



Lead and Copper Analysis Report

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

PWS ID #: **3105000** City / Town: **GEORGETOWN**
PWS Name: **GEORGETOWN WATER DEPARTMENT** PWS Class: **COM** ☒ **NTNC** ☐ **TNC** ☐

Routine or Special Samples <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below:	
		(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	(2) Collection Date of Original Sample
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-MA1118** Primary Lab Name: **NASHOBA ANALYTICAL, LLC** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	SM 3113B	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.003	M-MA1118	Nashoba Analytical, LLC
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	55A BAILEY LANE	8/14/15	ND	9/14/15	0.035	9/11/15	159427-7
2	51 BALDPATE ROAD	8/13/15	0.002	9/14/15	0.38	9/11/15	159427-8
3	205 JEWETT STREET	8/19/15	0.002	9/14/15	0.032	9/11/15	159427-9
4	2 LAKERIDGE DRIVE	8/18/15	0.003	9/14/15	0.10	9/11/15	159427-10
5	218 NORTH STREET	8/17/15	0.003	9/14/15	0.078	9/11/15	159427-11
6	291 NORTH STREET	8/17/15	0.008	9/14/15	0.11	9/11/15	159427-12
7	373 NORTH STREET	8/15/15	0.003	9/14/15	0.076	9/11/15	159427-13
8	10 PILLSBURY LANE	8/18/15	ND	9/14/15	0.070	9/11/15	159427-14
9	15 PILLSBURY LANE	8/15/15	0.001	9/14/15	0.046	9/11/15	159427-15
10	19 PINGREE FARM ROAD	8/24/15	0.001	9/14/15	0.12	9/11/15	159427-16
11	25 TENNEY STREET	8/22/15	ND	9/14/15	0.036	9/11/15	159427-17
12	35 TENNEY STREET	8/19/15	0.003	9/14/15	0.088	9/11/15	159427-18
13	140 TENNEY STREET	8/17/15	0.003	9/14/15	0.057	9/11/15	159427-19
14	1 TERRACE LANE	8/18/15	0.002	9/14/15	0.086	9/11/15	159427-20
15	102 THURLOW STREET	8/12/15	0.002	9/14/15	0.042	9/11/15	159427-21
16	4 VILLAGE LANE	8/13/15	0.002	9/14/15	0.062	9/11/15	159427-22
17	5 VILLAGE LANE	8/18/15	0.006	9/14/15	0.11	9/11/15	159427-23
18	3 WALDINGFIELD ROAD	8/21/15	0.011	9/14/15	0.055	9/11/15	159427-24
19	37 WARREN STREET	8/19/15	0.016	9/14/15	0.14	9/11/15	159427-25
20	4 WALDINGFIELD ROAD	8/19/15	0.062	9/14/15	0.058	9/11/15	159427-26
Report SCHOOL RESULTS collected in accordance with 310 CMR 22.06B (7)(a)9 below. Do not use these school results in 90 th percentile calculations.							
1	PENN BROOK SCHOOL - KITCHEN	8/21/15	ND	9/14/15	0.13	9/11/15	159427-1
2	PENN BROOK SCHOOL - BUBBLER	8/21/15	0.006	9/14/15	0.039	9/11/15	159427-2
3	MIDDLE/HIGH SCHOOL - BUBBLER	8/21/15	ND	9/14/15	0.059	9/11/15	159427-3
4	MIDDLE/HIGH SCHOOL - KITCHEN	8/21/15	ND	9/14/15	0.40	9/11/1555	157427-4

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: David L. KrumholzDate: 9-16-15

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 Analysis Report

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

PWS ID #: 3105000

City / Town: GEORGETOWN

PWS Name: GEORGETOWN WATER DEPARTMENT

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. #: M-MA1118

Primary Lab Name: NASHOBA ANALYTICAL, LLC

Subcontracted? (Y/N) N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	SM 3113B	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.003	M-MA1118	Nashoba Analytical, LLC

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	30 THURLOW STREET	8/27/15	0.001	9/14/15	0.019	9/11/15	159427-27
2	19 PILLSBURY LANE	8/27/15	0.003	9/14/15	0.079	9/11/15	159427-28
3							
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20							

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	PERLEY SCHOOL - BUBBLER	8/21/15	0.005	9/14/15	0.079	9/11/15	159427-5
2	PERLEY SCHOOL - KITCHEN	8/21/15	ND	9/14/15	0.057	9/11/15	159427-6
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: 9-16-15

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 #: **3105000** City / Town: **Georgetown**PWS Name: **Georgetown Water Department** 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.

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	ND	16	0.003	31		46	
2	ND	17	0.003	32		47	
3	ND	18	0.006	33		48	
4	0.001	19	0.008	34		49	
5	0.001	20	0.011	35		50	
6	0.001	21	0.016	36		51	
7	0.002	22	0.062	37		52	
8	0.002	23		38		53	
9	0.002	24		39		54	
10	0.002	25		40		55	
11	0.002	26		41		56	
12	0.003	27		42		57	
13	0.003	28		43		58	
14	0.003	29		44		59	
15	0.003	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.019	16	0.088	31		46	
2	0.032	17	0.100	32		47	
3	0.035	18	0.110	33		48	
4	0.036	19	0.110	34		49	
5	0.042	20	0.120	35		50	
6	0.046	21	0.140	36		51	
7	0.055	22	0.380	37		52	
8	0.057	23		38		53	
9	0.058	24		39		54	
10	0.062	25		40		55	
11	0.070	26		41		56	
12	0.076	27		42		57	
13	0.078	28		43		58	
14	0.079	29		44		59	
15	0.086	30		45		60	

***Lowest Value**My system was required to collect: 20 lead and copper samples. My system collected: 22 lead and copper samples.Total # of samples collected: 22 x 0.9 = 19.8 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.

0.011 (Lead result at 90 th percentile sample#)	Compared to 0.015 mg/L (The lead action level)	0.120 (Copper result at 90 th percentile sample#)	Compared to 1.3 mg/L (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.

General Manager

Title

Signature of PWS or Owner's Representative

10/14/15

Date