

Lead and Copper - 90th PERCENTILE COMPLIANCE Report (For Systems Required to Collect More Than 5 Samples)

I. PW	I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.																
PWS	ID #:		2185000)				Ci	ity / T	own: 🚺	MILFOR	D					
PWS	Name:		Milford Wa	iter C	ompany						P\	VS Class:	CC	M 🛛 NTN	c 🗌		
Sam	nling		FIRST SE	MI-ANN	UAL SAMPLING	G PEF	RIOD					CED - EVER	/ THRE	E YEARS			
	uency:		SECOND	SEMI-A	NNUAL SAMPL	ING F	PERIOD			[LEAD	SERVICE LIN	IE (LSL) REPLACEME	NT PRO	GRAM	
(choos	e one)) – ANN	UAL					[
Pleas limit (l mg/L <u>Step</u> 2	e report resu MDL) but bel for copper. <u>2</u> : Multiply th	ults th Iow 0.	at are ND or 005 mg/L for	less the lead c	ler (from lowes an (<) the labo r 0.05 mg/L for es collected by	orato or cop	ry's reported oper shall be r	dete repo	ection I orted a	imit (MDL) s measure) as zero ed or may	Results at be reported	or abo d as 0.	ve the laborat 0025 mg/L for	ory's de lead or	etection r 0.025	
than t	<u>3:</u> Compare he action lev	/el, th	en you have	an exc	90th percentile seedance and	are r	equired to co	onta									
Note.	Note: Do not include school results on this form unless the PWS is a school. LEAD RESULTS (mg/L) COPPER RESULTS (mg/L)																
LEAD RESULTS (mg/L)												1	1				
#	Results	#	Results	#	Results	#	Results		#	Results	-	Results	#	Results	#	Results	
1* 2	0	16 17	0.001	31 32		46 47			1* 2	0.03	16	0.15	31 32		46		
2	0	17	0.001	32		47 48			2	0.04	17	0.16	32		47 48		
4	0	19	0.001	33		40 49			4	0.04	19	0.17	34		40		
5	0	20	0.002	35		5 0			5	0.07	20	0.18	35		50		
6	0										21	0.19	36		51		
7	0	22	0.002	37		52			7	0.08	22	0.20	37		52		
8	0	23	0.002	38		53			8	0.11	23	0.20	38		53		
9	0	24	0.002	39		54			9	0.11	24	0.22	39		54		
10	0	25	0.003	40		55			10	0.13	25	0.23	40		55		
11	0	26	0.009	41		56			11	0.13	26	0.23	41		56		
12	0	27	0.015	42		57			12	0.13	27	0.24	42		57		
13	0	28	0.016	43		58			13	0.14	28	0.26	43		58		
14	0.001	29	0.022	44		59 60			14	0.15	29	0.29	44		59		
15 *L ow	0.001 est Value	30	0.035	45		60			15	0.15	30	0.34	45		60		
	system wa	s rea	uired to col	lect:	30 le	ad a	and copper s	san	nples.	My syste	em colle	cted:	30	lead and	coppe	r samples.	
,			nples collec	_		x 0.9			-					ercentile sa		-	
Circle			•	_	both lead and				_				•		•		
	-	15	, ,		Compared to	-	-				0.24			Compared	-		
(Lead	result at 90 th		tile sample#)		(The lead a				(Coppe			ntile sample#)	(The coppe			
J	RTIFICAT				X		,	U	× 11		•			· · · ·			
			e correct stat	ement	for lead as de	eterm	ined by the a	bov	e resu	lts. If you	have an	exceedance	e and y	ou are a com	munity	system	
					dence Rule (C			uire	ements	in accord	ance wit	n 310 CMR	22.16	A(4)(i)6.			
					he lead actio									• 4 • •			
	My syst	em e	xceeded th	ne lea	d action level	I and		rt #	of sam		sampling	g sites exc	eede	d the lead a	ction le	vel.	
					for copper as er Confidence		rmined from t	the	above	results. If						unity	
	🖾 My syst	em w	as at or b e	elow t	ne copper ac	ction	level.										
	☐ My system exceeded the copper action level and sampling sites exceeded the copper action level.																
I have	also notified tl	he owr	ner of each sai	npling s	es on this report ite of their sites' d complete to the	' indiv	e been previous idual results. I d	sly a certi	pprove fy unde	d in writing r penalty of							
	Ma	anage	r														
		Title				:	Signature of PV	VSc	or Owne	er's Represe	entative				Date		

