TO BE COMPLETED BY CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

Were there any recent changes to the plumbing of the facility? [ ]  Yes [ ]  No

Describe the changes, including the date they were made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a treatment system or filter? [ ]  Yes [ ]  POU [ ]  POE [ ]  No

Point of Use treatment Device (POU) /Point of Entry treatment Device (POE)

Indicate Location of Sample Collected for Lead & Copper Testing:

Please read the attached instructions. Collect cold water only from sites on approved sampling plan, such as a Kitchen Faucet, Fountain/Bubbler or Restroom Faucet where you would normally use the water to drink or prepare food. The water must stay stagnant (not used in the facility) for at least 6 hours before sample collection.

Sample location:[ ]  Kitchen [ ]  Fountain/Bubbler [ ]  Restroom

Sample was taken: Time \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Water was last used before sample was taken: Time \_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

*I have read the attached Sample Collection Instructions and have taken a tap sample in accordance with these procedures:* [ ]  Yes [ ]  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

# Certified Operator or Facility Representative Signature Date

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TO BE COMPLETED BY CERTIFIED OPERATOR:

## Sample accepted: \_\_\_\_\_

## Sample rejected: \_\_\_\_\_ (check applicable reason)

## [ ]  Collected at wrong location

## [ ]  COC is not filled out properly

[ ]  Improper standing time

[ ]  Plumbing modification to interior piping or building service line

[ ]  Installation of treatment device (POU/POE) that removes inorganic contaminants

Note: If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and a new sample must be collected as soon as possible, but not later than the end of the monitoring period.

*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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Certified Operator Signature Print Name Date

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PWS Filing Requirement

PWS must staple this completed form to the certified laboratory chain of custody form for this sample and keep copies of both documents in accordance with 310 CMR 22.00 record keeping requirements. Note: all records are required to be maintained for 12 years.

### INSTRUCTIONS FOR CERTIFIED OPERATOR OR FACILITY REPRESENTATIVE FOR SAMPLING

These samples are being collected to determine the contribution of faucet fixtures (kitchen, fountain/bubbler or restroom) and building pipes and/or solder to the lead and copper levels in tap water. This sampling effort is required by the Massachusetts Department of Environmental Protection, and is being accomplished through the cooperation of your public water system’s Certified Operator or facility representative.

A sample is to be collected after an extended period (at least 6 hours) of stagnant water conditions (i.e. no water use during this period) within the interior piping. **Do not intentionally flush the line before the start of the 6 hour period, rather, use water normally.** Due to this requirement, early mornings are the best times for collecting samples. If your facility does not have enough interior taps where the water stands unused for at least six hours (i.e., facilities that operate 24 hours/day, multiple shifts etc.), you are allowed to use interior taps from which water is typically drawn for consumption and which are the most likely to have remained unused for the longest period of time. In accordance with 310 CMR 22.06b (7)(b)5, NTNC systems must apply to the Department in writing if they wish to substitute non-first draw samples. Such systems shall collect as many first-draw samples from appropriate taps as possible and identify sampling times. The collection procedure is as follows:

1. Prior arrangements will be made with the Certified Operator or facility representative trained by the Certified Operator to coordinate sample collection and set dates and procedures for sample kit delivery and pick-up.
2. **Samples must be collected after a minimum of 6 hours without water use.** Early morning is usually the best sampling time to ensure that the necessary stagnant water condition exists.
3. A wide-mouth bottle must be used to collect each one liter (1000 mL) sample. Wide-mouth bottles offer advantages over narrow-mouth bottles because they allow for a higher flow rate during sample collection. A higher flow rate can result in greater release of particles and colloidal lead and therefore is more conservative in terms of identifying lead concentrations.
4. **A kitchen, fountain/bubbler, or restroom cold-water faucet at the approved site must be used for the sampling. Do not use a faucet with a treatment device or filter,** e.g., a filter/softener or other device treating all of the water entering the facility (POE) or a device exclusively filtering water delivered to a single faucet (POU). If you have a POU device, then a new location must be approved by MassDEP. Sample collection from a single lever faucet or tempered faucet should be avoided, if possible. **Do not remove the aerator prior to sampling**. Place the open sample bottle under the faucet and open the cold water tap. Fill the sample bottle to the line marked “1000-mL” and turn off the water.
5. Tightly cap the bottle and place in the sample kit provided. Please review the sample kit label at this time to ensure that all information contained in the label is correct. Repeat the process at each sampling location in the facility. Complete the COC.
6. **Be sure to note on the label provided and on the COC if plumbing repairs or replacements have been done in the facility since the previous sampling event. Also, if you have a treatment system or filters, please indicate this on the COC.**
7. Return the sample kit following the arrangements made in advance with the Certified Operator and/or laboratory.
8. Results from this monitoring effort will be provided to water users at the facility when reports are generated for the State unless excessive lead and/or copper levels are found. In such cases, immediate notification will be provided.

Call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_if you have any questions regarding these instructions.

For more information on Lead in Drinking Water, see <https://www.mass.gov/guides/is-there-lead-in-my-tap-water>

**Notes:**

* **If the sample is rejected, the Certified Operator shall indicate the reason on the COC and provide a copy to the facility representative. The rejected sample must be discarded and new sample must be collected as soon as possible but not after the end of the monitoring period.**
* **Sampling results are a public record.**