|  |
| --- |
| I. PWS INFORMATION: Please refer to your MassDEP Lead & Copper sampling plan for approved sampling locations. |
|  |
| **PWS ID #:** |  |  | **City / Town:** |       |
|  |  |  |  |  |  |
| **PWS Name:** |       |  | **PWS Class:** | **COM** [ ]  **NTNC** [ ]  |
|  |  |  |  |  |  |
| **Routine or Special Samples** | **Original, Resubmitted or****Confirmation Report** | **If Resubmitted Report, list below:** |
|  |  | **(1) Reason for Resubmission** | **(2) Collection Date of Original Sample** |
| [ ]  RS [ ]  SS | [ ]  Original [ ]  Resubmitted [ ]  Confirmation | [ ]  Resample [ ]  Reanalysis [ ]  Report Correction |       |
| **SAMPLE COMMENTS** |
|       |
| **II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)** |
|  |
| **Primary Lab MA Cert. #:** |  | **Primary Lab Name:** |  | **Subcontracted?** **(Y/N)** |  |
|  |  |  |  |  |  |
| **Analyte** | **Action Level (mg/L)** | **Lab Method** | **MDL (mg/L)** | **MRL (mg/L)** | **Analysis Lab MA Cert.#** | **Analysis Lab Name** |
| **Lead:** | **0.015** |       |       |       |       |  |
| **Copper:** | **1.3** |       |       |       |       |  |
| **LAB ANALYSIS COMMENTS**  | **Result Qualifier** | **Result Qualifier Description** |
|       |       |       |
| **#** | **MassDEP Approved****LCR Plan Sample Location** | **Collection Date** | **Dilution** **Factor** | **LEAD** | **Result Qualifier** | **COPPER** | **Result Qualifier** | **Primary Lab Sample ID#****&****Analysis Lab Sample ID#** |
|  |  |  |  | **Date Analyzed** | **Result (mg/L)** |  | **Date Analyzed** | **Result (mg/L)** |  |  |
| 1 |       |       |     |       |  |  |       |  |  |       |
| 2 |       |       |     |       |  |  |       |  |  |       |
| 3 |       |       |     |       |  |  |       |  |  |       |
| 4 |       |       |     |       |  |  |       |  |  |       |
| 5 |       |       |     |       |  |  |       |  |  |       |
| 6 |       |       |     |       |  |  |       |  |  |       |
| 7 |       |       |     |       |  |  |       |  |  |       |
| 8 |       |       |     |       |  |  |       |  |  |       |
| 9 |       |       |     |       |  |  |       |  |  |       |
| 10 |       |       |     |       |  |  |       |  |  |       |
| 11 |       |       |     |       |  |  |       |  |  |       |
| 12 |       |       |     |       |  |  |       |  |  |       |
| 13 |       |       |     |       |  |  |       |  |  |       |
| 14 |       |       |     |       |  |  |       |  |  |       |
| 15 |       |       |     |       |  |  |       |  |  |       |
| 16 |       |       |     |       |  |  |       |  |  |       |
| 17 |       |       |     |       |  |  |       |  |  |       |
| 18 |       |       |     |       |  |  |       |  |  |       |
| 19 |       |       |     |       |  |  |       |  |  |       |
| 20 |       |       |     |       |  |  |       |  |  |       |
| Report SCHOOL RESULTS (250 ml) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations. |
| 1 |       |       |     |       |       |  |       |       |  |       |
| 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:** |       |
|  |
| *In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.* |
| COM & NTNC public water suppliers must submit forms **LCR-D or LCR-E** with this form to the appropriate MassDEP Regional Office. |
| MassDEP REVIEW STATUS (Initial & Date)[ ]  Accepted \_\_\_\_\_\_\_\_\_\_\_ [ ]  Disapproved \_\_\_\_\_\_\_\_\_\_\_ | Review Comments |  |