Page _____ of ____



I. P	I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.															
PW	'S ID #:		218	5000]			City /	Town:	Milford						
PW	S Name:	: [Milfo	ord Water	Company					PV	VS Class:	со	M 🛛 NTNC			
				0	riginal, Resub	nitted or				If Res	If Resubmitted Report, list below:					
Rout	ine or Spe	cial Samp	pies		Confirmation			(1)	Reason	for Resubmi	ssion) Collection Date of	of Original Sam	ple		
	🛛 RS	🗆 SS		🛛 Original	Resubmitte	d 🗌 Confir	mation	Resamp	Resample 🗌 Reanalysis 🗌 Report Correction							
SAN	IPLE NOTE	S – (Suc	h as, i	if a Manifold/I	Multiple sample	, list the sou	urces that	at were on-line	during s	ample collection	on).	-				
II. A	II. ANALYTICAL LABORATORY INFORMATION:															
Prir	nary Lab	MA Cert	t. #:	M-RI010	Primar	y Lab Nan	ne: N	lew England	Testing	_ab			Subcontracted	? (Y/N) N	1	
A	Analyte Action Level (mg/L) Lab						MD	L (mg/L)	Analys	is Lab MA Ce	rt.#		Analysis Lab N	ame		
	Lead:		0.0		3113			0.001	,	M-RI010		N	New England Test		_	
(Copper:		1.3	3	3120	В		0.01		M-RI010		N	New England Test	ing Lab		
	SAMPLE	NOTES														
	DEP Approved Sample Location Collection Data LEAD COPPER															
(Se				n for samplin		Collection	n Date	Result (mg/		te Analyzed	Result (mg/		Date Analyzed	Lab Sample II	D#	
1	5 Calvin	Drive				8/23/2	016	ND		3/25/2016	0.23		8/25/2016	C0824-09A		
2	10 Calvir	n Drive				8/23/2016		0.035	1	3/25/2016	0.20	0.20 8/25/20		C0824-09B	6	
3	19 Cherr	y Street				8/23/2	016	0.009	1	3/25/2016	0.29		8/25/2016	C0824-09C	;	
4	24 Congi	ress Stre	eet			8/22/2	016	0.016	1	3/25/2016	0.08		8/25/2016	C0824-09D)	
5	247 Con	gress St	reet			8/22/2	016	ND	1	3/25/2016	0.11		8/25/2016	C0824-09E		
6	230 Con	gress St	reet			8/23/2	016	ND	1	3/25/2016	0.15		8/25/2016	C0824-09F		
7	3 Gibbon	Ave				8/23/2	016	0.002		8/25/2016	0.14		8/25/2016	C0824-09G	;	
8	54 Grove	Street				8/22/2	016	0.001	1	8/25/2016	0.13		8/25/2016	C0824-09H	l	
9	25 Hamil	ton Stre	et			8/23/2	016	ND	1	8/25/2016	0.17		8/25/2016	C0824-09I		
10	27 Hamil	ton Stre	et			8/23/2	016	ND	1	3/25/2016	0.15		8/25/2016	C0824-09J		
11	30 Jillsor	n Circle				8/23/2	016	0.003	1	3/25/2016	0.24		8/25/2016	C0824-09K		
12	5 Nolan /					8/23/2		0.001		3/25/2016	0.17		8/25/2016	C0824-09L		
13	9 Nolan /	-				8/22/2		0.002		3/25/2016	0.26		8/25/2016	C0824-09M		
14	9 North \	/ine Stre	et			8/23/2	016	ND	1	3/25/2016	0.34		8/25/2016	C0824-09N	İ	
15																
16																
17 18																
10																
20																
20	l Ror	Nort SCHC			ected in accord	ance with 2	10 CMP	22 06B (7)(a)		Do not use the	se school recu	lts in 0	90 th percentile calcu	lations		
1		501 50110						22.00D (7)(d)				1.5 11 5				
2																
3									-+							
4																
			£ 1.	(h-) - (l			Daireas			lanot	- A - A - A					
					person authoriz ained herein is	true,	rimai	ry Lab Dire	ector S	ignature:	BithOlit					

