

**Lead and Copper Analysis Report**

RECEIVED OCT 06 2008

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

PWS ID #: **1191000** City / Town: **MONSON**  
 PWS Name: **Monson Water & Sewer Dept.** 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 checked="" type="checkbox"/> RS <input 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. #: **MA138** Primary Lab Name: **Spectrum Analytical, 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	0.0005	MA138	Spectrum Analytical, Inc.
Copper:	1.3	200.8	0.0005	MA138	Spectrum Analytical, 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	46 Bethany Rd.	9/5/2008	0.0006	9/9/2008	0.0167	9/9/2008	SA84130-01
2	17 Bethany Rd.	9/3/2008	0.0025	9/22/2008	0.0400	9/22/2008	SA84130-02
3	42 Circle Dr.	9/4/2008	ND	9/9/2008	0.0385	9/9/2008	SA84130-03
4	35 Country Club Dr.	9/3/2008	0.0013	9/9/2008	0.0330	9/9/2008	SA84130-04
5	33 Cushman St.	9/3/2008	0.0017	9/9/2008	0.0617	9/9/2008	SA84130-05
6	4 Hampden Ave.	9/3/2008	0.0006	9/9/2008	0.0527	9/9/2008	SA84130-06
7	20 Highland Ave.	9/3/2008	0.0021	9/9/2008	0.0432	9/9/2008	SA84130-07
8	22 Highland Ave.	9/4/2008	0.0020	9/9/2008	0.0460	9/9/2008	SA84130-08
9	8 King Ln.	9/3/2008	0.0022	9/9/2008	0.0815	9/9/2008	SA84130-09
10	2 Maple Lawn Dr.	9/3/2008	0.0020	9/9/2008	0.0507	9/9/2008	SA84130-10
11	9 Mechanic St.	9/4/2008	0.0014	9/9/2008	0.0720	9/9/2008	SA84130-11
12	9 Mill St.	9/3/2008	0.0007	9/9/2008	0.0367	9/9/2008	SA84130-12
13	8 North Ln.	9/3/2008	0.0022	9/9/2008	0.101	9/9/2008	SA84130-13
14	5 Spring St.	9/3/2008	0.0009	9/9/2008	0.0691	9/9/2008	SA84130-14
15	126 U. Palmer Rd.	9/3/2008	0.0010	9/9/2008	0.0264	9/9/2008	SA84130-15
16	21 Woodridge Rd.	9/4/2008	0.0009	9/9/2008	0.0532	9/9/2008	SA84130-16
17	19 Woodridge Rd.	9/3/2008	0.0009	9/9/2008	0.0570	9/9/2008	SA84130-17
18	8 Whitney #2	9/5/2008	0.0005	9/9/2008	0.0454	9/9/2008	SA84130-18
19	8 Whitney #5	9/3/2008	ND	9/9/2008	0.0159	9/9/2008	SA84130-19
20	144 Palmer Rd.	9/3/2008	0.0108	9/9/2008	0.0930	9/9/2008	SA84130-20

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

1	Middle School Cafeteria	9/3/2008	0.0060	9/9/2008	0.0728	9/9/2008	SA84130-21
2	Middle School Fountain	9/3/2008	0.0017	9/9/2008	0.0771	9/9/2008	SA84130-22
3	Quarry Hill School Cafeteria	9/3/2008	0.0094	9/9/2008	0.0382	9/9/2008	SA84130-23
4	Quarry Hill School Fountain	9/3/2008	0.0006	9/9/2008	0.0657	9/9/2008	SA84130-24

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: 9/25/08

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 &amp; 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 - 90<sup>th</sup> 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 #: **1191000** City / Town: **MONSON**

PWS Name: **Monson Water & Sewer Department** PWS Class: **COM**  **NTNC**

Sampling Frequency: (choose one)	<input type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input checked="" type="checkbox"/> REDUCED - EVERY THREE YEARS
	<input type="checkbox"/> SECOND SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	<input 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 90<sup>th</sup> 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	16	0.0021	31		46	
2	0	17	0.0022	32		47	
3	0.0005	18	0.0022	33		48	
4	0.0006	19	0.0025	34		49	
5	0.0006	20	0.0108	35		50	
6	0.0007	21		36		51	
7	0.0009	22		37		52	
8	0.0009	23		38		53	
9	0.0009	24		39		54	
10	0.0010	25		40		55	
11	0.0013	26		41		56	
12	0.0014	27		42		57	
13	0.0017	28		43		58	
14	0.0020	29		44		59	
15	0.0020	30		45		60	

#	Results	#	Results	#	Results	#	Results
1*	0.0159	16	0.0691	31		46	
2	0.0167	17	0.0720	32		47	
3	0.0264	18	0.0815	33		48	
4	0.0330	19	0.0930	34		49	
5	0.0367	20	0.1010	35		50	
6	0.0385	21		36		51	
7	0.0400	22		37		52	
8	0.0432	23		38		53	
9	0.0454	24		39		54	
10	0.0460	25		40		55	
11	0.0507	26		41		56	
12	0.0527	27		42		57	
13	0.0532	28		43		58	
14	0.0570	29		44		59	
15	0.0617	30		45		60	

\*Lowest Value  
My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 This number is my system's 90<sup>th</sup> percentile sample #.

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

<u>0.0022</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.0815</u> (Copper result at 90 <sup>th</sup> 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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.

Superintendent \_\_\_\_\_ Title \_\_\_\_\_  
Signature of PWS or Owner's Representative C. W. Daloz  
Date 10/7/2008