Department of Health and Human Services
Health and Environmental Testing Laboratory
47 Independence Drive
#12 State House Station
Augusta, ME 04330-0012
Phone: (207)287-2727 Fax: (207)287-6832
TTY: 1-800-606-0215
EPA ID: 2023ME02

I have read all test results
Kevin Theriault

THERIAULT, KEVIN
MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
FRENCHVILLE ME 04745

Logged: 8/2/2023 3:10:14PM
Folder #: 2310820

Office Use Only:
Line Item
555
Public

Released: 8/10/2023

No. of Samples in Folder:(5)

2310820-01	TE4
2310820-02	TE4
2310820-03	TE4
2310820-04	TE4
2310820-05	TE4

CERTIFICATION

The HETL hereby certifies that all test results for this sample were analyzed by the method listed, including preservation, preparation, and holding times, unless otherwise indicated.

Jennifer L. Jamison, Laboratory Director

Stephanie Mathias, Quality Assurance Officer

If we can be of further assistance to you, please call us at 287-1716.
Approved by:

Mackenzie C. Lee, M.S.
Inorganic and Microbiology Supervisor

Edward J. Adams, Ph.D.
Organic and Environmental Metals Supervisor

Kimberly Buffum
Radiochemistry Supervisor

If you would like your results quicker, and this report was delivered in the mail, email Mackenzie Lee (mackenzie.lee@maine.gov) with the client name on file (normally your name), sample number from this report, client ID (if applicable), and the preferred email address where reports should be sent and we will update your profile for future reports.

Continued from Previous Page

Lab Sample#: *2310820-01* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-KITCHEN SINK **Sample Date:** 08/01/2023 **Sample Time:** 07:30:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	See Attd Results	mg/L		1.3				08/10/2023 13:07:00	O.O.
Lead	See Attd Results	ug/L		15				08/10/2023 13:07:00	O.O.

Lab Sample#: *2310820-02* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-DRINKING FOUNTAIN OUTSIDE OF CAFE **Sample Date:** 08/01/2023 **Sample Time:** 07:34:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	See Attd Results	mg/L		1.3				08/10/2023 13:07:00	O.O.
Lead	See Attd Results	ug/L		15				08/10/2023 13:07:00	O.O.

Lab Sample#: *2310820-03* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-DRINKING FOUNTAIN IN HALLWAY OUTS **Sample Date:** 08/01/2023 **Sample Time:** 07:40:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	See Attd Results	mg/L		1.3				08/10/2023 13:07:00	O.O.
Lead	See Attd Results	ug/L		15				08/10/2023 13:07:00	O.O.

Lab Sample#: *2310820-04* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-DRINKING FOUNTAIN OUTSIDE OF GYM **Sample Date:** 08/01/2023 **Sample Time:** 07:45:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	See Attd Results	mg/L		1.3				08/10/2023 13:07:00	O.O.
Lead	See Attd Results	ug/L		15				08/10/2023 13:07:00	O.O.

Lab Sample#: *2310820-05* **Sample Address:**
Sample Matrix: DW-H20 **Sample Point:** DS-1 **Surface:**
Description: DISTRIBUTION SYSTEM-DDRINKING FOUNTAIN OUTSIDE GYM TC **Sample Date:** 08/01/2023 **Sample Time:** 08:00:00

Test (Method)/Analyte	Result	Unit	Qualifiers	MCL	RL	High Limit	Low Limit	Analysis Date	Analyst
METALS_200.8 (200.8)									
Copper	See Attd Results	mg/L		1.3				08/10/2023 13:07:00	O.O.
Lead	See Attd Results	ug/L		15				08/10/2023 13:07:00	O.O.

♦ Please enclose a copy of this completed form with your sample bottles and other paperwork. Or you may FAX the form to the Drinking Water Program at (207) 287-4172.

AUG 2 2023 PM12:34

STATE OF MAINE DRINKING WATER PROGRAM USE ONLY

TEST RESULTS: (For DWP use only)

90th Percentile, Lead: _____ Note: EPA action level = 0.015 mg/L

90th Percentile, Copper: _____ Note: EPA action level = 1.3 mg/L

	Pass	Fail
Lead:	☐	☐
Copper:	☐	☐

LAB-PUB

MSAD 33 WISDOM JR-SR HIGH SCHOOL
THERIAULT, KEVIN
431 US ROUTE 1
FRENCHVILLE, ME 04745

Number of Samples Required: 5

Compliance Period: 6/1/2023 to 9/30/2023

ME0000555

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 **2310820**
555

Certification of Collection Methods

(Place a √ next to each applicable sentence. If the sentence is not applicable, write N/A)

I hereby certify that:

√ Each first draw tap sample for lead and copper is one liter in volume and was collected after allowing water to stand motionless in the plumbing system for ***at least six hours***.

