

Massachusetts Department of Environmental Protection - Drinking Water Program

Lead & Copper Analysis Report

LCR-C

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: **COM X NTNC TNC**

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below	
		Reason for resubmission	Collection date of original sample
x RS ___ SS	_x_ Original ___ Resubmitted	_Resample _Reanalysis _ 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	
1	Pond St. WTP Finished	09/23/2008	0.002	09/25/2008	0.06	09/25/2008	09374-01
2	Broadway WTP Finished	09/23/2008	0.002	09/25/2008	ND	09/25/2008	09374-02
3	515 Main Street	09/23/2008	0.003	09/25/2008	0.31 ✓	09/25/2008	09374-04
4	184 Larchmont Lane	09/23/2008	0.004	09/25/2008	0.09 ✓	09/25/2008	09374-05
5	90 Dwelly Ave.	09/23/2008	0.005	09/25/2008	0.57 ✓	09/25/2008	09374-06
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							

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 Result (mg/L)	Lead Date Analyzed	Copper Result (mg/L)	Copper Date Analyzed	Lab Sample ID #
1	Brown Bear Academy - 197 Rockland Street	09/23/2008	0.003	09/25/2008	0.11	09/25/2008	09374-03
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 of my knowledge.

Primary Lab Director Signature: _____

Date: 1 Oct 08

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

DEP REVIEW STATUS (Initial & date)	Review comments	
Accepted _____ Disapproved _____		

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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	
1 20 Tindale Way	09/30/2008	0.004	10/03/2008	0.27	10/03/2008	09581-01
2 307 Old Farm Rd.	09/30/2008	0.003	10/03/2008	0.33	10/03/2008	09581-03
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

1	77 Rockland St. - Lutheran Nursery School	09/29/2008	0.003	10/03/2008	0.21	10/03/2008	09581-02
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 of my knowledge.

Primary Lab Director Signature: 

Date: 10/03/08

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

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	
--	-----------------	--

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 #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

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

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	
1 31 Tilden Lane	10/05/2008	0.013	10/10/2008	0.34 ✓	10/10/2008	09874-01
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 16 Oct 08

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

DEP REVIEW STATUS (Initial & date)	Review comments
Accepted <u> </u> Disapproved <u> </u>	

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
<u>_x_ RS</u> ___ SS	<u>_x_ Original</u> ___ Resubmitted	<u>__Resample</u> <u>__Reanalysis</u> <u>__ Report Corr.</u>	

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	
1 40 Bailey Rd.	09/30/2008	0.001	10/03/2008	0.13 ✓	10/03/2008	09617-01
2 47 Kingston Rd.	09/30/2008	0.001	10/03/2008	0.29 ✓	10/03/2008	09617-02
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 7 Oct 08

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

DEP REVIEW STATUS (Initial & date) Accepted ___ Disapproved ___	Review comments	
--	-----------------	--

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
<input checked="" type="checkbox"/> _RS <input type="checkbox"/> _SS	<input type="checkbox"/> Original <input type="checkbox"/> Resubmitted	<input type="checkbox"/> _Resample <input type="checkbox"/> _Reanalysis <input type="checkbox"/> _Report Corr.	

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y 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	
1 443 King St.	09/26/2008	0.003	09/30/2008	0.30	09/30/2008	09525-01
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 20 Oct 08

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

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	
--	-----------------	--

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> 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.

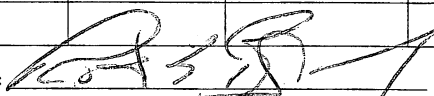
LAB SAMPLE NOTES

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	
1 284 Circuit St.	09/23/2008	0.007	09/26/2008	0.26 ✓	09/26/2008	09476-01
2 31 Bailey Road	09/24/2008	0.002	09/26/2008	0.46 ✓	09/26/2008	09476-02
3 88 Saltwinds Drive	09/24/2008	0.001	09/26/2008	0.11 ✓	09/26/2008	09476-03
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 10 Oct 08

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

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	
--	-----------------	--

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y 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: Sample 08449-04 exceeds the MCL for lead.

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	339 Old Farm Rd.	0.008	08/29/2008	0.31 ✓	08/29/2008	08449-01
2	52 Saltwinds Dr.	0.004	08/29/2008	0.15 ✓	08/29/2008	08449-02
3	40 Longwater Dr.	0.003	08/29/2008	0.20 ✓	08/29/2008	08449-03
4	54 Bailey Rd.	0.081	08/29/2008	0.34 ✓	08/29/2008	08449-04
5	46 Great Rock Rd.	0.003	09/02/2008	0.77 ✓	08/29/2008	08449-05
6	24 Shingle Mill Lane	0.002	08/29/2008	0.36 ✓	08/29/2008	08449-06
7	48 Briarwood Dr.	0.003	08/29/2008	0.23 ✓	08/29/2008	08449-07
8	465 King St.	0.004	08/29/2008	0.35 ✓	08/29/2008	08449-08
9	1010 Main St.	0.005	08/29/2008	0.38 ✓	08/29/2008	08449-09
10	89 Cedar St.	0.005	08/29/2008	0.25 ✓	08/29/2008	08449-10
11	44 Ash Lane	0.005	08/29/2008	0.34 ✓	08/29/2008	08449-11
12	75 East St.	0.002	08/29/2008	0.08 ✓	08/29/2008	08449-12
13	101 Shingle Mill Lane	0.003	08/29/2008	0.47 ✓	08/29/2008	08449-13
14	371 Silver St.	0.006	08/29/2008	0.15 ✓	08/29/2008	08449-14
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 9 Sept 08

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

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

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y 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.

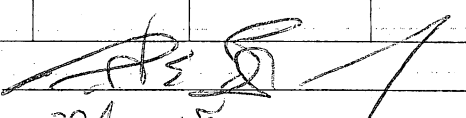
LAB SAMPLE NOTES

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	
1 99 Cedar St.	08/26/2008	0.001	08/28/2008	0.15 ✓	08/28/2008	08503-01
2 73 Clark Circle	08/26/2008	0.002	08/28/2008	0.44 ✓	08/28/2008	08503-02
3 111 Great Rock Road	08/27/2008	0.001	08/28/2008	0.30 ✓	08/28/2008	08503-03
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 29 Aug 08

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

DEP REVIEW STATUS (Initial & date) Accepted _____ Disapproved _____	Review comments	
--	-----------------	--

Lead & Copper Analysis Report

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

PWS ID #: 4122000

City/Town: Hanover

PWS Name: Hanover Water Dept.

PWS Class: COM X NTNC TNC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	Collection date of original sample
<u>X</u> RS <u> </u> SS	<u>X</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	
1 24 Briarwood Dr.	09/01/2008	0.008	09/08/2008	0.42	09/08/2008	08805-01
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						

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.

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 of my knowledge.

Primary Lab Director Signature: 

Date: 16 Sept 08

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

DEP REVIEW STATUS (Initial & date)	Review comments
Accepted <u> </u> Disapproved <u> </u>	