



**REMOVAL OF LEAD IN DRINKING WATER for NH K-12 SCHOOLS**  
**Drinking Water Lead Removal Plan & Grant Request Form**

SECTION A-GENERAL INFORMATION					
SCHOOL NAME: Lamprey River Elementary School		SAU #: 33	SAU NAME: Raymond School District		
ADDRESS: 33 Old Manchester Rd		TOWN/ CTIY: Raymond	STATE: NH	ZIP CODE: 03077	
PROJECT TITLE (i.e. ABC School Lead Removal Plan): <del>High School Water Fountain Replacement</del> <i>Elementary nurses sink</i>					
CONTACT NAME: Todd Ledoux		TITLE: Facilities Director			
EMAIL: t.ledoux@sau33.com			PHONE: 6032343390		
SECTION B- PROPOSED DRINKING WATER LEAD REMOVAL PLAN					
Provide a description of the proposed measures to remediate the lead present in drinking water. <i>Please use a table such as the following for tracking the sample ID, location description, sample date, stagnant lead result, follow up actions and completion date. Please attach additional pages if needed:</i> We replaced the supply line to this sink and re tested it. Results were passing. <i>Ref # 5110883</i>					
Sample ID	Location/ Description	Sample Date	Stagnant Lead, ppb	Follow-up Actions	Completion Date
E35	Nurses Room Sink	10/06/19	.0053	Turned Off	10/22/19
<input checked="" type="checkbox"/> Please check this box if the reported lead results have been electronically submitted to NHDES by NH Certified Lab. <input checked="" type="checkbox"/> Please check this box to confirm that parents and guardians were notified within 5 days of receipt of lead results. TOTAL ESTIMATED PROJECT COST (VENDOR QUOTE/INVOICE ATTACHMENT REQUIRED): \$1,530					
SECTION C- GRANT REQUEST					
<input checked="" type="checkbox"/> CHECK THIS BOX TO APPLY FOR GRANT FUNDING FROM THE NH DEPARTMENT OF EDUCATION (NHDOE). GRANTS ARE AWARDED IN THE FORM OF REIMBURSEMENT FOR UP TO 50% OF THE COSTS APPROVED BY NHDES UPON COMPLETION OF THIS DRINKING WATER LEAD REMOVAL PLAN. MINIMUM GRANT AMOUNT IS \$250 (\$500 TOTAL PROJECT COST).					
SIGN/PRINT NAME: <i>Todd Ledoux</i>					Date: <i>5-2-19</i>
<input type="checkbox"/> By entering your name above you are certifying that you have the authority to request funding and the information provided is accurate.					

***Please return this form and any supporting documentation to:***  
 NHDES Drinking Water and Groundwater Bureau/Lead and Copper Program  
 29 Hazen Drive, P.O. Box 95, Concord, N.H. 03302-0095  
 Tel: (603) 271-2513; Fax (603) 271-5171; [Cynthia.Klevens@des.nh.gov](mailto:Cynthia.Klevens@des.nh.gov)

SECTION D- NH DEPARTMENT OF ENVIRONMENTAL SERVICES (NHDES) REMOVAL PLAN APPROVAL			
	NHDES Use Only	SCHOOL ID/GRANT REQUEST #:	REMOVAL PLAN APPROVED: Y or N
		TOTAL EST. COST:	ELIGIBLE GRANT AMOUNT REQUESTED:
		REVIEWER:	Date:

# SEACOAST ANALYTICAL SERVICES

Route 125 & Pinkham Road  
Lee, New Hampshire  
603 868 1457

( Mail to: PO Box 555, Barrington, NH 03825 )



## WATER TEST RESULTS

Date: October 22, 2018

Reference #: S10128N

Client: Lamprey River Elementary School

Sample location: 33 Old Manchester Road  
Raymond, NH

Sample Identification	Date & Time Sampled	Pb [mg/L] < means less than
E-1	10/06/18 09:45	< 0.005
E-2	10/06/18 09:48	< 0.005
E-4	10/06/18 09:50	< 0.005
E-5	10/06/18 09:53	< 0.005
E-7	10/06/18 09:55	< 0.005
E-8	10/06/18 10:00	< 0.005
E-9	10/06/18 10:02	< 0.005
E-10	10/06/18 10:04	< 0.005
E-12	10/06/18 10:05	< 0.005
E-13	10/06/18 10:07	0.006
E-14	10/06/18 10:10	< 0.005
E-15	10/06/18 10:15	< 0.005
E-16	10/06/18 10:18	< 0.005
E-17	10/06/18 10:20	< 0.005
E-19	10/06/18 10:25	< 0.005
E-20	10/06/18 10:30	< 0.005
E-22	10/06/18 10:32	< 0.005
E-23	10/06/18 10:34	< 0.005
E-24	10/06/18 10:37	0.007
E-35	10/06/18 10:39	0.053 *
E-50B	10/06/18 10:41	< 0.005
E-51B	10/06/18 10:42	< 0.005
E-52	10/06/18 10:45	< 0.005

<http://des.nh.gov/organization/commissioner/plp/index.htm> is the NHDES website where you can get information about water contaminants. Scroll down to 'Publications', and choose 'Fact Sheets', then 'Drinking Water/Ground Water'.

