

Drinking water fixtures were sampled according to the approved sample siting plan: ☒ Yes ☐ No

Are same sampling points used as in previous monitoring period? ☒ Yes ☐ No

(If "No," provide comment below):

Comments: _____

Do you wish the Lead and Copper 90th percentile calculation for these results to be verified by your Local Health Department? ☒ Yes (Lead 90% _____ / Copper 90% _____) ☐ No

Water Supply Name: Vestaburg High School WSSN: 2004359

Name/Title of water system official reporting results: Kenneth Carl

Date: 12/24/25 Telephone: (989) 268-5255 Ext. 418 Email: KCarl1@VCS-K12.net

Certification: I certify that this public water supply has provided the Lead and Copper Consumer Notice (LCCN) and Lead and Copper Sample Report form to persons served at each of the taps tested, either by mail, or by another method authorized under Act 399, within 30 days of obtaining the results. The LCCN included all required content.

Completed Lead and Copper Sample Report form, LCCN, and copies of laboratory results shall be submitted to your Local Health Department.

If you need this information in an alternate format, contact EGLE-Accessibility@Michigan.gov or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at EGLE-NondiscriminationCC@Michigan.gov or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.

CLIENT: Vestaburg Community School

Lab Order: 2509E23

Project: WSSN 2004359 (Pb/Cu)

Lab ID: 2509E23-01 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 5:04:00 AM

Client ID: DS07- Teachers Loung Si **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM

Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	< 0.00100	0.00100		mg/L	1.30	9/19/2025 12:43:06 AI
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 12:43:06 AI

Lab ID: 2509E23-02 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 5:00:00 AM

Client ID: DS06- Lobby DF **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM

Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00678	0.00100		mg/L	1.30	9/19/2025 12:58:31 AI
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 12:58:31 AI

Lab ID: 2509E23-03 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 4:47:00 AM

Client ID: DS05- West DF **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM

Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00567	0.00100		mg/L	1.30	9/19/2025 1:03:02 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:03:02 AM

Lab ID: 2509E23-04 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 5:03:00 AM

Client ID: DS01- Kit 3 Comp Sink **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM

Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00280	0.00100		mg/L	1.30	9/19/2025 1:07:32 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:07:32 AM

Qualifiers: < Not Detected at the Reporting Limit
MCL Maximum Contaminant Level
RL Reporting Limit

H Holding times for preparation or analysis exceeded
PL Permit Limit
S Spike Recovery outside accepted recovery limits

AL= Action Level, the level of lead or copper when exceeded requires action from the water system. Concentrations below the action level do not imply the water is safe to drink. The maximum contaminant level goal for lead is zero. No level of exposure to lead is considered safe. Contact your local health department for more information.

Original
Page 2 of 14

CLIENT: Vestaburg Community School

Lab Order: 2509E23

Project: WSSN 2004359 (Pb/Cu)

Lab ID: 2509E23-05 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 4:53:00 AM
Client ID: DS02- Rm 2303 Sink **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM
Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00880	0.00100		mg/L	1.30	9/19/2025 1:12:03 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:12:03 AM

Lab ID: 2509E23-06 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 5:12:00 AM
Client ID: DS03- Concession Sink **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM
Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00254	0.00100		mg/L	1.30	9/19/2025 1:16:34 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:16:34 AM

Lab ID: 2509E23-07 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 4:57:00 AM
Client ID: DS09- Girls Locker Rm D **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM
Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00589	0.00100		mg/L	1.30	9/19/2025 1:21:05 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:21:05 AM

Lab ID: 2509E23-08 **Matrix:** DRINKING WATER **Collection Date:** 9/17/2025 4:51:00 AM
Client ID: DS10- Boys Locker Rm D **Sampler:** K. Carll **Received Date:** 9/17/2025 12:10:00 PM
Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.0167	0.00100		mg/L	1.30	9/19/2025 1:25:38 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:25:38 AM

Qualifiers: < Not Detected at the Reporting Limit
MCL Maximum Contaminant Level
RL Reporting Limit

H Holding times for preparation or analysis exceeded
PL Permit Limit
S Spike Recovery outside accepted recovery limits

AL= Action Level, the level of lead or copper when exceeded requires action from the water system. Concentrations below the action level do not imply the water is safe to drink. The maximum contaminant level goal for lead is zero. No level of exposure to lead is considered safe. Contact your local health department for more information.