√ Each first draw sample collected from a single-family residence has been collected from the cold water kitchen tap or bathroom sink tap.

√ Each first draw sample collected from a non-residential building has been collected at an interior tap from which water is typically drawn for consumption.

√ Each first draw sample collected during an annual or 3-year monitoring period has been collected in the months of **June, July, August, or September.**

√ Each resident who volunteered to collect tap water samples from his or her home has been instructed in the proper methods for collection of lead and copper samples. I do not challenge the accuracy of those sampling results. Material distributed to residents explaining the proper collection methods, and a list of the residents who performed sampling will be provided upon request by the Drinking Water Program.

Operator Certification

I certify that I have completed both pages of this document. I certify that the information on this form is accurate to the best of my knowledge.

Kevin Theriault — Signature
OP04402 — Operator Number
8/1/23 — Date

Kevin Theriault — Printed Name
Drinking water system operator of a very small water system — Title

♦♦NOTE: COMPLETE THE WORKSHEET ON THE SECOND PAGE OF THIS DOCUMENT♦♦

AUG 2 2023 PM12:34

Lead and Copper Collection Site Worksheet

Lab Sample Number	Date and Time Water Last Used	Date and Time Sample Collected	Sample Site Location	Tier (NTNC's do not need to provide Tiers)
D012345-001	1/1/2019, 10:50 pm	1/2/2019, 5:50 am	Example: 123 Water St, Anytown, ME - Copper pipes w/ lead solder installed 1984	1
-002			Example: Boy's bathroom, west wing, Hoosier building	
2310820-01	7/31/2023 3:00pm	8/1/2023 7:30Am	368 main Street St agatha, maine Kitchen sink	4
2310820-02	7/31/2023 3:00pm	8/1/2023 7:34Am	368 main Street St agatha, maine Drinking Fountain outside of Cafeteria hallway	4
2310820-03	7/31/2023 3:00pm	8/1/2023 7:40 Am	368 main Street St agatha, maine Drinking Fountain in hallway outside Bathrooms before wheel chair Lift	4
2310820-04	7/31/2023 3:00pm	8/1/2023 7:45Am	368 main Street St agatha, maine Drinking Fountain outside of gym Right side	4
2310820-05	7/31/2023 3:00pm	8/1/2023 8:00Am	368 main Street St agatha maine Drinking Fountain outside of gym Left side	4

♦♦ ATTACH ADDITIONAL SHEETS AS NECESSARY ♦♦ FILL IN ALL COLUMNS FOR EACH SAMPLE COLLECTED ♦♦

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: AUG 2 2023 PM12:34
Initials: JW
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 2.0 °C

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-01
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? ☐ YES ☒ NO

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

**** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.***

DATE WATER LAST USED: July 31, 2023 **TIME WATER LAST USED** 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023
TIME SAMPLE COLLECTED 7:30 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
(X) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
( ) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST) _____ _____	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB) ( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: AUG 2 2023 PM12:34
Initials: JW
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 2.0 °C

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-02
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

Would you like your results sent via email? ☐ YES ☒ NO

DATE WATER LAST USED: July 31, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023

TIME SAMPLE COLLECTED 7:34 AM / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST) _____	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB)
_____	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: AUG 2 2023 PM12:35
Initials: _____
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 26.0 °C

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-03
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? ☐ YES ☒ NO

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 31, 2023 **TIME WATER LAST USED** 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023
TIME SAMPLE COLLECTED 7:40 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB) ( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: AUG 2 2023 PM 12:35
Initials: _____
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 20.6 °C

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-04

555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

Would you like your results sent via email? ☐ YES ☒ NO

DATE WATER LAST USED: July 31, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023

TIME SAMPLE COLLECTED 7:45 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB) ( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE USE ONLY

RECEIVED: AUG 2 2023 PM12:35
Initials: _____
Thermal Preservation? Y (N)
TEMP UPON ARRIVAL: 2.0° °C

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745
TE4 2310820-05
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

CHECK THE OPTION(S) THAT APPLY FOR OBTAINING YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

**** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.***

Would you like your results sent via email? ☐ YES ☒ NO

DATE WATER LAST USED: July 31, 2023 **TIME WATER LAST USED** 3:00 AM (PM)

