

## **Lead and Copper Analysis Report**

I. P	I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.															
PWS ID #:				35000	1			City /		MILFOR						
PWS Name:					Donartman	.4						COM M NITHO THOU				
FVV	S Name.	L	IVIIII	oru water	Departmen	ıt		r		VS Class. (	COM NTNC TNC					
Rout	ine or Spec	ial San	noles		iginal, Resubi				If Resubmitted Report, list below:							
Routine or Special Samples Confirmation I						Report		(1)	Reason	for Resubmi	ssion	(2) Collection Date	of Original Sample			
	⊠ RS [	□SS		☑ Original	Resubmitte	d 🗌 Confir	mation	☐ Resamp	e 🗌 Rea	nalysis 🗌 Re	port Correction					
SAN	IPLE NOTE	<b>S</b> – (Su	ch as,	if a Manifold/N	Multiple sample	, list the sou	urces th	at were on-line	during sa	mple collection	on).					
II. ANALYTICAL LABORATORY INFORMATION:																
Drin	nary Lab I	MA Co.	rt #.	M-RI010	Driman	y Lab Nan	no: [1	New England	v England Testing Lab Subcontracted? (Y/N)							
Ť						,						<u> </u>				
А	nalyte	Acti		vel (mg/L)	Lab Met 3113			OL (mg/L)		s Lab MA Ce	rt.#	Analysis Lab Name				
_	Lead: Copper:		0.0		3120			0.001		M-RI010 M-RI010		New England Tes  New England Tes				
	SAMPLE N	IOTES		<u> </u>	3120	, D		0.01		WI-IXIO IO		New Lingianu Tes	ting Lab			
	OAIIII EE I	10120														
(S				ample Locate an for sampling		Collection Date		Result (mg/	LEAD	e Analyzed	Result (mg/L)	PPER Date Analyzed	Lab Sample ID#			
1	10 Calvin		OT PIC	arrior ournpling	g locations)	8/28/2	013	0.033	-	/29/2013	0.12	8/30/2013	Z0829-19			
2	247 Cong		:t			8/29/2		<0.001		/29/2013	0.12	8/30/2013	Z0829-19 Z0829-19			
3	9 North V					8/28/2		0.008		/29/2013	0.22	8/30/2013	Z0829-19			
4	12 Thaye				8/28/2		0.055		/29/2013	0.44	8/30/2013	Z0829-19				
5	12 Leona					8/28/2013		<0.001		/29/2013	0.02	8/30/2013	Z0829-19			
6	27 Westb	t			8/27/2013		<0.001	_	/29/2013	0.18	8/30/2013	Z0829-19				
7	68 West				8/28/2		<0.001		/29/2013	0.14	8/30/2013	Z0829-19				
8	5 Calvin I				8/27/2013		<0.001		/29/2013	0.20	8/28/2013	Z0827-57				
9	19 Cherry				8/27/2013		0.002	8	/29/2013	0.18	8/28/2013	Z0827-57				
10	24 Congr				8/26/2	013	0.005	8	/29/2013	0.01	8/28/2013	Z0827-57				
11	•						013	<0.001	8	/29/2013	0.16	8/28/2013	Z0827-57			
12	5 Gibbon	Ave				8/27/2	013	0.001	8	/29/2013	0.14	8/28/2013	Z0827-57			
13 54 Grove St						8/26/2	013	0.002	8	/29/2013	0.12	8/28/2013	Z0827-57			
14	14 25 Hamilton St						013	0.002	8	/29/2013	0.11	8/28/2013	Z0827-57			
15	15 27 Hamilton St						013	<0.001	8	/29/2013	0.20	8/28/2013	Z0827-57			
16	16 30 Jillson Circle						013	0.001	8	/29/2013	0.19	8/28/2013	Z0827-57			
17	6 Mechar	nic St				8/27/2	013	<0.001	8	/29/2013	0.06	8/28/2013	Z0827-57			
18	5 Nolan A					8/27/2		0.002		/29/2013	0.14	8/28/2013	Z0827-57			
19	9 Nolan A					8/27/2		0.003		/29/2013	0.13	8/28/2013	Z0827-57			
20	65 So. M					8/27/2		<0.001		/29/2013	0.03	8/28/2013	Z0827-57			
	Rep	ort SCF	IOOL F	RESULTS coll	ected in accord	ance with 3	10 CMR	22.06B (7)(a)	below. D	o not use the	se school results i	n 90 <sup>th</sup> percentile calc	ulations.			
1							8/27/2013			/29/2013	0.15	8/28/2013	Z0827-59			
2	110 Cong				8/27/2013		<0.001	_	/29/2013	0.14	8/28/2013	Z0827-59				
3 96 Medway Rd - 116a						8/27/2013		0.001		/29/2013	0.19	8/28/2013	Z0827-59			
											Z0827-59					
I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true,																
accurate and complete to the best extent of my knowledge.  Date: 9/27/2013  If 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 or no later than 10 days after the end of the reporting period, whichever is sooner.																
	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																
	ccepted _			_ Disapp	proved		Comi	ments								
												Page 1	of 3			