Date: 9/26/2016

If not submitting these results electronically, mail <u>ONE</u> copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

COM & NINC Public water Suppliers must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.										
DEP REVIEW STATUS (Initial & Date)	Review									
Accepted Disapproved	Comments									



I. PWS INFO	ORMATI	ON:	Please re	fer to your I	DEP Lead	& Cop	per samplin	g plan f	or approve	d san	npling loca	ations.		
PWS ID #:	2	185	000				City /	Town:	Milford					
PWS Name	: N	lilfo	rd Water	Company					PV	vs c	lass: C	OM 🛛 NTNC		
Routine or Spe	aial Samal		Or	iginal, Resub	mitted or				If Resubmitted Report, list below:					
Routine of Spe	ciai Sampi	les		Confirmation	Report		(1)	Reason	for Resubmi	ssion		(2) Collection Date	of Origina	I Sample
🛛 RS	□ ss		Original	Resubmitte	ed 🗌 Confir	mation	Resampl	e 🗌 Rea	nalysis 🗌 Re	port C	orrection			
SAMPLE NOT	E S – (Such	as, if	a Manifold/N	/lultiple sample	, list the sou	rces tha	at were on-line	during sa	ample collection	on).				
II. ANALYT	ICAL LA	BOF	RATORY	INFORMAT	ION:	_								
Primary Lab	MA Cert.	#:	M-RI010	Primar	y Lab Nam	ew England	Testing L	.ab			Subcontracted	d? (Y/N)	Ν	
Analyte	Action	Leve	l (mg/L)	Lab Me	thod	MD	L (mg/L)	Analys	is Lab MA Ce	ert.#		Analysis Lab N	lame	
Lead:		0.01	5	3113	BB	(0.001		M-RI010			New England Tes	ting Lab	
Copper:		1.3		3120	B		0.01		M-RI010			New England Tes	ting Lab	
LAB SAMPLE	LAB SAMPLE NOTES													
DEP Approved Sample Location Collection Data LEAD COPPER														
DEP / (See DEP ap					Collection	Date	Result (mg/		e Analyzed	Pee	COl sult (mg/L)	PPER Date Analyzed	Lab Sa	mple ID#
· · · ·	8/24/20	016	0.001	-	25/2016	Res	0.04	8/24/2016	C082	24-10A				
6 Mechanic Street 35 Mt. Pleasant Street					8/23/20		ND		3/25/2016		0.06	8/24/2016		24-10B
3 35 Mt. Pleasant Street														
4														
5														
6														
7														
8														
10														
11														
12														
13														
14														
15														
16 17														
18														
19														
20														
Re	port SCHO	OL RE	ESULTS colle	ected in accord	lance with 3 [°]	10 CMR	22.06B (7)(a)	9 below. [Do not use the	se sch	ool results in	n 90 th percentile calc	ulations.	
1														
2														
3														
4		_									-			
I certify under p fill out this form	n and the	inforn	nation conta	ined herein is	true,	Primai	ry Lab Dire	ector S	_		AOWAS)		
accurate and co						ort to v		nal Offici	Date:		31/2016	end of the month in	which you	received

f not submitting these results electronically, mail ONE copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received
this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

COM & NTNC Public Water Suppliers must submi	t Forms LCR-I	D or LCR-E with this form to the appropriate DEP Regional Office.
DEP REVIEW STATUS (Initial & Date)	Review	
Accepted Disapproved	Comments	



