



Lead and Copper Analysis Report

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **2185000** City / Town: **MILFORD, MA**
 PWS Name: **Milford Water Company** PWS Class: COM NTNC TNC

Routine or Special Samples	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-CT008** Primary Lab Name: **Premier Laboratory, Inc.** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	200.8	0.001	M-CT008	Premier Laboratory, Inc.
Copper:	1.3	200.8	0.001	M-CT008	Premier Laboratory, Inc.

LAB SAMPLE NOTES

DEP Approved Sample Location (See DEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 5 Calvin Drive-2185000-01	3/9/2011	0.0011	3/14/2011	0.31	3/14/2011	E103806-1
2 10 Calvin Drive-2185000-03	3/8/2011	0.0058	3/10/2011	0.19	3/10/2011	E103517-1
3 24 Congress Street-2185000-08	3/7/2011	0.028	3/11/2011	0.15	3/11/2011	E103517-2
4 5 Gibbon Ave.-2185000-16	3/8/2011	0.0076	3/11/2011	0.16	3/11/2011	E103517-4
5 25 Hamilton Street-2185000-21	3/8/2011	0.0010	3/11/2011	0.11	3/11/2011	E103517-6
6 27 Hamilton Street-2185000-22	3/8/2011	0.0032	3/11/2011	0.096	3/11/2011	E103517-7
7 30 Jillson Circle-2185000-29	3/9/2011	0.012	3/14/2011	0.31	3/14/2011	E103806-2
8 12 Manoogian Circle-2185000-36	3/8/2011	0.0013	3/11/2011	0.23	3/11/2011	E103517-9
9 5 Nolan Ave.-2185000-43	3/9/2011	0.0014	3/14/2011	0.30	3/14/2011	E103806-4
10 9 Nolan Ave.-2185000-45	3/8/2011	0.011	3/11/2011	0.20	3/11/2011	E103517-10
11 9 North Vine Street-2185000-47	3/8/2011	0.010	3/10/2011	0.16	3/10/2011	E103516-1
12 65 South Main St.-2185000-57	3/8/2011	0.0010	3/10/2011	0.075	3/10/2011	E103516-2
13 10 Wayne Road-2185000-63	3/8/2011	0.0020	3/10/2011	0.19	3/10/2011	E103516-4
14 14 West Pine Street-2185000-64	3/8/2011	0.0065	3/10/2011	0.20	3/10/2011	E103516-5
15 12 Leonard Street-2185000-75	3/8/2011	0.0033	3/10/2011	0.071	3/10/2011	E103516-6
16 25 Leonard Street-2185000-76	3/8/2011	0.0055	3/10/2011	0.040	3/10/2011	E103516-7
17 50 Mt. Pleasant St.-2185000-78	3/15/2011	0.0023	3/16/2011	0.42	3/16/2011	E103980-1
18 23 Westbrook Street-2185000-90	3/8/2011	0.0030	3/10/2011	0.52	3/10/2011	E103516-8
19 27 Westbrook Street-2185000-91	3/8/2011	0.0026	3/10/2011	0.34	3/10/2011	E103516-9
20 33 Walnut Street-2185000-95	3/8/2011	0.0031	3/10/2011	0.074	3/10/2011	E103516-10

Report SCHOOL RESULTS collected in accordance with 310 CMR 22.06B (7)(a)9 below. Do not use these school results in 90th percentile calculations.

1 76 School Street	3/8/2011	0.0015	3/10/2011	0.16	3/10/2011	E103514-1
2 96 1/2 East Main Street	3/8/2011	0.0028	3/10/2011	0.11	3/10/2011	E103514-2
3						
4						

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.

Primary Lab Director Signature: _____

Date: _____

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 Comments
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	



Massachusetts Department of Environmental Protection - Drinking Water Program **LCR-C**
Lead and Copper Analysis Report

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **2185000** City / Town: **MILFORD, MA**
PWS Name: **Milford Water Company** PWS Class: COM NTNC TNC

Routine or Special Samples	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-CT008** Primary Lab Name: **Premier Laboratory, Inc.** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	200.8	0.001	M-CT008	Premier Laboratory, Inc.
Copper:	1.3	200.8	0.001	M-CT008	Premier Laboratory, Inc.