## **Lead and Copper Analysis Report**

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.																		
PW	S ID #:		218	35000	]			City /	City / Town: MILFORD									
PWS Name:			Milfo	ord Water	Departmen	t		PWS Class: COM ⋈ NTNC ☐ TNC										
					ininal Bassis	:	If Desubmitted Depart list below											
Routi	ine or Spec	cial San	nples		iginal, Resubr Confirmation l			(1)	(1) Reason for Resubmission (2) Collection Date of Original Sa									
							mation	,	Resample Reanalysis Report Correction									
SAM			ch as,					<u> </u>		sample collection								
						,				•	,							
II A	ΝΔΙ ΥΤΙ	CALI	ΔRO	RATORY	INFORMAT	ION·												
	nary Lab			M-RI010		/ Lab Nan	no: N	lew England	/ England Testing Lab Subcontracted? (Y/I									
	nalyte			rel (mg/L)		,				ysis Lab MA Ce	rt #	Analysis Lab Name						
A	Lead:	Acti	0.0	` • ·	Lab Method 3113B			0.001		M-RI010	11.77		New England Test					
-	Copper:		1.3	_	3120			0.01		M-RI010			New England Test					
	SAMPLE	NOTES																
DEP Approved Sample Location LEAD COPPER																		
(Se				imple Locat an for sampling		Collection	n Date	Result (mg/		Date Analyzed	Result (mg/L)		Date Analyzed	Lab Sample ID#				
1	15 Thaye	er St	•	•	,	8/27/2013		0.002		8/29/2013	0.04	•	8/28/2013	Z0827-57				
2	10 Wavn		1			8/26/2		0.001		8/29/2013	0.32		8/28/2013	Z0827-57				
3	14 West	Pine St	t			8/26/2	013	<0.001		8/29/2013	0.18	}	8/28/2013	Z0827-57				
4	25 Leona	ard St				8/27/2013		0.003		8/29/2013	0.04		8/28/2013	Z0827-57				
5	35 Mt. Pl	easant	St			8/27/2013		0.001		8/29/2013		<b>0.04</b> 8/28/2013		Z0827-57				
6	10 Raver	nna St				8/27/2013		0.002		8/29/2013		<b>0.15</b> 8/28/2013		Z0827-57				
7	13 Taylor	r St				8/27/2013		0.001		8/29/2013		0.01 8/28/2013		Z0827-57				
8	23 Westbrook St					8/26/2013		0.001		8/29/2013	<0.0	1	8/28/2013	Z0827-57				
9	33 Walnut St					8/27/2013		0.002		8/29/2013	0.12	2	8/28/2013	Z0827-57				
10	37 Jillson Circle				8/30/2013		<0.001		9/10/2013	0.14	ļ.	9/10/2013	Z0903-38					
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18 19																		
20																		
20	Rep	ort SCH	HOOL F	RESULTS colle	ected in accord	ance with 3	10 CMR	22.06B (7)(a)	9 below	. Do not use the	se school re	sults ir	n 90 <sup>th</sup> percentile calc	ulations.				
1								. , , ,										
2																		
3																		
4																		
fill ou accu	ut this form rate and co	n and the implete	ne infoi to the b	rmation conta pest extent of l	person authoriz ined herein is my knowledge.	true,				Signature: Date:	10/8/2	013						
ıı no	Ji SUDMITTIN	y iriese	resuits							rice no later than orting period, wh			end of the month in	wnich you received				
	C	0M & N	NTNC	Public Wate	r Suppliers m	ust submi	t Forms	LCR-D or L	.CR-E	with this form	to the appr	opriat	te DEP Regional (	Office.				
DEP REVIEW STATUS (Initial & Date)  Review																		
□ A	ccepted _			☐ Disapp	proved		Comn	nents										
													Page 2	of 3				