CLIENT: Vestaburg Community School

Lab Order: 2509E23

Project: WSSN 2004359 (Pb/Cu)

Lab ID: 2509E23-09

Matrix: DRINKING WATER

Collection Date: 9/17/2025 5:17:00 AM

Client ID: DS08- Rm 2158 Sink

Sampler: K. Carll

Received Date: 9/17/2025 12:10:00 PM

Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.0492	0.00100		mg/L	1.30	9/19/2025 1:34:41 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:34:41 AM

Lab ID: 2509E23-10

Matrix: DRINKING WATER

Collection Date: 9/17/2025 4:45:00 AM

Client ID: DS04- South DF

Sampler: K. Carll

Received Date: 9/17/2025 12:10:00 PM

Location:

Analyses	Result	RL	Qual	Units	AL	Date Analyzed
METALS, DRINKING WATER				EPA 200.8		Analyst: AS
Copper	0.00463	0.00100		mg/L	1.30	9/19/2025 1:54:41 AM
Lead	< 0.00100	0.00100		mg/L	0.0120	9/19/2025 1:54:41 AM

Qualifiers: < Not Detected at the Reporting Limit
MCL Maximum Contaminant Level
RL Reporting Limit

H Holding times for preparation or analysis exceeded
PL Permit Limit
S Spike Recovery outside accepted recovery limits

AL= Action Level, the level of lead or copper when exceeded requires action from the water system. Concentrations below the action level do not imply the water is safe to drink. The maximum contaminant level goal for lead is zero. No level of exposure to lead is considered safe. Contact your local health department for more information. ;

Original
Page 4 of 14

96231

Prein & Newhof

3260 Evergreen Dr NE
Grand Rapids, MI 49525
t: 616-364-7600
f: 616-364-4222

PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code: 0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) ② Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- includes bathing beach and wastewater discharge 8- Pool or Spa	*Sample Purpose Code: ① Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	*Sample Point Code: 1- Public System Well 2- Public System Surface Water ③ Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other
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Report Results To: Fill in Information Below

*Name Of Collector: <u>Kenneth Carll</u>	*Email: <u>Kcarll@vcs-k12.net</u>
Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested. Those samples will receive a report documenting the samples were not tested and the fee refunded.	

Please Provide Billing Information Below.

Name: <u>Vestaburg Community School</u>	Phone: <u>(989) 331-4070</u>
Street Address: <u>7188 Ave. B</u>	
City: <u>Vestaburg</u>	State: <u>MI</u> Zip Code: <u>48891</u>

THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!

*Collection Location (Business/Owner name): <u>Vestaburg Community School</u>	*Name of Collector: <u>Kenneth Carll</u>
*Street Address: <u>7188 Ave B.</u>	*Date Collected: <u>9/17/25</u>
*City: <u>Vestaburg</u>	*Time Collected: <u>0504 AM</u>
*County: <u>Montcalm</u>	Well #:
*Township: <u>Richland</u>	
WSSN /Pool # <u>200B59</u>	Site Code:
Please check box if sample was chilled at time of collection <input type="checkbox"/>	

1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ① Other <u>DS 07 teachers lounge sink</u> <u>all</u>	LAB USE ONLY	
		Check #	
		Cash	
		Amount Received:	
		Initials: <u>cdh</u> <u>9/17/25</u> <u>1210</u>	Temperature: <u>19°C</u>
Sample Point Bacteria:	Sample Point Chemistry:		

Prein & Newhof

3260 Evergreen Dr NE
Grand Rapids, MI 49525
t: 616-364-7600
f: 616-364-4222

PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code:	*Sample Purpose Code:	*Sample Point Code:
0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) ② Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- includes bathing beach and wastewater discharge 8- Pool or Spa	① Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	1- Public System Well 2- Public System Surface Water ③ Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other

Report Results To: Fill in Information Below

*Name Of Collector: <u>Kenneth Carll</u>	*Email: <u>kcarll@vcs-k12.net</u>
Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested. Those samples will receive a report documenting the samples were not tested and the fee refunded.	

