

Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

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 II	D #:	4052	064						City /	Town:	CARVE	CARVER						
PWS N	lame:	CARV	ER HIGI	1 SCI	HOOL AND	MID!		PWS COM ☐ NTNC ☑ TNC ☐										
V		**************************************		If Resubmitt	Resubmitted Report, list below:													
outine o	or Specia	al Samples			ial, Resubmitt firmation Rep				(1) Reas	on for R	lesubmission		(2) Colle	ction Date of Original Sampl				
Ø	RS [SS	☑ Origin	ial 🔲 I	Resubmitted [] Confi	mation	Res	sample 🔲 l	Reanalys	is 🗌 Report C	orrection	.,,					
SAMPLE COMMENTS																		
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NSWARK)	/300V-1	AVNI NAS	овито	וו עמ	NEODSAAT	ONI					nalysis reports	s (an annlic	·ahla\					
	na sa	UNIVERSAL PROPERTY OF THE PARTY	Care Care Care Care Care Care Care Care		——	DHAMAN EWINN	Kath Brah Stade 13: 13: Fast											
Prima	ry Lab	MA Cert. #	#: M-MA	1118	Prir	nary L	ab Nam	ie: Na	shoba An	alytical,	LLC		Sub	contracted? (Y/N) N				
Analy	/te	Action L (mg/l			Lab Method	MDL (mg/L)	MRL (mg/L)		Analysis Cer		Analysis Lab Name						
L	ead:	0.01	0.015		EPA 200.9	0.0	.01	0.001		M-MA	1118	Nashoba Analytical, LLC						
Сор	per:	1.3	1.3			EPA 200.7			0.00)4	M-MA	1118	Nashoba Analytical, LLC					
LAB AN	IALYSIS	COMMENT	rs				Result Qualifier			Result	Qualifier Desc	ription						
		assDEP Approved Plan Sample Location				Dilution Factor	LEA			ilt Ter	COPPER		ilt fier	Primary Lab Sample ID#				
#					Collection Date			ate lyzed	Result (mg/L)	Result Qualifier	Date Analyzed	Result (mg/L)	Result Qualifier	& Analysis Lab Sample ID#				
1 N	URSE'S	RSE'S OFFICE SINK			9/8/2021 1		9/14/	/2021	0.003		9/15/2021 0.163			233069-1				
2 T	ECH ED ROOM SINK				9/8/2021	8/2021 1		/2021	ND		9/15/2021 0.372			233069-2				
3 80	OY'S BAT	HROOM NEA	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			233069-4				
5 TEACHER'S ROOM SINK					9/8/2021	1	9/14	/2021	0.001		9/15/2021			233069-5				
6 SECOND FLOOR STAFF B SINK					9/8/2021	1	<u> </u>	/2021	0.010		9/15/2021	0.332		233069-6				
7 BOY'S BATHROOM SINK					9/8/2021	1		/2021	ND		9/15/2021	0.082	ļ	233069-7				
		06 SINK			9/8/2021	1		/2021	0.012		9/15/2021	0.170	ļ	233069-8				
		ROOM SIN	K		9/8/2021	1		/2021	0.006		9/15/2021			233069-9 233069-10				
		RK SINK			9/8/2021	1		/2021	0.006		9/15/2021 0.288 9/15/2021 0.383		-	233069-11				
	ROOM 2	232			9/8/2021	1	-	/2021 /2021	0.011		9/15/2021 0.262		-	233069-12				
	CAFE	N CINIZ			9/8/2021	1 1		/2021	ND		9/15/2021 0.083			233069-13				
		N SINK		~	9/8/2021	1		/2021	ND		9/15/2021	0.235	 	233069-14				
	IBRAR	OOM NEXT	TO BOOM		9/8/2021			9/14/2021			9/15/2021	0.108	 	233069-15				
		I'S ROOM	9/8/2021			9/14/2021			9/15/2021	0.056		233069-16						
17	MOINE	43 KOOM	DIGIN		3/0/2021	-	 ~~~	72021	ND		0.10.2021	1	1					
18							1											
19	4		•		†	1												
20						†	1											
Report		L RESULTS	3 (250 mL)	collect	ed under (LCC	A) in a	cordance	e with 31	0 CMR 22.0	16B(7)(a)	9 below. Do no	t use these	school re	esults in 90th percentile				
calcula 1	ations				T	T	T		T									
2							T											
3						1						1						
4													1					
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. 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																		
report	ing (eDE	P) deadline	is the sam	e as ai	poliere must	euhmi	t forme	CP-D	or I CR-E	with this	s form to the	appropriat	e Massi	DEP Regional Office.				
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																		
								L	Review nments									
L A	ccepted			visap	proved	sa sa wasan	***											



