



## Lead and Copper Analysis Report

SEP 24 2014

## I. PWS INFORMATION: Please refer to your DEP Lead &amp; 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. #: **MA-100** Primary Lab Name: **Con-Test Analytical Lab** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.0005	MA-100	CONTEST LAB
Copper:	1.3	EPA 200.8	0.001	MA-100	CONTEST LAB

## 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 17 Bethany Road	8/27/2014	0.00093	9/2/2014	0.057	9/8/2014	14H1330-01
2 42 Circle Drive	8/27/2014	0.00070	9/2/2014	0.21	9/2/2014	14H1330-02
3 33 Cushman Street	8/27/2014	0.0031	9/2/2014	0.17	9/2/2014	14H1330-03
4 4 Hampden Avenue	8/27/2014	0.0019	9/2/2014	0.084	9/2/2014	14H1330-04
5 36 State Street	8/27/2014	0.00090	9/2/2014	0.051	9/2/2014	14H1330-05
6 22 Highland Avenue	8/27/2014	0.0015	9/2/2014	0.032	9/2/2014	14H1330-06
7 8 King Lane	8/28/2014	0.0053	9/2/2014	0.21	9/2/2014	14H1330-07
8 9 Mechanic Street	8/27/2014	ND	9/2/2014	0.027	9/2/2014	14H1330-08
9 9 Mill Street	8/27/2014	0.0026	9/2/2014	0.180	9/2/2014	14H1330-09
10 8 North Lane	8/27/2014	0.0082	9/2/2014	0.480	9/2/2014	14H1330-10
11 5 Spring Street	8/27/2014	0.00054	9/2/2014	0.035	9/2/2014	14H1330-11
12 19 Woodridge Road	8/27/2014	0.0011	9/2/2014	0.10	9/2/2014	14H1330-12
13 144 Palmer Road	8/27/2014	0.0013	9/2/2014	0.036	9/2/2014	14H1330-13
14 29 Circle Drive	8/27/2014	0.00097	9/2/2014	0.064	9/2/2014	14H1330-14
15 40 Country Club Drive	8/27/2014	ND	9/2/2014	0.034	9/2/2014	14H1330-15
16 4 Country Club Lane	8/27/2014	0.0016	9/2/2014	0.070	9/2/2014	14H1330-16
17 5 Macomber Road	8/27/2014	0.00090	9/2/2014	0.028	9/2/2014	14H1330-17
18 228 Palmer Road	8/27/2014	0.0032	9/2/2014	0.10	9/2/2014	14H1330-18
19 24 Pease Road	8/28/2014	0.0045	9/2/2014	0.11	9/2/2014	14H1330-19
20 66 Margaret Street	8/27/2014	0.0011	9/2/2014	0.075	9/2/2014	14H1330-20

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 Caf. Sink	8/27/2014	0.00078	9/8/2014	0.032	9/8/2014	14H1329-01
2 Middle School Fountain	8/27/2014	0.0012	9/8/2014	0.069	9/8/2014	14H1329-02
3 Quarry Hill Caf. Sink	8/27/2014	0.00068	9/8/2014	0.026	9/8/2014	14H1329-03
4 Quarry Hill Fountain	8/27/2014	ND	9/8/2014	0.14	9/8/2014	14H1329-04

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: Tod KoppDate: 9/19/14

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-D**  
**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.

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0	16	0.0031	31		46	
2	0	17	0.0032	32		47	
3	0.00054	18	0.0045	33		48	
4	0.0007	19	0.0053	34		49	
5	0.0009	20	0.0082	35		50	
6	0.0009	21		36		51	
7	0.00093	22		37		52	
8	0.00097	23		38		53	
9	0.0011	24		39		54	
10	0.0011	25		40		55	
11	0.0013	26		41		56	
12	0.0015	27		42		57	
13	0.0016	28		43		58	
14	0.0019	29		44		59	
15	0.0026	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.027	16	0.170	31		46	
2	0.028	17	0.180	32		47	
3	0.032	18	0.210	33		48	
4	0.034	19	0.210	34		49	
5	0.035	20	0.480	35		50	
6	0.036	21		36		51	
7	0.051	22		37		52	
8	0.057	23		38		53	
9	0.064	24		39		54	
10	0.070	25		40		55	
11	0.075	26		41		56	
12	0.084	27		42		57	
13	0.100	28		43		58	
14	0.100	29		44		59	
15	0.110	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>0.0045</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.210</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 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 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

9/30/14  
 Date