Please Provide Billing Information Below.

Name: <u>Vestaburg Community School</u>	Phone: <u>(989) 331-4070</u>
Street Address: <u>7188 Ave. B</u>	
City: <u>Vestaburg</u>	State: <u>MI</u> Zip Code: <u>48891</u>

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*Collection Location (Business/Owner name): <u>Vestaburg Community School</u>	*Name of Collector: <u>Kenneth Carll</u>
*Street Address: <u>7188 Ave B.</u>	*Date Collected: <u>7/17/25</u>
*City: <u>Vestaburg</u>	*Time Collected: <u>0500 AM</u>
*County: <u>Montcalm</u>	Well #:
*Township: <u>Richland</u>	
WSSN /Pool # <u>2004359</u>	Site Code:
Please check box if sample was chilled at time of collection <input type="checkbox"/>	

		LAB USE ONLY	
1- Kitchen tap	9- Drinking Fountain	Check #	
2- Bathroom tap	10. Milk House	Cash	
3- Sample tap	11. Surface Water	Amount Received:	
4- Outside tap	⑩ Other <u>DS OG lobby DF</u>		
5- Well head			
6- Pool			
7- Spa			
8- Pressure Tank			
Sample Point Bacteria:	Sample Point Chemistry:	Initials: <u>fw</u> <u>7/17/25</u> <u>1210</u>	Temperature: <u>20°C</u>

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Grand Rapids, MI 49525
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PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

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*Name Of Collector: <u>Kenneth Carll</u>	*Email: <u>Kcarll@vcs-K12.net</u>
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THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!	
*Collection Location (Business/Owner name): <u>Vestaburg Community School</u>	*Name of Collector: <u>Kenneth Carll</u>
*Street Address: <u>7188 Ave B.</u>	*Date Collected: <u>9/17/05</u>
*City: <u>Vestaburg</u>	*Time Collected: <u>0447 AM</u>
*County: <u>Montcalm</u>	Well #:
*Township: <u>Richland</u>	
WSSN / Pool # <u>2004359</u>	Site Code: _____
Please check box if sample was chilled at time of collection <input type="checkbox"/>	

1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ① Other <u>DS OS West DF</u>	LAB USE ONLY	
Sample Point Bacteria:		Check #	
Sample Point Chemistry:		Cash	
		Amount Received:	
		Initials: <u>dv</u> <u>9/17/05</u> <u>1210</u>	Temperature: <u>21°C</u>

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Grand Rapids, MI 49525
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PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code: 0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) ② Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- includes bathing beach and wastewater discharge 8- Pool or Spa	*Sample Purpose Code: ① Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	*Sample Point Code: 1- Public System Well 2- Public System Surface Water ③ Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other
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Report Results To: Fill in Information Below

*Name Of Collector: <u>Kenneth Carll</u>	*Email: <u>kcarll@vcs-k12.net</u>
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Please Provide Billing Information Below.

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Street Address: <u>7188 Ave. B</u>	
City: <u>Vestaburg</u>	State: <u>MI</u>
Zip Code: <u>48891</u>	
THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!	
*Collection Location (Business/Owner name): <u>Vestaburg Community School</u>	*Name of Collector: <u>Kenneth Carll</u>
*Street Address: <u>7188 Ave B.</u>	*Date Collected: <u>9/17/25</u>
*City: <u>Vestaburg</u>	*Time Collected: <u>503 PM</u>
*County: <u>Montcalm</u>	Well #:
*Township: <u>Richland</u>	
WSSN / Pool # <u>2004359</u>	Site Code:
Please check box if sample was chilled at time of collection <input type="checkbox"/>	

1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ② Other <u>DS of Kitchen, 3 comp. sink</u>	LAB USE ONLY	
Sample Point Bacteria:		Check #	
Sample Point Chemistry:		Cash	
		Amount Received:	
		Initials: <u>AK</u> <u>9/17/25</u>	Temperature: <u>20°C</u>
		<u>1210</u>	

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Grand Rapids, MI 49525
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PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

