
Sample Location: _	PS 006 (Kitchen sink/ Bathroom Sink ETC.)
I have read the abo	vo directions and have taken a tan completin generation of with the

I have read the above directions and have taken a tap sample in accordance with these directions. _____ Date: _____

Signed:

Comments/ Notes:

PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: _____ Time: _____ AM / PM

Temperature: _____/ On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: _____

AQUA ENVIRONMENTAL LAB 56 Church Hill Road • Newtown, CT 06470 • (203) 270-9973 A York Analytical Company

Water System Name: Parkway Elementary

Sampling For Lead and Copper Should be conducted as follows:

- 1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected or any adjacent or tap close to the sample tap. Either early morning or evening upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. **Do not intentionally flush the water line before the start of the 6-hour period.**
- 2. First-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in residential buildings. In non-residential buildings, samples must be collected from an interior tap from which water typically drawn for consumption. If possible, use a tap that is not treated. Do not remove the aerator prior to the sampling. **Fill the sample bottles completely (to the top).** Cap the bottle tightly. Label the bottle and complete the sample information sheet so that the sample can be identified.
- 3. Please list any plumbing repairs or replacements which has been done since the previous sampling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results)

Contact:	At
with any questions	regarding these sampling instructions.
TO BE COMPLETED	BY THE RESIDENT OR SAMPLER
Name:	Parkulay School Sample Date: 5/30/24
Address:	41 LOWET Cross RD. Sample Time: 60440
Sample Location: _	PS008 (Kitchen sink/ Bathroom Sink ETC.)
I have read the abo	ve directions and have taken a tap sample in accordance with these

directions.

Signed: ____

_____ Date: _____

Comments/ Notes:

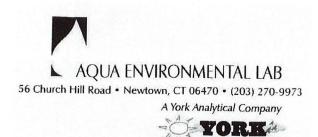
PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: ______ Time: _____ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: _____



Sampling For Lead and Copper Should be conducted as follows:

- 1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected or any adjacent or tap close to the sample tap. Either early morning or evening upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. Do not intentionally flush the water line before the start of the 6-hour period.
- 2. First-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in residential buildings. In non-residential buildings, samples must be collected from an interior tap from which water typically drawn for consumption. If possible, use a tap that is not treated. Do not remove the aerator prior to the sampling. Fill the sample bottles completely (to the top). Cap the bottle tightly. Label the bottle and complete the sample information sheet so that the sample can be identified.
- 3. Please list any plumbing repairs or replacements which has been done since the previous sampling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as
- practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results)

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Contact:	At		
with any questions regarding these sampling instructions.			
TO BE COMPLETED BY THE RESIDENT OR SAMPLER			
Name:		_Sample Date: <u>5/30/34</u>	
Address:	14/ Lawer Cross RD	Sample Time: 6 27-1	
Sample Location:	PS 010	(Kitchen sink/ Bathroom Sink ETC.)	
I have read the ab	ava directions and have taken a to		

I have read the above directions and have taken a tap sample in accordance with these directions. Signed: _____ Date: _____

S. S. March

Comments/ Notes:

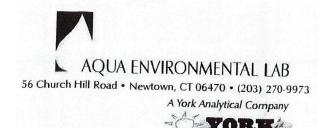
PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB !!

Lab Use Only:

Water samples received – Date: ______ Time: ______ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID:



Sampling For Lead and Copper Should be conducted as follows:

- 1. re must be a minimum of 6 hours during which there is no water used from the tap where sample will be collected or any adjacent or tap close to the sample tap. Either early morning vening upon returning home are the best sampling times to ensure that the necessary anant water conditions exist. Do not intentionally flush the water line before the start of 6-hour period.
- 2. t-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in idential buildings. In non-residential buildings, samples must be collected from an interior tap m which water typically drawn for consumption. If possible, use a tap that is not treated. Do t remove the aerator prior to the sampling. Fill the sample bottles completely (to the top). p the bottle tightly. Label the bottle and complete the sample information sheet so that the mple can be identified.
- 3. Ease list any plumbing repairs or replacements which has been done since the previous smpling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results)

I appendention and

Contact:

At with any questions regarding these sampling instructions.

TO BE COMPLETED BY THE RESIDENT OR SAMPLER
Name: Parkwag School Sample Date: 5/30/22
Address: 141 Lower Cross RD Sample Time: 6294
Sample Location:
I have read the above directions and the show direction and the

ead the above directions and have taken a tap sample in accordance with these directions. Signed: _____ Date: _____

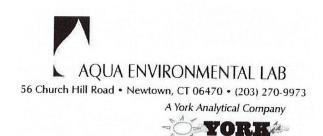
Comments/ Notes:

PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: _____ Time: _____ AM / PM

Temperature: _____ / On Ice? Y/N Signature of Lab Representative: ______ Sample ID: _____



Sampling For Lead and Copper Should be conducted as follows:

- 1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected or any adjacent or tap close to the sample tap. Either early morning or evening upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. **Do not intentionally flush the water line before the start of the 6-hour period.**
- 2. First-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in residential buildings. In non-residential buildings, samples must be collected from an interior tap from which water typically drawn for consumption. If possible, use a tap that is not treated. Do not remove the aerator prior to the sampling. Fill the sample bottles completely (to the top). Cap the bottle tightly. Label the bottle and complete the sample information sheet so that the sample can be identified.
- 3. Please list any plumbing repairs or replacements which has been done since the previous sampling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results).