DATE SAMPLE COLLECTED August 1, 2023
TIME SAMPLE COLLECTED 8:00 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:
368 main Street
(STREET ADDRESS)
St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV)
	( ) CHARCOAL FIL (CF)
	( ) NONE (NO)
	( ) PUBLIC WATER (PUB)
	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL)	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04333
TEL: (207) 287-1717

SAMPLE IDENTIFICATION INFORMATION

FOR OFFICE USE ONLY

RECEIVED:_
Initials: ___
Thermal Pr
TEMP UPC
ICE TEMP

2308-00971-001
Sampled: 08/01/23 07:30
Wisdom JR-SR High
368 Main Street St Agat
PKG:A & L Lead & Copper-
First Draw

ENVIRONMENTAL CHAIN OF CUSTODY

OWN/COUNTY:	PROJECT NAME/DESCRIPTION:	
ompanv:	Appropriation/PO#	Compliance Sam
on	Bill To: Health & Environmental Testing Laboratory	Copy to:
dc	Address: Dept. of Health & Human Services 47 Independance Drive Augusta, ME 04330	Address:
ho	Phone:	Phone:
mail:	Email:	Email:

A&L LABORATORY
155 CENTER ST - BUILDING C
AUBURN, ME 04211-1507

HETL ID Number	Sample ID/Name	Sample Date	Sample Time	Preserved: Yes (Y), No (N)	Quantity	Grab (G) or Composite (C)	Filtered : Yes (Y), No (N)	Filtered Volume (mL)	Analysis Requested
2310920-01	8/1/23	8/1/23	730AM						TEM Lead & Copper
-02			734AM						
-03			740AM						
-04			745AM						
-05			900AM						

OTES/COMMENTS:

mpled By:_____ RUSH SAMPLE (Circle One): YES / NO

elivered By: J. NOLAN Received By:_____ Date __/__/__ Time____:____am/pm

elinquished By: JW 8-2-2023 Received By: _____ Date 8/3/23 Time 14:25 am/pm

23°C

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE

RECEIVED:
Initials: JW
Thermal Preservation?
TEMP UPON ARRIVAL:

2308-00971-001
Sampled: 08/01/23 07:30
Wisdom JR-SR High
368 Main Street St Agat
PKG:A & L Lead & Copper-
First Draw

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-01

555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? [ ] YES [X] NO

CHECK THE OPTION(S) THAT A
YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 31, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023

TIME SAMPLE COLLECTED 7:30 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
(X) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
( ) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB) ( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFI

RECEIVED:
Initials: JW
Thermal Preservatior
TEMP UPON ARRIVAI

2308-00971-002
Sampled: 08/01/23 07:34
Wisdom JR-SR High
368 Main Street St Agat
PKG:A & L Lead & Copper-
First Draw

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-02
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? [ ] YES [X] NO

CHECK THE OPTION(S) THA
YOUR TEST RESULTS:
(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 31, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023

TIME SAMPLE COLLECTED 7:34 AM / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, Maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB)
_____	( ) OTHER (O)
_____	

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE

RECEIVED: F
Initials: JW
Thermal Preservation?
TEMP UPON ARRIVAL:

2308-00971-003
Sampled: 08/01/23 07:40
Wisdom JR-SR High
368 Main Street St Agat
PKG:A & L Lead & Copper-
First Draw

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-03
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? [ ] YES [X] NO

CHECK THE OPTION(S) THAT YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 31, 2023

TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023

TIME SAMPLE COLLECTED 7:40 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:

368 main Street
(STREET ADDRESS)

St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB) ( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL) IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICE
RECEIVED: 8/
Initials: JR
Thermal Preservation?
TEMP UPON ARRIVAL: 5

2308-00971-004
Sampled: 08/01/23 07:45
Wisdom JR-SR High
368 Main Street St Agat
PKG:A & L Lead & Copper-
First Draw

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745

TE4 2310820-04
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? [ ] YES [X] NO

CHECK THE OPTION(S) THAT AF
YOUR TEST RESULTS:
(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 31, 2023
TIME WATER LAST USED 3:00 AM / (PM)

DATE SAMPLE COLLECTED August 1, 2023
TIME SAMPLE COLLECTED 7:45 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:
368 main Street
(STREET ADDRESS)
St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV)
	( ) CHARCOAL FIL (CF)
	( ) NONE (NO)
	( ) PUBLIC WATER (PUB)
	( ) OTHER (O)