I. P	I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.													
PW	S ID #:	2	185000]			City /	Town:	Milford					
PW	S Name	: M	ilford Water	Company					PV	VS Class:				
			Or	riginal, Resub	mitted or				If Resubmitted Report, list below:					
Rout	ine or Spe	cial Sample		Confirmation	Report (1) Reason for R					ssion	of Original Sample			
	🛛 RS	🗆 SS	🛛 Original	Resubmitte	ed 🗌 Confir	mation	Resampl	e 🗌 Rea	nalysis 🗌 Re	port Correction				
SAM	IPLE NOTE	S – (Such a	as, if a Manifold/M	Multiple sample	, list the sou	irces tha	at were on-line	during sa	mple collection	on).	-			
II. A	NALYT		BORATORY	INFORMAT	ION:									
Prin	nary Lab	MA Cert.	#: M-RI010	Primar	y Lab Nan	ne: N	lew England	Festing L	ab		Subcontracte	d? (Y/N) N		
Α	Analyte Action Level (mg/L) Lab Me					MD	L (mg/L)	Analysi	s Lab MA Ce	ert.#	Analysis Lab I	Name		
	Lead:	(0.015	3113	BB	(0.001		M-RI010		New England Tes	ting Lab		
	Copper:		1.3	3120	B		0.01		M-RI010		New England Tes	ting Lab		
LAB	LAB SAMPLE NOTES													
			Sample Locat		Collection	Date		LEAD		-	OPPER	Lab Sample ID#		
			plan for sampling	g locations)			Result (mg/		e Analyzed	Result (mg/	-	-		
1		lain Street			8/23/2		ND		/25/2016	0.04	8/25/2016	C0824-11A		
2	12 Thaye				8/23/20		0.002		/25/2016	0.07	8/25/2016	C0824-11B		
3	10 Wayn				8/22/20		0.001		/25/2016	0.23	8/25/2016	C0824-11C		
4		e Street			8/23/20		0.002		/25/2016	0.19	8/25/2016	C0824-11D		
5 6		ard Street			8/23/2 8/23/2		0.002		/25/2016 /25/2016	0.08	8/25/2016 8/25/2016	C0824-11E C0824-11F		
7		nna Street			8/23/20		0.002		/25/2016	0.10	8/25/2016	C0824-11F		
8	13 Taylo				8/23/20		0.022		/25/2016	0.13	8/25/2016	C0824-11G		
9	,	prook Stre	et		8/23/20		ND		/25/2016	0.13	8/25/2016	C0824-111		
10	33 Walni				8/23/20		ND		/25/2016	0.13	8/25/2016	C0824-11J		
11	oo waa				0, 20, 2	510			20/2010	0110	0/20/2010	00021110		
12														
13														
14														
15														
16														
17														
18														
19														
20														
	Re	port SCHOC	DL RESULTS coll	ected in accord	lance with 3	10 CMR	22.06B (7)(a)	elow. D	o not use the	se school resul	ts in 90 th percentile calc	ulations.		
1														
2														
3														
4														
			aw that I am the			Prima	ry Lab Dire	ector Si	gnature:	BichOlita	Ð			
			nformation conta he best extent of						Date:	8/31/201	6			

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COM & NTNC Public Water Suppliers must subm	COM & NTNC Public Water Suppliers must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.										
DEP REVIEW STATUS (Initial & Date)	Review										
Accepted Disapproved	Comments										



Lead and Copper Analysis Report

I. PV	I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.															
PWS	S ID #:	2	218	5000				City /	Town:	Milford						
PWS	S Name	: 🗌	Milfo	ord Water	Company					PV	NS C	lass: C	OM 🛛 NTNC			
Denti				Or	iginal, Resub	mitted or				If Res	submit	tted Report	, list below:			
Routi	ne or Spe	ciai Samp	bies	1	Confirmation	Report		(1)) Reasor	n for Resubmi	ssion		(2) Collection Date of Original Sample			
	🛛 RS	□ SS		🛛 Original	Resubmitte	ed 🗌 Confir	mation	Resamp	le 🗌 Re	analysis 🗌 Re						
SAM	PLE NOTE	S – (Such	h as, i	if a Manifold/N	Aultiple sample	, list the sou	urces that	at were on-line	e during s	sample collection	on).					
II. A	NALYTI	CAL LA	ABO	RATORY	INFORMAT	ION:										
Prim	nary Lab	MA Cert	t. #:	M-RI010	Primar	y Lab Nan	lew England	Testing	Lab			Subcontracted	:: :: : : : : : : : : : : : : : : : :	Ν		
An	nalyte	Action	n Lev	el (mg/L)	Lab Me	thod	MD	L (mg/L)	Analy	sis Lab MA Ce	ert.#		Analysis Lab N	lame		
	Lead:		0.01		3113		(0.001		M-RI010			New England Tes	ting Lab		
	copper:		1.3	3	3120	B		0.01		M-RI010			New England Tes	ting Lab		
LAB	LAB SAMPLE NOTES															
[
(Se				mple Locat		Collection	n Date	Result (mg/		ate Analyzed	Baa	CO sult (mg/L)	PPER Date Analyzed	Lab San	nple ID#	
(See DEP approved LCR plan for sampling locations) 1 15 Thaver Street					8/25/2	016	0.015		9/1/2016	Res	0.11	9/1/2016	C083	0-19A		
1 15 Thayer Street 2 68 West Street				8/26/2		ND		9/1/2016		0.22	9/1/2016		0-19R			
3												-				
4																
5																
6																
7																
8																
9 10																
10																
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14																
15																
16																
17 18																
19																
20																
	Rep	oort SCHC	DOL R	RESULTS colle	ected in accord	lance with 3	10 CMR	22.06B (7)(a)	9 below.	Do not use the	se sch	ool results i	n 90 th percentile calc	ulations.		
1																
2																
3																
4																
fill ou	it this forn	n and the	infor	rmation conta	person authoriz ined herein is my knowledge	true,	Prima	ry Lab Dire	ector S	Signature: Date:		ADUZas)			
accur	ale and CO	inplete to	ale b		ny nioweuge.					Dale.	- 9,	/6/2016				