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## Massachusetts Department of Environmental Protection - Drinking Water Program Lead and Copper - 90<sup>th</sup> PERCENTILE COMPLIANCE Report (For Systems Required to Collect More Than 5 Samples)

. 514	I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.																			
			, , , , , , , , , , , , , , , , , , , ,																	
PWS ID #:			2185000 City / Town:									MILFORD								
PWS	Name:	l	Milford Water Department									PWS Class: COM ⊠ NTNC □								
Sam	oling		☐ FIRST SEMI-ANNUAL SAMPLING PERIOD										☐ REDUCED - EVERY THREE YEARS							
Frequency:			☐ SECOND SEMI-ANNUAL SAMPLING PERIOD										☐ LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM							
(choos	e one)		☐ REDUCED – ANNUAL										ISTRATION							
Step 1: Place <i>lead</i> results in ascending order (from lowest to highest value) with lowest value at Please report results that are ND or less than (<) the laboratory's reported detection limit (MDL) limit (MDL) but below 0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as measure mg/L for copper.  Step 2: Multiply the total number of samples collected by 0.9 (this is your 90 <sup>th</sup> percentile sample necessary.  Step 3: Compare the sample result at the 90th percentile sample number against the correspondence.												DL) as zero. Results at or above the laboratory's detection ured or may be reported as 0.0025 mg/L for lead or 0.025 mple number). Round to the nearest whole number, if								
	than the action level, then you have an exceedance and are required to contact MassDEP as soon as possible for information on compliance actions.																			
Note:	Do not inclu	de sc	hool results	on this	form unless	the P	NS is a school	ol.												
LEAD RESULTS (mg/L)  COPPER RESULTS (mg/L)																				
#										Resul	lts	#	Results	#	Results	#	Results			
1*	<0.001	16	0.001	31		46			1*	<0.0	1	16	0.14	31		46				
2	<0.001	17	0.001	32		47			2	0.01	1	17	0.14	32		47				
3	<0.001	18	0.002	33		48			3	0.01	I	18	0.14	33		48				
4	<0.001	19	0.002	34		49			4	0.02	2	19	0.15	34		49				
5	<0.001	20	0.002	35		50			5	0.03	3	20	0.16	35		50				
6	<0.001	21	0.002	36		51			6	0.04	1	21	0.18	36		51				
7	<0.001	22	0.002	37		52			7	0.04	1	22	0.18	37		52				
8	<0.001	23	0.002	38		53			8	0.04	1	23	0.18	38		53				
9	<0.001	24	0.002	39		54			9	0.06	6	24	0.19	39		54				
10	<0.001	25	0.003	40		55			10	0.11	1	25	0.20	40		55				
11	<0.001	26	0.003	41		56			11	0.12	2	26	0.20	41		56				
12	0.001	27	0.005	42		57			12	0.12	2	27	0.22	42		57				
13	0.001	28	0.008	43		58			13	0.12	2	28	0.23	43		58				
14	0.001	29	0.033	44		59			14	0.13	3	29	0.32	44		59				
15	0.001	30	0.055	45		60			15	0.14	1	30	0.44	45		60				
	est Value							,												
,	My system was required to collect:30 lead and copper samples. My system collected:30 lead and copper samples. Total # of samples collected:30 x $0.9 = 27$ This number is my system's $90^{th}$ percentile sample #. Circle the $90^{th}$ percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.																			
	0.0	005			Compared	to <u>0.0</u>	)15 mg/L		<b>0.22</b> Compared to <u>1.3</u>							mg/L				
(Lead	result at 90 <sup>th</sup>	percer	tile sample#)		(The lea	d actior	level)		(Copper result at 90 <sup>th</sup> percentile sample#) (The copper action le							level)				
II. CE	RTIFICAT	ION:																		
you m	Check and complete the correct statement for lead as determined by the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.  My system was at or below the lead action level.																			
	☐ My syst	em <b>e</b>	xceeded th	ne lead	d action lev	el and		rt#	of samp	oles)	san	npling	sites <b>exc</b>	eeded	the lead a	ction le	vel.			
systen	n you must o	compl	y with the Co	onsume	er Confidenc	e Rule	rmined from to (CCR) repor										unity			
	<ul> <li>✓ My system was at or below the copper action level.</li> <li>✓ My system exceeded the copper action level and sampling sites exceeded the copper action level.</li> </ul>																			
I have a	(Insert # of samples)  My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP and that I have complied with 310 CMR 22.06B(7).  I have also notified the owner of each sampling site of their sites' individual results. I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.																			
Title Signature of PWS or Owner's Representative Date																				