Contact:	At		
with any questions regarding these sampling instructions.			
TO BE COMPLETED BY THE RESIDENT OR SAMPLER			
Name:	Parking Scheal	Sample Date: <u>5/30/24</u>	
Address:	14/ LOWE Cross R.	D Sample Time: 6:0 Sam	
Sample Location:	PS017	(Kitchen sink/ Bathroom Sink ETC.)	
I have read the ab	ove directions and have taken a	tan sample in accordance with these	

I have read the above directions and have taken a tap sample in accordance with these directions.

Signed: ____

_____ Date: _____

Comments/ Notes:

PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: ______ Time: ______ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: _____

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Water System Name: Parkway Elementary

Sampling For Lead and Copper Should be conducted as follows:

- 1. There must be a minimum of 6 hours during which there is no water used from the tap where the sample will be collected or any adjacent or tap close to the sample tap. Either early morning or evening upon returning home are the best sampling times to ensure that the necessary stagnant water conditions exist. Do not intentionally flush the water line before the start of the 6-hour period.
- 2. First-draw samples must be collected from the COLD-WATER kitchen or bathroom tap in residential buildings. In non-residential buildings, samples must be collected from an interior tap from which water typically drawn for consumption. If possible, use a tap that is not treated. Do not remove the aerator prior to the sampling. Fill the sample bottles completely (to the top). Cap the bottle tightly. Label the bottle and complete the sample information sheet so that the sample can be identified.
- 3. Please list any plumbing repairs or replacements which has been done since the previous sampling event on the bottom of this form. If your sample was collected from a treated tap (Water softener) indicate so in the comments/Notes section at the bottom of this form.
- 4. Results from this monitoring and information about lead will be provided to you as soon as practical but no later than 30 days after the system learns the results. If excessive lead and or copper are found, immediate notification will be provided (Usually 1-2 working days after the system learns of the tap monitoring results)

Contact:	At		
with any questions regarding these sampling instructions.			
TO BE COMPLETED BY THE RESIDENT OR SAMPLER			
Name:		_Sample Date: <u>5/30/24</u>	
Address:	141 LOWET CROSS RD	Sample Time: 6.19 Any	
Sample Location: _	P5 020	(Kitchen sink/ Bathroom Sink ETC.)	
I have read the above directions and have taken a tap sample in accordance with those			

have read the above directions and have taken a tap sample in accordance with these directions.

Signed:

Date: _____

Comments/ Notes:

PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: ______ Time: ______ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: _____ Sample ID: _____ AQUA ENVIRONMENTAL LAB 56 Church Hill Road • Newtown, CT 06470 • (203) 270-9973 A York Analytical Company

Water System Name: Parkway Elementary

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Contact:	At		
with any questions regarding these sampling instructions.			
TO BE COMPLETED BY THE RESIDENT OR SAMPLER			
Name:	Parkway School	_ Sample Date: <u>5 3 3 7 4</u>	
Address:	141 LOWER CLOSS R	2 Sample Time: 617an	
Sample Location:	P5022	(Kitchen sink/ Bathroom Sink ETC.)	
I have read the above directions and have taken a tap sample in accordance with these			

I have read the above directions and have taken a tap sample in accordance with these directions.

Signed: ____

_____ Date: _____

Comments/ Notes:

PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: ______ Time: ______ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: _____

AQUA ENVIRONMENTAL LAB 56 Church Hill Road • Newtown, CT 06470 • (203) 270-9973 A York Analytical Company

Water System Name: Parkway Elementary

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Contact:	_ At	a set a
with any questions regarding these s	ampling instruct	tions.
TO BE COMPLETED BY THE RESIDENT	OR SAMPLER	
Name: Parkway School		Sample Date: 5/30/24
Address: 147 Lower CI	ross RD.	Sample Time: 6:13 Am
Sample Location: PSOG	25	(Kitchen sink/ Bathroom Sink ETC.)
I have read the above directions and	have taken a ta	p sample in accordance with these

I have read the above directions and have taken a tap sample in accordance with these directions.

Signed: ____

_____ Date: _____

Comments/ Notes:

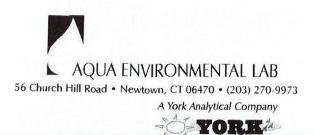
PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: ______ Time: ______ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: _____



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Contact:	At		
with any questions regarding these sampling instructions.			
TO BE COMPLETED BY THE RESIDENT OR SAMPLER			
Name:	Parkway School	_Sample Date: <u>5/38/24</u>	
Address:	141 Lower Cross RD	Sample Time: 6 32 AM	
Sample Location: _	PS 026	(Kitchen sink/ Bathroom Sink ETC.)	
I have read the above directions and have taken a tap sample in accordance with these			

directions.

Signed: ____

_____ Date: _____

Comments/ Notes:

PLEASE FILL OUT FORM COMPLETELY- THIS INFORMATION IS IMPORTANT TO THE LAB!!

Lab Use Only:

Water samples received – Date: ______ Time: _____ AM / PM

Temperature: _____ / On Ice? Y/N

Signature of Lab Representative: ______ Sample ID: