

Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

Lead & Copper Analysis Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4052064

City/Town: Carver

PWS Name: Carver High School and Middle School

PWS Class: COM NTNC NC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
<u> </u> x <u> </u> RS <u> </u> SS	<u> </u> x <u> </u> Original <u> </u> Resubmitted	<u> </u> Resample <u> </u> Reanalysis <u> </u> Report Corr.	

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y x N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab Cert. #	Analysis Lab Name
Lead	0.015	EPA 200.8	0.001	M-MA022	Analytical Balance Corp.
Copper	1.3	EPA 200.8	0.02	M-MA022	Analytical Balance Corp.

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

	Location	Collection Date	Lead (mg/L)	Date Analyzed	Copper (mg/L)	Date Analyzed	Lab Sample ID #
1	Gym Rear Bubbler	09/14/2018	ND	09/21/2018	0.02	09/21/2018	28609-01
2	Kitchen Sink	09/14/2018	ND	09/21/2018	0.09	09/21/2018	28609-02
3	CTEC Room	09/14/2018	0.001	09/21/2018	0.13	09/21/2018	28609-03
4	B 2 nd Flr Bubbler	09/14/2018	ND	09/21/2018	0.09	09/21/2018	28609-04

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 of my knowledge.

Primary Lab Director Signature/Date: 10/08/2018

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COM & NTNC PWS must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.

DEP REVIEW STATUS (Initial & date) Accepted <u> </u> Disapproved <u> </u>	Review comments	
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	Location	Collection Date	Lead (mg/L)	Lead Date	Copper (mg/L)	Copper Date	Lab Sample ID #
1	Lab Work Sink	09/14/2018	ND	09/21/2018	0.05	09/21/2018	28609-04
2	Girls Locker Room Sink	09/14/2018	ND	09/21/2018	0.10	09/21/2018	28609-05
3	Room 232	09/14/2018	0.004	09/21/2018	0.46	09/21/2018	28609-06
4	Gym Lobby Bubbler	09/14/2018	ND	09/21/2018	0.29	09/21/2018	28609-07

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1	Nurses Office	09/14/2018	0.004	09/21/2018	0.16	09/21/2018	28609-09
2	Room 106 Sink	09/14/2018	ND	09/21/2018	0.15	09/21/2018	28609-10
3	Music Room Sink	09/14/2018	ND	09/21/2018	0.08	09/21/2018	28609-11
4	C 2 nd Flr Bubble	09/14/2018	ND	09/21/2018	0.15	09/21/2018	28609-12

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1	Boys' Bathroom Near Music	09/14/2018	ND	09/21/2018	0.07	09/21/2018	28609-13
2	2 nd Flr Bubbler	09/14/2018	ND	09/21/2018	0.02	09/21/2018	28609-14
3	Room 104 Sink	09/14/2018	0.002	09/21/2018	0.29	09/21/2018	28609-15
4	Tech Ed Room Sink	09/14/2018	0.003	09/21/2018	0.24	09/21/2018	28609-16

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1	Room 206 Sink	09/14/2018	0.001	09/21/2018	0.62	09/21/2018	28609-17
2	2 nd Flr Staff B Sink	09/14/2018	ND	09/21/2018	0.04	09/21/2018	28609-18
3	Teacher's Room	09/14/2018	ND	09/21/2018	0.09	09/21/2018	28609-19
4	Music Corridor Bubbler	09/14/2018	ND	09/21/2018	0.06	09/21/2018	28609-20

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