LAB SAMPLE NOTES

DEP Approved Sample Location (See DEP approved LCR plan for sampling locations)		Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1	68 West Street-2185000-98	3/10/2011	0.0026	3/14/2011	0.37	3/14/2011	E103806-7
2	10 Revenna Street-2185000-80	3/8/2011	0.0042	3/14/2011	0.16	3/14/2011	E103806-6
3	247 Congress Street-2185000-10	3/8/2011	0.0057	3/11/2011	0.070	3/11/2011	E103517-3
4	19 Cherry Street-2185000-06	3/11/2011	0.013	3/14/2011	0.50	3/14/2011	E103806-8
5	15 Thayer Street-2185000-60	3/8/2011	0.016	3/10/2011	0.34	3/10/2011	E103516-3
6	54 Grove Street-2185000-20	3/8/2011	0.0039	3/11/2011	0.072	3/11/2011	E103517-5
7	37 Jillson Circle-2185000-31	3/8/2011	0.0015	3/11/2011	0.14	3/11/2011	E103517-8
8	16 Mechanic Street-2185000-42	3/9/2011	<0.0010	3/14/2011	0.020	3/14/2011	E103806-3
9	12 Thayer Street-2185000-59	3/9/2011	0.0063	3/14/2011	0.11	3/14/2011	E103806-5
10	13 Taylor Street-2185000-84	3/15/2011	0.34	3/16/2011	0.22	3/16/2011	E103980-2
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Report SCHOOL RESULTS collected in accordance with 310 CMR 22.06B (7)(a)9 below. Do not use these school results in 90th percentile calculations.

	Address	Collection Date	LEAD Result (mg/L)	LEAD Date Analyzed	COPPER Result (mg/L)	COPPER Date Analyzed	Lab Sample ID#
1	76 School Street	3/8/2011	0.0015	3/10/2011	0.16	3/10/2011	E103514-1
2	96 1/2 East Main Street	3/8/2011	0.0028	3/10/2011	0.11	3/10/2011	E103514-2
3							
4							

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.

Primary Lab Director Signature: _____

Date: _____

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 Comments
<input type="checkbox"/> Accepted _____ <input type="checkbox"/> Disapproved _____	



Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **2185000** City / Town: **MILFORD, MA**

PWS Name: **Milford Water Company** PWS Class: **COM** **NTNC**

Sampling Frequency: (choose one)	<input type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> REDUCED - EVERY THREE YEARS
	<input type="checkbox"/> SECOND SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	<input checked="" type="checkbox"/> REDUCED - ANNUAL	<input type="checkbox"/> DEMONSTRATION

Step 1: Place *lead* results in ascending order (from lowest to highest value) with lowest value at # 1, in the table below. Repeat for *copper* results. Please report results that are ND or less than (<) the laboratory's reported detection limit (MDL) as zero. Results at or above the laboratory's detection limit (MDL) but below 0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as measured or may be reported as 0.0025 mg/L for lead or 0.025 mg/L for copper.

Step 2: Multiply the total number of samples collected by 0.9 (this is your 90th percentile sample number). Round to the nearest whole number, if necessary.

Step 3: Compare the sample result at the 90th percentile sample number against the corresponding action level. If the 90th percentile value is higher 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 include school results on this form unless the PWS is a school.

#	Results	#	Results	#	Results	#	Results
1*	<0.0010	16	0.0039	31		46	
2	<0.0010	17	0.0042	32		47	
3	<0.0010	18	0.0055	33		48	
4	0.0011	19	0.0057	34		49	
5	0.0013	20	0.0058	35		50	
6	0.0014	21	0.0063	36		51	
7	0.0015	22	0.0065	37		52	
8	0.0020	23	0.0076	38		53	
9	0.0023	24	0.010	39		54	
10	0.0026	25	0.011	40		55	
11	0.0026	26	0.012	41		56	
12	0.0030	27	0.013	42		57	
13	0.0031	28	0.016	43		58	
14	0.0032	29	0.028	44		59	
15	0.0033	30	0.34	45		60	

#	Results	#	Results	#	Results	#	Results
1*	0.020	16	0.19	31		46	
2	0.040	17	0.19	32		47	
3	0.070	18	0.20	33		48	
4	0.071	19	0.20	34		49	
5	0.072	20	0.22	35		50	
6	0.074	21	0.23	36		51	
7	0.075	22	0.30	37		52	
8	0.096	23	0.31	38		53	
9	0.11	24	0.31	39		54	
10	0.11	25	0.34	40		55	
11	0.14	26	0.34	41		56	
12	0.15	27	0.37	42		57	
13	0.16	28	0.42	43		58	
14	0.16	29	0.50	44		59	
15	0.16	30	0.52	45		60	

*Lowest 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 90th percentile sample #.

Circle the 90th percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

<u>0.013</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.37</u> (Copper result at 90 th percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
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II. CERTIFICATION:

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 system exceeded the lead action level and 0 sampling sites exceeded the lead action level.
(Insert # of samples)

Check and complete the correct statement for copper as determined from 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 copper action level.
- My system exceeded the copper action level and 0 sampling sites exceeded the copper action level.
(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.

General Manager
Title

Signature of PWS or Owner's Representative

03/18/2011
Date

Please submit Form LCR-C along with this form.