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*Name Of Collector: <u>Kenneth Carll</u>	*Email: <u>Kcarll@vcs-K12.net</u>
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Name: <u>Vestaburg Community School</u>	Phone: <u>(989) 331-4070</u>
Street Address: <u>7188 Ave. B</u>	
City: <u>Vestaburg</u>	State: <u>MI</u> Zip Code: <u>48891</u>
THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!	
*Collection Location (Business/Owner name): <u>Vestaburg Community School</u>	*Name of Collector: <u>Kenneth Carll</u>
*Street Address: <u>7188 Ave B.</u>	*Date Collected: <u>9/17/25</u>
*City: <u>Vestaburg</u>	*County: <u>Montcalm</u> *Time Collected: <u>0453 AM</u>
*Township: <u>Richland</u>	Well #:
WSSN /Pool # <u>2004359</u>	Site Code: Please check box if sample was chilled at time of collection <input type="checkbox"/>

1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ② Other <u>DS 02 Rm. 2303 SINK</u>	LAB USE ONLY	
Sample Point Bacteria:		Check #	Temperature:
Sample Point Chemistry:		Cash	
		Amount Received:	
		Initials: <u>dv</u>	
		<u>9/17/25</u>	<u>21°C</u>
		<u>1210</u>	

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Grand Rapids, MI 49525
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PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code: 0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) <input checked="" type="checkbox"/> 2- Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- Includes bathing beach and wastewater discharge 8- Pool or Spa	*Sample Purpose Code: <input checked="" type="checkbox"/> Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	*Sample Point Code: 1- Public System Well 2- Public System Surface Water <input checked="" type="checkbox"/> 3- Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other
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Report Results To: Fill In Information Below

*Name Of Collector: Kenneth Carll *Email: kcarll@vcs-k12.net
Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested. Those samples will receive a report documenting the samples were not tested and the fee refunded.

Please Provide Billing Information Below.

Name: Vestaburg Community School Street Address: 7188 Ave. B City: Vestaburg	Phone: (989) 331-4070 State: MI Zip Code: 48891
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THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!

*Collection Location (Business/Owner name): Vestaburg Community School *Street Address: 7188 Ave. B. *City: Vestaburg *Township: Richland	*Name of Collector: Kenneth Carll *County: Montcalm WSSN /Pool # 2004339	*Date Collected: 9/17/25 *Time Collected: 25/2 AM Well #: Site Code: Please check box if sample was chilled at time of collection <input type="checkbox"/>
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- | | |
|---|--|
| 1- Kitchen tap
2- Bathroom tap
3- Sample tap
4- Outside tap
5- Well head
6- Pool
7- Spa
8- Pressure Tank | 9- Drinking Fountain
10. Milk House
11. Surface Water
<input checked="" type="checkbox"/> 12 Other <u>DS 03 Concrete Sink</u> |
|---|--|

Sample Point Bacteria: Sample Point Chemistry:

LAB USE ONLY	
Check #	
Cash	
Amount Received:	
Initials: <u>dk</u> 9/17/25 120	Temperature: 20°C

9823-7

Prein & Newhof

3260 Evergreen Dr NE
Grand Rapids, MI 49525
t: 616-364-7600
f: 616-364-4222

PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code: 0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) ② Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- Includes bathing beach and wastewater discharge 8- Pool or Spa	*Sample Purpose Code: ① Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	*Sample Point Code: 1- Public System Well 2- Public System Surface Water ③ Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other
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Report Results To: Fill in Information Below

*Name Of Collector: Kenneth Carll *Email: Kcarll@ves-k12.net

Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested.
Those samples will receive a report documenting the samples were not tested and the fee refunded.

Please Provide Billing Information Below.

Name: Vestaburg Community School Phone: (989) 331-4070
 Street Address: 7188 Ave. B
 City: Vestaburg State: MI Zip Code: 48891

THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!