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL)	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
IF WELL PLEASE INDICATE DEPTH 240 Feet	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH & ENVIRONMENTAL TESTING LABORATORY
47 INDEPENDENCE DRIVE, AUGUSTA, ME 04330
TEL: (207) 287-1717

FOR OFFICI

RECEIVED: [illegible]
Initials: [illegible]
Thermal Preservation?
TEMP UPON ARRIVAL: _

2308-00971-005
Sampled: 08/01/23 08:00
Wisdom JR-SR High
368 Main Street St Agat
PKG:A & I. Lead & Copper-
First Draw

TE-4 CHAIN OF CUSTODY

MSAD 33 WISDOM JR-SR HIGH SCHOOL
431 US ROUTE 1
THERIAULT, KEVIN
FRENCHVILLE, ME 04745
TE4
2310820-05
555

IMPORTANT! Keep the seven-digit number for this kit handy when contacting the lab with questions!

Would you like your results sent via email? [ ] YES [X] NO

CHECK THE OPTION(S) THAT A
YOUR TEST RESULTS:

(X) Use the contact information on the label
( ) Use the contact information below

NAME: _____
STREET: _____
CITY/TOWN: _____
ZIP: _____
PHONE*: _____
EMAIL*: _____

** NOTE: Write Legibly. Phone and/or email are necessary should HETL need to contact you regarding your sample. To receive test results electronically, check the "Yes" box to the left.*

DATE WATER LAST USED: July 31, 2023
TIME WATER LAST USED 3:00 AM (PM)

DATE SAMPLE COLLECTED August 1, 2023
TIME SAMPLE COLLECTED 8:00 (AM) / PM

SAMPLED BY Kevin Theriault
(PERSON TAKING SAMPLE)

SAMPLE LOCATION/ADDRESS:
368 main Street
(STREET ADDRESS)
St agatha, maine
(CITY/TOWN AND STATE)

SAMPLE POINT	TREATMENT TYPE
( ) KITCHEN (F)	(X) CHLORINATOR (CHLOR) ( ) IODINATOR (IOD)
( ) BATHROOM	( ) SOFTENER (SOFT) ( ) PH CONTROL (PH)
(X) DRINKING FOUNTAIN	( ) IRON REMOVAL (IREM)
( ) OTHER (DESCRIBE/LIST)	( ) ULTRA VIOLET (UV) ( ) CHARCOAL FIL (CF) ( ) NONE (NO) ( ) PUBLIC WATER (PUB)
_____	( ) OTHER (O)
_____	

SAMPLE SOURCE	WATER USED BY	
( ) DUG WELL (DUG)	( ) EATING PLACE (EAT)	( ) BOTTLING PLANT (BOT)
(X) DRILLED WELL (DRILL)	( ) LODGING PLACE (LODG)	( ) HOSPITAL (HOSP)
IF WELL PLEASE INDICATE	( ) REC CAMP (REC)	( ) SEVERAL FAMILIES (SEV)
DEPTH 240 Feet	( ) TENT/TRAILER PARK (TENT)	( ) MOBILE HOME PARK (MHP)
( ) SPRING (SPR)	( ) BOARDING HOME (BH)	(X) SCHOOL (SCH)
( ) LAKE (LAK)	( ) NURSING HOME (NH)	( ) DAY CARE (DC)
( ) OTHER (O)	( ) PRIVATE HOME (PRIV)	( ) FEDERAL HOUSING LOAN (FHA)
( ) PUBLIC (PUB)	( ) PUBLIC WATER (PUB)	( ) VA LOAN (VA)
	( ) FOSTER CARE CHILDREN (FCC)	( ) OTHER (O)_____
	( ) FOSTER CARE ADULT (FCA)	( ) REGISTERED CHILDCARE (RGC)
	( ) NURSERY SCHOOL (NS)	( ) FARMER'S HOME (FMHA)
	( ) BUSINESS	

A & L LABORATORY
A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.
155 Center Street, Building C, Auburn, Maine 04210
Phone (207) 784-5354 website www.allaboratory.com

Laboratory Report

State of Maine HETL
221 State Street, Statehouse
Station #12
Augusta, ME 04333

Date Printed:	**08/09/2023**
Work Order #:	**2308-00971**
Client Job #:	**2310820-01**
Date Received:	**08/03/2023**
Sample collected in:	**Maine**

Attached please find results for the analysis of the samples received on the date referenced above.