Metals analysis by EPA 200.5

Date rec'd: 10/12/18

Temp (°C) rec'd: 19

Date analyzed: 10/17/18, 10/19/18, 10/22/18

\* Concentration exceeds the EPA's primary drinking water standard of 0.015mg/L

THIS REPORT IS CONFIDENTIAL. IF YOU RECEIVE THIS INFORMATION IN ERROR, PLEASE CALL 603-868-1457

SAS METALS REPORT Rcv 4 (10-22-15)

SEACOAST ANALYTICAL SERVICES is a NHE LAP Accredited Laboratory (# 1733) for the analysis of fluoride, chloride, nitrite-N, nitrate-N, pH, sodium, calcium, total hardness, iron, manganese, lead, arsenic, copper, total coliform bacteria and *E. coli* bacteria by Collett and Colisure. This sample was received and analyzed in compliance with the National Environmental Laboratory Accreditation Conference (NELAC) requirements unless noted. This report relates only to the samples received. Please call with questions regarding this analysis, or anytime that we might be of service.

Seacoast Analytical Services - TRUE COPY  
Katy Anderson, Technical Director

# SEACOAST ANALYTICAL SERVICES

Route 125 & Pinkham Road  
Lee, New Hampshire  
(Mail: PO Box 849, Durham, NH 03824)  
Tel 603-868-1457 Fax 603-868-1030



## WATER TEST RESULTS

Date: November 12, 2018

Reference #: S11088B

Client: SAU 33  
Raymond Elementary School

Water location: 33 Old Manchester Road  
Raymond, NH  
(E-35)

Test Method	ANALYTE (mg/L) = milligrams per liter	EPA MAXIMUM RECOMMENDED CONCENTRATION	YOUR WATER'S CONCENTRATION < means 'less than'	Exceeds Primary Standard
EPA 200.5	Lead (mg/L)	0.015	0.006	-

THE TESTED PARAMETER MEETS FEDERAL PRIMARY DRINKING WATER STANDARDS. Analytes which exceed the recommended concentration or range are indicated with an X under the primary column above. This report relates only to the sample received.

<http://des.nh.gov/organization/commissioner/pip/index.htm>  
is the NHDES website where you can get information about water contaminants. Scroll down to 'Publications', and choose 'Fact Sheets'.

Date/time sampled: 11/08/18 07:00

Date received: 11/08/18

EPA 200.5 analysis: 11/09/18

\*Turbidity above 1.0 NTU. Metals reported as dissolved.

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Mel Mosley, Laboratory Director



344 East Dunbarton Rd.  
Goffstown, NH 03045

# Invoice

Date	Invoice #
11/12/2018	7655

<b>Bill To</b>
Raymond School District SAU 33 Todd Ledoux

Original Date	Terms	Project
11/12/18	Due on receipt	Water line

Qty	Description	Rate	Amount ...
1	Ran a new water line to eye wash sink in the nurse office.	1,530.00	1,530.00

Please remit to the above address.

**After 15 days 2% charge per month.**

**We do not except credit cards**

<b>Total</b>	\$1,530.00
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$1,530.00

Phone #	Fax #	E-mail
603-497-4911	603-497-4933	MonarchPH@Comcast.net

**AFFIDAVIT - Drinking Water Lead Removal Plan**

Signatures required: school administrator, the person in charge of finances and all school board members or board of trustees

School Name: \_\_\_\_\_

SAU #: \_\_\_\_\_

Project Title: \_\_\_\_\_

The above reference project was completed in accordance the Drinking Water Lead Removal Plan approved by the New Hampshire Department of Environmental Services and the total costs listed in the Project Completion & Request for Payment Form are truthful and accurate to the best of our knowledge:

School administrator (name and title): \_\_\_\_\_

Person in charge of finances (name and title): \_\_\_\_\_

Board members (attach additional signatures if necessary). All board members are required to sign:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTARIZE:  
State of New Hampshire  
County of \_\_\_\_\_

Signed and affirmed before me on \_\_\_\_\_, 2019 that the statement is truthful and accurate to the best of his or her knowledge and belief.

Signature of notary: \_\_\_\_\_  
Name of notary: \_\_\_\_\_  
My commission expires on: \_\_\_\_\_