*Collection Location (Business/Owner name): Vestaburg Community School *Name of Collector: Kenneth Carll
 *Street Address: 7188 Ave. B. *Date Collected: 9/17/25
 *City: Vestaburg *County: Montcalm *Time Collected: 0457am
 *Township: Richland Well #: _____
 WSSN / Pool #: 2004359 Site Code: _____ Please check box if sample was chilled at time of collection ☐

1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ① Other <u>DS 09 Girl's locker room DF</u>	LAB USE ONLY	
		Check #	
		Cash	
		Amount Received:	
		Initials: <u>dw</u> <u>9/17/25</u> <u>1216</u>	Temperature: <u>20°C</u>
Sample Point Bacteria:	Sample Point Chemistry:		

96238

Prein & Newhof

3260 Evergreen Dr NE
Grand Rapids, MI 49525
t: 616-364-7600
f: 616-364-4222

PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code:	*Sample Purpose Code:	*Sample Point Code:
0- Single family dwelling	① Routine testing	1- Public System Well
1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round)	1- Real estate transaction	2- Public System Surface Water
② Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year)	2- Repeat sample	③ Untreated Public Distribution
3- Type III (All other public supplies: duplex, small office)	3- Construction or New Well	4- Treated Public Distribution
7- Surface Water- includes bathing beach and wastewater discharge	5- Water Quality Problem	5- Untreated Private Well
8- Pool or Spa	9- Other	6- Treated Softened Private Well
		7- Pressure Tank/Plant Tap
		9- Other

Report Results To: Fill in Information Below

*Name Of Collector: <u>Kenneth Carll</u>	*Email: <u>kcarll@vcs-k12.net</u>
Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested. Those samples will receive a report documenting the samples were not tested and the fee refunded.	

Please Provide Billing Information Below.

Name: <u>Vestaburg Community School</u>	Phone: <u>(989) 331-4070</u>
Street Address: <u>7188 Ave. B</u>	
City: <u>Vestaburg</u>	State: <u>MI</u> Zip Code: <u>48891</u>

THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!

*Collection Location (Business/Owner name): <u>Vestaburg Community School</u>	*Name of Collector: <u>Kenneth Carll</u>
*Street Address: <u>7188 Ave B</u>	*Date Collected: <u>9/17/25</u>
*City: <u>Vestaburg</u>	*Time Collected: <u>0451 AM</u>
*County: <u>Montcalm</u>	Well #:
*Township: <u>Richland</u>	
WSSN /Pool #	Site Code:
Please check box if sample was chilled at time of collection <input type="checkbox"/>	

1- Kitchen tap	9- Drinking Fountain	LAB USE ONLY	
2- Bathroom tap	10. Milk House		
3- Sample tap	11. Surface Water	Check #	
4- Outside tap	② Other <u>DS 10 Boys locker room DF</u>	Cash	
5- Well head		Amount Received:	
6- Pool			
7- Spa		Initials: <u>df</u>	Temperature:
8- Pressure Tank		<u>9/17/25</u>	<u>21°C</u>
Sample Point Bacteria:	Sample Point Chemistry:	<u>1210</u>	

9E23-9

Prein & Newhof

3260 Evergreen Dr NE
Grand Rapids, MI 49525
t: 616-364-7600
f: 616-364-4222

PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code: 0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) ② Type II (School, Industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- includes bathing beach and wastewater discharge 8- Pool or Spa	*Sample Purpose Code: ① Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	*Sample Point Code: 1- Public System Well 2- Public System Surface Water ③ Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other
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Report Results To: Fill in Information Below

*Name Of Collector: Kenneth Carll *Email: kcarll@vcs-k12.net	Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested. Those samples will receive a report documenting the samples were not tested and the fee refunded.
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Please Provide Billing Information Below.

Name: Vestaburg Community School Street Address: 7188 Ave. B City: Vestaburg	Phone: (989) 331-4070 State: MI Zip Code: 48891
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THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!

*Collection Location (Business/Owner name): Vestaburg Community School *Street Address: 7188 Ave. B. *City: Vestaburg *Township: Richland	*Name of Collector: Kenneth Carll *County: Montcalm WSSN /Pool # 2001359	*Date Collected: 9/17/25 *Time Collected: 0517AM Well #: Site Code: Please check box if sample was chilled at time of collection <input type="checkbox"/>
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1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ② Other DS 08 RM. 2158 Sink	LAB USE ONLY Check # Cash Amount Received: Initials: Jw 9/17/25 1210	Temperature: 20°C
Sample Point Bacteria:	Sample Point Chemistry:		

