



Lead and Copper Analysis Report

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

PWS ID #: **2081000** City / Town: **DUNSTABLE**
 PWS Name: **Dunstable Water Department** 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	9/19/2014

SAMPLE NOTES – (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **BH18550** Primary Lab Name: **Phoenix** Subcontracted? (Y/N) **Y**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	E200.5	0.001	BH18550	Phoenix
Copper:	1.3	E200.7	0.002	BH18550	Phoenix

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	
1 36 Pleasant Street	9/19/2014	0.002	9/26/2014	0.252	9/26/2014	
2 46 Pleasant Street	9/19/2014	0.001	9/26/2014	0.151	9/26/2014	
3 101 Pleasant Street	9/19/2014	0.005	9/26/2014	0.301	9/26/2014	
4 111 Pleasant Street	9/19/2014	0.002	9/26/2014	0.268	9/26/2014	
5 127 Pleasant Street	9/19/2014	0.002	9/26/2014	0.437	9/26/2014	
6 427 Main Street	9/19/2014	0.005	9/26/2014	0.374	9/26/2014	
7 511 Main Street	9/19/2014	0.010	9/26/2014	0.554	9/26/2014	
8 598 Main Street	9/19/2014	0.003	9/26/2014	0.419	9/26/2014	
9 23 Hillcrest Street	9/19/2014	0.004	9/26/2014	0.367	9/26/2014	
10 1 Lowell Street	9/19/2014	0.001	9/26/2014	0.267	9/26/2014	
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Report SCHOOL RESULTS collected in accordance with 310 CMR 22.06B (7)(a)9 below. Do not use these school results in 90th percentile calculations.

1	School Swallow Union 1 Kitchen	9/19/2014	0.001	9/26/2014	0.225	9/26/2014	
2	School Swallow Union 2 Cooler	9/19/2014	0.001	9/26/2014	0.178	9/26/2014	
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: _____

If not submitting these results electronically, mail ONE copy of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

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

DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	