f not submitting these results electronically, mail ONE copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received
this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

COM & NTNC Public Water Suppliers must submi	COM & NTNC Public Water Suppliers must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.										
DEP REVIEW STATUS (Initial & Date)	Review										
Accepted Disapproved	Comments										



I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.														
PWS ID #:	21	85000				City /	Town:	Milford						
PWS Name	: Mi	ilford Water	Company					PV	vs c	lass: C	OM 🛛 NTNC			
Routine or Spe	aial Samala	Or	iginal, Resub	mitted or				If Res	submi	tted Report,	, list below:			
Routine or Spe	cial Sample	.5	Confirmation	Report		(1)	Reasor	for Resubmission (2) Collection Date of Origin					l Sample	
🖾 RS				ed Confirmation Resample Reanalysis Report Correctio						orrection				
SAMPLE NOTE	5 – (Such a	as, if a Manifold/N	Aultiple sample	e, list the sour	ces tha	at were on-line	during	ample collection	on).					
II. ANALYTI	CAL LAE	BORATORY		FION:										
Primary Lab	MA Cert. #	#: M-RI010	Primar	y Lab Nam	ew England	Testing	Lab			Subcontracted	1? (Y/N)	Ν		
Analyte		Level (mg/L)	Lab Me	thod	MD	L (mg/L)	Analys	sis Lab MA Ce	ert.#		Analysis Lab N	lame		
Lead:	0	0.015	3113			0.001		M-RI010			New England Test	-		
Copper:		1.3	3120)B		0.01		M-RI010			New England Test	ting Lab		
LAB SAMPLE NOTES														
DEP Approved Sample Location Collection Data LEAD COPPER														
		plan for sampling		Collection	Date	Result (mg/		te Analyzed	Res	sult (mg/L)	Date Analyzed	Lab Sar	nple ID#	
1 31 Jillson Circle				8/25/20	16	ND	_,	9/1/2016		0.20	9/1/2016	C08:	30-20	
2														
3														
4														
5														
6 7														
8														
9														
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13														
14 15							_							
16														
17														
18														
19														
20											th			
1	oort SCHOO	L RESULTS coll	ected in accord	dance with 31	0 CMR	22.06B (7)(a)	9 below.	Do not use the	se sch	nool results in	n 90 th percentile calc	ulations.		
2														
3					\rightarrow									
4														
		aw that I am the j		zed to P	rimar	ry Lab Dire	ector S	Signature:	Bie	AOW)			
		nformation conta le best extent of						Date:		/6/2016				
										, 5, 2010				

If not submitting these results electronically, mail <u>ONE</u> copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

DEP REVIEW STATUS (Initial & Date) Review Comments	COM & NTNC Public Water Suppliers must submit	Forms LCR-I	D or LCR-E with this form to the appropriate DEP Regional Office.
	DEP REVIEW STATUS (Initial & Date)	Review	
Connents	Accepted Disapproved	Comments	