Prein & Newhof

3260 Evergreen Dr NE
Grand Rapids, MI 49525
t: 616-364-7600
f: 616-364-4222

PLEASE CHECK THE TEST(S) REQUESTED	
Does this sample contain chlorine?	<input checked="" type="checkbox"/>
Drinking Water Bacteria (Total Coliform) - \$20	
Swimming Pool Bacteria (Total Coliform) - \$20	
Pond, Lake, Stream, or other Surface water Count for Bacteria - \$30	
Automated Partial Chemistry: Hardness, Sulfate, Iron, Nitrate, Nitrite, Fluoride, Chloride, and pH - \$50	
Lead - \$25	
Arsenic - \$25	
Lead & Copper (Corrosion control) - \$30	<input checked="" type="checkbox"/>

*Sample Source Code: 0- Single family dwelling 1- Type I (Community, apartment, subdivision, mobile home park, etc. with 25 or more residents year round) ② Type II (School, industry, restaurant, office etc. serving 25 or more persons—60 days or more per year) 3- Type III (All other public supplies: duplex, small office) 7- Surface Water- includes bathing beach and wastewater discharge 8- Pool or Spa	*Sample Purpose Code: ① Routine testing 1- Real estate transaction 2- Repeat sample 3- Construction or New Well 5- Water Quality Problem 9- Other	*Sample Point Code: 1- Public System Well 2- Public System Surface Water ③ Untreated Public Distribution 4- Treated Public Distribution 5- Untreated Private Well 6- Treated Softened Private Well 7- Pressure Tank/Plant Tap 9- Other
---	--	---

Report Results To: Fill in Information Below

*Name Of Collector: Kenneth Carll *Email: Kcarll@vcs-K12.net

Samples received after the EPA specified hold times or without adequate thermal preservation will not be tested.
Those samples will receive a report documenting the samples were not tested and the fee refunded.

Please Provide Billing Information Below.

Name: Vestaburg Community School Phone: (989) 331-4070
 Street Address: 7188 Ave. B
 City: Vestaburg State: MI Zip Code: 48891

THIS AREA IS REQUIRED BY THE EPA AND MUST BE FILLED OUT!

*Collection Location (Business/Owner name) <u>Vestaburg Community School</u>		*Name of Collector: <u>Kenneth Carll</u>	
*Street Address: <u>7188 Ave B.</u>		*Date Collected: <u>9/7/25</u>	
*City: <u>Vestaburg</u>	*County: <u>Montcalm</u>	*Time Collected: <u>0645 AM</u>	
*Township: <u>Richland</u>		Well #:	
WSSN /Pool # <u>2004359</u>	Site Code:	Please check box if sample was chilled at time of collection <input type="checkbox"/>	

1- Kitchen tap 2- Bathroom tap 3- Sample tap 4- Outside tap 5- Well head 6- Pool 7- Spa 8- Pressure Tank	9- Drinking Fountain 10. Milk House 11. Surface Water ① Other <u>DS on South DF</u>	LAB USE ONLY	
		Check #	
		Cash	
		Amount Received:	
		Initials: <u>dlw</u> <u>9/17/25</u> <u>1210</u>	Temperature: <u>20°C</u>
Sample Point Bacteria:		Sample Point Chemistry:	

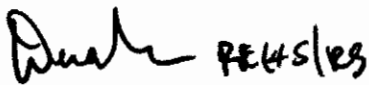
4. Post the originals plus any needed copies of the signed LCCN and Lead and Copper Sample Report form at a location in each building sampled that can be viewed by all potential consumers, such as a bulletin board, email, or newsletter.

5. Photocopy or scan the Lead and Copper Sample Report form and LCCN and return copies of both to this office. Follow the return instructions below.

After posting, submit the outstanding signed and completed documents to this office as soon as possible. They may be returned to this office by emailing them to me at dschneider@mmdhd.org.

If you have any questions, please contact me at (989) 227-3116 or by email at dschneider@mmdhd.org.

Regards,



Duane Schneider, REHS/RS
Environmental Health Supervisor
Mid-Michigan District Health Department

Enclosures

CC: Ken Carll - Certified Drinking Water Operator (electronic)
Will Fierro – MMDHD (electronic)