Unless otherwise noted in the attached report, the analyses performed met the requirements of the analyzing laboratory's Quality Assurance Plan, Standard Operating Procedures and State Accreditation. This certificate shall not be reproduced, except in full, without the written approval of the analyzing laboratory. The results presented in this report relate to the samples listed on the following pages in the condition in which they were received. Accreditation for each analyte is identified by the * symbol following the analyte name. Location of our analyzing laboratory is identified by the code in the Analyst Column.

A & L Laboratory:
Identified by ME in Analyst Column
155 Center Street, Auburn, Maine 04210
www.allaboratory.com

Granite State Analytical Services LLC:
Identified by NH in Analyst Column
22 Manchester Road, Derry, NH 03038
www.granitestateanalytical.com

Nashoba Analytical:
Identified by MA in the Analyst Column
31A Willow Road, Ayer, MA 01432
www.nashobaanalytical.com

ANALYSIS RELATED NOTES:

- RL: "Reporting limit" means the lowest level of an analyte that can be accurately recovered from the matrix of interest.
- DF: "Dilution factor" means the ratio of the volume of the sample to the volume of the final (dilute) solution.
- MDL: "Minimum Detection Limit" means the minimum result which can be reliably discriminated from a blank with a predetermined confidence level.
- A & L Laboratory / Granite State Analytical Services LLC / Nashoba Analytical. accreditation lists can be found on our websites listed above.
- Subcontracted samples will be identified by the Accreditation number of the subcontract laboratory in the analyst field for each analyte and the appropriate laboratory will be listed here. None
- Data Qualifiers (DQ) Flags provide additional information in regards to the receipt, analysis or quality control of a sample. These are indicated under the DQ Flags Column on your report and listed here if necessary: Data Qualifier (DQ) Flags: None

SAMPLE STATE SPECIFIC NOTES:

- The thermal preservation requirement of 4°C for nitrate & nitrite has been waived by the Maine CDC for all samples submitted to the Drinking Water Program.

Additional Narrative or Comments: At the time of analysis, A & L Laboratory-A Division of Granite State Analytical Services, LLC. and/or any subcontractor used are accredited in all Primary Drinking Water methods, media and parameters provided in this report.

We appreciate the opportunity to provide you with laboratory services. If you have any questions regarding the enclosed report, please contact the laboratory and we will be happy to assist you.

Rebecca L. Labranche
Laboratory Director

A & L LABORATORY
A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.

155 Center Street, Building C, Auburn, Maine 04210
Phone (207) 784-5354 website www.allaboratory.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED:	08/09/2023
CLIENT NAME:	State of Maine HETL
CLIENT ADDRESS:	221 State Street, Statehouse Station #12 Augusta, ME 04333
SAMPLE ID #:	2308-00971-001
SAMPLED BY:	Kevin Theriault
SAMPLE ADDRESS:	Wisdom JR-SR High 368 Main Street St Agatha ME
MORE LOC INFO:	Kitchen

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	✕
Attention	⚠

DATE AND TIME COLLECTED:	08/01/2023 07:30AM
DATE AND TIME RECEIVED:	08/03/2023 02:25PM
ANALYSIS PACKAGE:	A & L Lead & Copper-First Draw
RECEIPT TEMPERATURE:	23° CELSIUS
CLIENT JOB #:	2310820-01

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
First Draw Copper*	0.0989	mg/L	✓		0.001	1.3 mg/L	EPA 200.8	DG-NH	08/08/2023 08:59PM
First Draw Lead*	0.0013	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	DG-NH	08/08/2023 08:59PM

Rebecca L. Labranche
Laboratory Director

A & L LABORATORY
A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.
155 Center Street, Building C, Auburn, Maine 04210
Phone (207) 784-5354 website www.allaboratory.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	X
Attention	⚠

DATE PRINTED: 08/09/2023
CLIENT NAME: State of Maine HETL
CLIENT ADDRESS: 221 State Street, Statehouse Station #12
Augusta, ME 04333

SAMPLE ID #: 2308-00971-002
SAMPLED BY: Kevin Theriault
SAMPLE ADDRESS: Wisdom JR-SR High
368 Main Street
St Agatha ME
MORE LOC INFO: Drinking Fountain

DATE AND TIME COLLECTED: 08/01/2023 07:34AM
DATE AND TIME RECEIVED: 08/03/2023 02:25PM
ANALYSIS PACKAGE: A & L Lead & Copper-First Draw
RECEIPT TEMPERATURE: 23° CELSIUS
CLIENT JOB #: 2310820-02