I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.																	
PWS ID #:	/S ID #: 2185000 City / Town:								Milford								
PWS Name	lame: Milford Water Company									PWS Class: COM 🛛 NTNC 🗌 TNC 🗌							
Routine or Special Samples Original, Resubmitted or							If Resubmitted Report, list below:										
Routine of Spe	ciai Sampi	163		Confirmation	Report		(1)	(1) Reason for Resubmission (2) Collection Date of Original									
🖾 RS				Resubmitte			4		analysis 🗌 Re		orrection						
SAMPLE NOTE	S – (Such	as, if a	Manifold/N	Aultiple sample	, list the sou	rces tha	it were on-line	during s	ample collection	on).							
II. ANALYTI	CAL LA	BOR	ATORY	INFORMAT	ION:												
Primary Lab	MA Cert.	#:	M-RI010	Primar	y Lab Nam	ne: N	ew England	Festing	Lab			Subcontracted? (Y/N) N					
Analyte	Action	Level	(mg/L)	Lab Me	thod	MDI	L (mg/L)	Analy	sis Lab MA Ce	ert.#		Analysi	s Lab N	ame			
Lead:		0.015		3113			0.001		M-RI010			New Engla		-			
Copper:		1.3		3120)B		0.01		M-RI010			New Engla	nd Test	ing Lab			
LAB SAMPLE	NOTES																
										r							
DEP / (See DEP app	Approved LCB				Collection	Date	Result (mg/		te Analyzed	Boo	CO sult (mg/L)	PPER Date Analyzed		Lab Sample ID#			
1 21 West		(plan i	or sampling	g 1000010113)	9/7/20	16	ND		9/9/2016	Res	0.03	9/8/20		C.09	07-31		
2					5/1/20	10			5/5/2010		0.00	5/0/20	/10	0030	57-51		
3																	
4																	
5																	
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fill out this form accurate and co					true,				Date:		13/2016						
If not submittin	n these res	sults ele	ectronically	mail ONE co	ov of this ren	ort to vo	our DFP Reaid	nal Offic	e no later thar			end of the m	onth in v	which you	received		

If not submitting these results electronically, mail <u>ONE</u> copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

COM & NTNC Public Water Suppliers must subm	it Forms LCR-	D or LCR-E with this form to the appropriate DEP Regional Office.
DEP REVIEW STATUS (Initial & Date)	Review	
Accepted Disapproved	Comments	



I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.																		
PW	S ID #:	2	2185000 City / Town:							n: Milford	Milford							
PW	S Name:	: M	Milford Water Company								PWS Class: COM 🛛 NTNC 🗌 TNC 🗌							
Original, Resubmitted or								If Resubmitted Report, list below:										
Routi	ne or Spec	cial Sampl	es		Confirmat				(1	(1) Reason for Resubmission (2) Collection Date of Ori							Sample	
	🛛 RS [SS 🗌		🛛 Original	Resub	mitted	Confir	mation	🗌 Resamp	Resample Reanalysis Report Correction								
SAM	PLE NOTE	S – (Such	as, if	a Manifold/I	Multiple sa	mple, l	list the sou	urces that	at were on-line	e during	sample collection	on).						
II. ANALYTICAL LABORATORY INFORMATION:																		
Prim	nary Lab I	MA Cert.	#:	M-RI010	Prir	nary	Lab Nan	ne: N	New England	Testing	g Lab			Subcontrac	ted? (Y/N)	Ν	
Ar	nalyte	Action	Leve	el (mg/L)	Lab	Meth	od	MD	DL (mg/L)	Anal	ysis Lab MA Ce	ert.#		Analysis La	b Nam	е		
	Lead:		0.01	5	3	8113B	3		0.001		M-RI010			New England	resting	Lab		
C	opper:		1.3		3	3120B	3		0.01		M-RI010			New England	resting	Lab		
LAB	SAMPLE	NOTES																
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(0.				nple Loca		、 I	Collection	n Date		LEAI	1			PPER	. L	Lab Sample ID#		
	е DEP арр	proved LCR	t piar	n for samplin	g locations)			Result (mg	/L) I	Date Analyzed	Res	ult (mg/L)	Date Analyze	d			
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f not submitting these results electronically, mail <u>ONE</u> copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report <u>or</u> no later than 10 days after the end of the reporting period, whichever is sooner.

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