



# Lead and Copper Analysis Report doc rev 12/2020

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

PWS ID #: **4052064** City / Town: **CARVER**  
 PWS Name: **CARVER HIGH SCHOOL AND MIDDLE SCHOOL** 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 COMMENTS

**II. ANALYTICAL LABORATORY INFORMATION:** Attach copy of subcontracted lab analysis reports (as applicable)

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)	MRL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	EPA 200.9	0.001	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.004	0.004	M-MA1118	Nashoba Analytical, LLC

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	NURSE'S OFFICE SINK	9/8/2021	1	9/14/2021	0.003		9/15/2021	0.163		233069-1
2	TECH ED ROOM SINK	9/8/2021	1	9/14/2021	ND		9/15/2021	0.372		233069-2
3	BOY'S BATHROOM NEAR MUSIC ROOM	9/8/2021	1	9/14/2021	0.006		9/15/2021	0.114		233069-3
4	BOY'S LOCKER ROOM SINK	9/8/2021	1	9/14/2021	ND		9/15/2021	0.062		233069-4
5	TEACHER'S ROOM SINK	9/8/2021	1	9/14/2021	0.001		9/15/2021	0.136		233069-5
6	SECOND FLOOR STAFF B SINK	9/8/2021	1	9/14/2021	0.010		9/15/2021	0.332		233069-6
7	BOY'S BATHROOM SINK	9/8/2021	1	9/14/2021	ND		9/15/2021	0.082		233069-7
8	ROOM 206 SINK	9/8/2021	1	9/14/2021	0.012		9/15/2021	0.170		233069-8
9	C TEC ROOM SINK	9/8/2021	1	9/14/2021	0.006		9/15/2021	0.512		233069-9
10	LAB WORK SINK	9/8/2021	1	9/14/2021	0.006		9/15/2021	0.288		233069-10
11	ROOM 232	9/8/2021	1	9/14/2021	0.011		9/15/2021	0.383		233069-11
12	CAFE	9/8/2021	1	9/14/2021	0.005		9/15/2021	0.262		233069-12
13	KITCHEN SINK	9/8/2021	1	9/14/2021	ND		9/15/2021	0.083		233069-13
14	LIBRARY SINK	9/8/2021	1	9/14/2021	ND		9/15/2021	0.235		233069-14
15	MEN'S ROOM NEXT TO ROOM 230	9/8/2021	1	9/14/2021	ND		9/15/2021	0.108		233069-15
16	WOMEN'S ROOM BY GYM	9/8/2021	1	9/14/2021	ND		9/15/2021	0.056		233069-16
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 90<sup>th</sup> 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: *[Signature]* Date: **9-16-21**

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)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	



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PWS Name: CARVER HIGH SCHOOL AND MIDDLE SCHOOL
PWS Class: COM [ ] NTNC [x] TNC [ ]

Routine or Special Samples: [x] RS [ ] SS
Original, Resubmitted or Confirmation Report: [x] Original [ ] Resubmitted [ ] Confirmation
If Resubmitted Report, list below: (1) Reason for Resubmission: [ ] Resample [ ] Reanalysis [ ] Report Correction (2) Collection Date of Original Sample

SAMPLE COMMENTS

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)

Primary Lab MA Cert. #: M-MA1118 Primary Lab Name: Nashoba Analytical, LLC Subcontracted? (Y/N) N

Table with 7 columns: Analyte, Action Level, Lab Method, MDL (mg/L), MRL (mg/L), Analysis Lab MA, Analysis Lab Name. Rows for Lead and Copper.

LAB ANALYSIS COMMENTS, Result Qualifier, Result Qualifier Description

Main data table with columns: #, MassDEP Approved LCR Plan Sample Location, Collection Date, Dilution Factor, LEAD (Date Analyzed, Result (mg/L)), Result Qualifier, COPPER (Date Analyzed, Result (mg/L)), Result Qualifier, Primary Lab Sample ID# & Analysis Lab Sample ID#.

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.

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: [Signature] Date: 10-4-21

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.

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MassDEP REVIEW STATUS (Initial & Date) [ ] Accepted [ ] Disapproved Review Comments