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
First Draw Copper*	0.0574	mg/L	✓		0.001	1.3 mg/L	EPA 200.8	DG-NH	08/08/2023 09:03PM
First Draw Lead*	<0.001	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	DG-NH	08/08/2023 09:03PM

Rebecca L. Labranche
Laboratory Director

A & L LABORATORY
A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.
155 Center Street, Building C, Auburn, Maine 04210
Phone (207) 784-5354 website www.allaboratory.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 08/09/2023
CLIENT NAME: State of Maine HETL
CLIENT ADDRESS: 221 State Street, Statehouse Station #12
Augusta, ME 04333

SAMPLE ID #: 2308-00971-003
SAMPLED BY: Kevin Theriault
SAMPLE ADDRESS: Wisdom JR-SR High
368 Main Street
St Agatha ME
MORE LOC INFO: Drinking Fountain

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	X
Attention	⚠

DATE AND TIME COLLECTED: 08/01/2023 07:40AM
DATE AND TIME RECEIVED: 08/03/2023 02:25PM
ANALYSIS PACKAGE: A & L Lead & Copper-First Draw
RECEIPT TEMPERATURE: 23° CELSIUS
CLIENT JOB #: 2310820-03

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
First Draw Copper*	0.0201	mg/L	✓		0.001	1.3 mg/L	EPA 200.8	DG-NH	08/08/2023 09:14PM
First Draw Lead*	<0.001	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	DG-NH	08/08/2023 09:14PM

Rebecca L. Labranche
Laboratory Director

A & L LABORATORY
A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.
155 Center Street, Building C, Auburn, Maine 04210
Phone (207) 784-5354 website www.allaboratory.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 08/09/2023
CLIENT NAME: State of Maine HETL
CLIENT ADDRESS: 221 State Street, Statehouse Station #12
Augusta, ME 04333

SAMPLE ID #: 2308-00971-004
SAMPLED BY: Kevin Theriault
SAMPLE ADDRESS: Wisdom JR-SR High
368 Main Street
St Agatha ME
MORE LOC INFO: Drinking Fountain

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	✕
Attention	⚠

DATE AND TIME COLLECTED: 08/01/2023 07:45AM
DATE AND TIME RECEIVED: 08/03/2023 02:25PM
ANALYSIS PACKAGE: A & L Lead & Copper-First Draw
RECEIPT TEMPERATURE: 23° CELSIUS
CLIENT JOB #: 2310820-04

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
First Draw Copper*	0.110	mg/L	✓		0.001	1.3 mg/L	EPA 200.8	DG-NH	08/08/2023 09:18PM
First Draw Lead*	0.0019	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	DG-NH	08/08/2023 09:18PM

Rebecca L. Labranche
Laboratory Director

A & L LABORATORY
A DIVISION OF GRANITE STATE ANALYTICAL SERVICES, LLC.
155 Center Street, Building C, Auburn, Maine 04210
Phone (207) 784-5354 website www.allaboratory.com

CERTIFICATE OF ANALYSIS FOR DRINKING WATER

DATE PRINTED: 08/09/2023
CLIENT NAME: State of Maine HETL
CLIENT ADDRESS: 221 State Street, Statehouse Station #12
Augusta, ME 04333

SAMPLE ID #: 2308-00971-005
SAMPLED BY: Kevin Theriault
SAMPLE ADDRESS: Wisdom JR-SR High
368 Main Street
St Agatha ME
MORE LOC INFO: Drinking Fountain

Legend	
Passes	✓
Fails EPA Primary	⊗
Fails EPA Secondary	▽
Fails State Guideline	✕
Attention	⚠

DATE AND TIME COLLECTED: 08/01/2023 08:00AM
DATE AND TIME RECEIVED: 08/03/2023 02:25PM
ANALYSIS PACKAGE: A & L Lead & Copper-First Draw
RECEIPT TEMPERATURE: 23° CELSIUS
CLIENT JOB #: 2310820-05

Test Description	Result	Test Units	Pass /Fail	DQ Flag	RL	Limit	Method	Analyst	Date - Time Analyzed
First Draw Copper*	0.114	mg/L	✓		0.001	1.3 mg/L	EPA 200.8	DG-NH	08/08/2023 09:21PM
First Draw Lead*	0.0022	mg/L	✓		0.001	0.015 mg/L	EPA 200.8	DG-NH	08/08/2023 09:21PM

Rebecca L. Labranche
Laboratory Director