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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										/ Town		CARVER						
PW:	WS Name: CARVER HIGH SCHOOL AND MIDDLE SCHOOL											PWS Class:	сом		NTNC ⊠	TNC 🗌		
Routis	ne or Spec	Origi	If Resubmit	If Resubmitted Report, list below:														
<u> </u>	<u> </u>				nfirmation Re	•		(1) Reason for Resubmission							Date of Ori	ginal Sample		
	⊠RS [☑ Origii	nal 🗌	Resubmitted	☐ Confi	rmation	ion Resample Reanalysis Report Correction										
SAM	SAMPLE COMMENTS																	
	VVV VRV	A.	A54-A				27.00.00	gersenningen	Mark Salah Kan	NEGRAL SPERM	5.05.22-30.00.00.00.00.00.00.00.00.00.00	III or promouse transcen	270 340 400 400	(6S) provide	constitution becomes and			
									ubcontrac	ted lab a	nalysis report	s (as applic	:able)					
Prii	nary Lab	MA Cert. #		1118	Pri	mary L	ab Nai	ne: N	ashoba A	nalytical,	LLC		Sub	cont	racted? (Y	/N) N		
Analyte Action Level Lab Method MDL (mg/L) MRL (mg/L) Analysis Lab MA													Ar	ialysis Lab N	lame			
Lead: 0.015 EPA 200.9 Copper: 1.3 EPA 200.7								001	0.001		M-MA	~	Nashoba Analytical, LLC					
Copper: 1.3 EPA 200.7 LAB ANALYSIS COMMENTS									<u> </u>		<u> </u>	M-MA1118			Nashoba Analytical, LLC			
LAB ANALYSIS COMMENTS Result Qualifier Result Qualifier Description																		
		- DED 4	sDEP Approved in Sample Location			Dilution Factor	LEAD)	+- F	COPPER		1 h		imary Lab S	C1-104		
#	LCR P	lan Sampl						ate lyzed	Result (mg/L)	Result Qualifier	Date Analyzed	Result (mg/L)	Result Qualifier		& Analysis Lab S			
1	ATHLET		9/22/21	1	9/28/21		0.004		9/27/21	0.213			23363	2-1				
3	ROOM 1	05 SINK NS ROOM (NE	201	9/22/21	1	9/28/21		0.004		9/27/21	0.296			23363				
4	MUSIC CO	39)	9/22/21 9/22/21	1		8/21	0.005		9/27/21 9/27/21	0.038 0.141			23363					
5				0,22,21	<u> </u>	0/2		0.000		SIZIIZI	0.171			20000	2-4			
6																		
7																		
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10			·		***************************************										··· ••••••••••••••••••••••••••••••••••			
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18											***************************************							
19 20			***************************************						-									
Repo	ort SCHOO	L RESULTS	(250 mL) c	ollecte	d under (LCC)	A) in acc	ordance	with 310	CMR 22.0	I 6B(7)(a)9	below. Do not	use these s	chool res	ults i	n 90 th percent	ile		
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2			· · · · · · · · · · · · · · · · · · ·															
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-															<i>'</i>			
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: Laure Laur																		
the e	In accordance with 310 CMR 22.15(2), if mailing paper reports, <u>TWO</u> 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 p	ublic wate	ersup	pliers must :	submit i	forms L	.CR-D o	r LCR-E	with this	form to the a	ppropriate	MassDI	EP R	egional Offi	ce.		
I		VIEW STA	•		•	_			Review									
	Accepted			sapp	roved			Com	ments	*								