




REMOVAL OF LEAD IN DRINKING WATER FOR NH'S SCHOOLS PROJECT COMPLETION & REQUEST FOR PAYMENT FORM

INSTRUCTIONS: Upon completion of a drinking water lead removal and/or reduction plan, schools that have an approved grant agreement may request grant disbursement from the New Hampshire Department of Education's grant program by submitting this form with all required attachments (outlined in Section B) to the New Hampshire Department of Environmental Services (NHDES). NHDES will review the information provided, approve and forward to NHDOE for grant disbursement. Please note only 50% of the total project costs included in the NHDES approved lead removal plan shall be eligible for disbursement.

SECTION A - GENERAL INFORMATION			
SCHOOL NAME: <u>Raymond High School</u>	SAU #: <u>33</u>	DISTRICT NAME: <u>Raymond</u>	
PROJECT TITLE: <u>Water Fountain</u>	TOTAL PROJECT COSTS: <u>\$1,700</u>		
CONTACT NAME: <u>Todd Ledoux</u>	TITLE: <u>Director</u>		
EMAIL: <u>t.ledoux@sau33.</u>	PHONE: <u>6032343390</u>		
SECTION B - REQUIRED ATTACHMENTS			
<input checked="" type="checkbox"/> Notarized affidavit signed by the school administrator, the person in charge of finances and all school board members, board of trustees or board of directors attesting that the project is complete and the amount spent was in accordance with the approved remediation plan (sample affidavit).			
<input checked="" type="checkbox"/> Post-remediation Confirmatory Drinking Water Quality Sampling Results			
<input checked="" type="checkbox"/> Invoices for work completed totaling the amount of project costs identified in section A above.			
SECTION C - REQUEST FOR PAYMENT			
By signing/entering name below you certify your authority to request payment in the amount approved by NHDES ¹			
SIGN/PRINT NAME:			DATE:

Please return this form with all required attachments 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

SECTION D- NH DEPARTMENT OF ENVIRONMENTAL SERVICES USE ONLY			
	SCHOOL ID/GRANT REQUEST #:	AUTHORIZATION DATE:	REVIEWER:
	AUTHORIZED PAYMENT AMOUNT:	SIGNATURE:	
SECTION E- NH DEPARTMENT OF EDUCATION USE ONLY			
INVOICE NUMBER:	VENDOR CODE:	REMIT CODE:	AMOUNT:
ACCOUNT UNIT:	DESCRIPTION: LEAD REMOVAL GRANT		
AUTHORIZED SIGNATURE:			DATE:
PRINT NAME, TITLE:			

¹ Authorized payment amount is 50% of the actual project costs in accordance with the NHDES approved lead removal plan.

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: February 5, 2020

Reference #: S02030Q

Client: Raymond High School

Water location: Raymond High School
2nd Floor Fountain Left (H8R)
45 Harriman Hill Rd
Raymond, NH

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	< 0.005	-

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', then Drinking Water/Ground Water.
Date/time sampled: 02/02/20 15:30
Date received: 02/03/20
EPA 200.5 analysis: 02/05/20

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

SEACOAST ANALYTICAL SERVICES is a NELAP Accredited Laboratory in NH #1733 and ME #NH00043 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 Colilert and Colisure. This sample was received and analyzed in compliance with the National Environmental Laboratory Accreditation Conference (NELAC) requirements. Please call with questions regarding this analysis, or anytime that we might be of service.

Seacoast Analytical Services - TRUE COPY
Katy Anderson, Technical Director




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: Raymond High School			SAU #: 33	SAU NAME: Raymond School District	
ADDRESS: 45 Harriman Hill Rd		TOWN/ CTIY: Raymond		STATE: NH	ZIP CODE: 03077
PROJECT TITLE (i.e. ABC School Lead Removal Plan): High School Water Fountain Replacement					
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: We plan to replace the fountain with a new unit. The supply line is clean.</i>					
Sample ID	Location/ Description	Sample Date	Stagnant Lead, ppb	Follow-up Actions	Completion Date
H8	Second Floor Fountain Left	10/11/19	.069	Turned Off	10/19/19
<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): \$1,700					
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:					Date:
<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

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:		

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: _____