

I. P	WS INFO	ORMA	ΓΙΟΝ:	Please re	fer to your D	EP Lead &	Copp	per samplin	g pla	an for approved	sampling	loca	itions.		
PW	S ID #:		311	6000				City /	Tow	n: GROVEL	AND				
PWS Name: Groveland Water Department										PV	/S Class:	С	OM 🛛 NTNO		
				Or	iginal, Resubi	mitted or				If Res	ubmitted Rep	ort,	list below:		
Rout	ine or Spe	cial Sam	iples		Confirmation			(1)	Rea	son for Resubmis	sion	(	2) Collection Date	of Origina	I Sample
	⊠ RS	□ ss			Resubmitte	d 🗌 Confirma	ation	Resamp	ole 🗌	Ranalysis  Rep	ort Correction				
SAM	IPLE NOTE	<b>ES</b> – (Su	ch as, if	a Manifold/N	/lultiple sample	, list the source	es tha	at were on-line	durir	ng sample collection	n).				
II. A	NALYTI	CAL L	ABO	RATORY	INFORMAT	ION:									
Prin	nary Lab	MA Ce	rt. #:	MA026	Primary	/ Lab Name	: В	iomarine Inc					Subcontracte	ed? (Y/N)	Υ
A	nalyte	Actio	on Leve	el (mg/L)	Lab Me	thod	MD	L (mg/L)	Ana	alysis Lab MA Ce	rt.#		Analysis Lab	Name	
	Lead:		0.01	5	200.	8	(	0.001		M-CT008			MICROBAC LAI	BS INC.	
	Copper:		1.3		200.	8	(	0.001		M-CT008			MICROBAC LA	BS INC.	
LAB	SAMPLE	NOTES													
				nple Locat		Collection [	Date		LEA	AD.	C	OP	PER	Lab Sample ID#	
(Se	• • • • • • • • • • • • • • • • • • • •		•	n for sampling	g locations)			Result (mg/	L)	Date Analyzed	Result (mg	/L)	Date Analyzed		
1	4 APPLE	BLOS	SOM			9/11/15	5	0.0015		9/24/15	0.033		9/24/15	E509K71-	1-60630B
3															
4															
5															
6															
7 8															
9															
10															
11															
12															
13 14															
15															
16															
17															
18 19															
20									$\dashv$						
	Rep	ort SCH	OOL R	ESULTS colle	ected in accord	ance with 310	CMR	22.06B (7)(a)	9 belo	ow. Do not use the	se school resu	lts in	90 <sup>th</sup> percentile cal	culations.	
1				CHOOL-FO		9/16/15		<0.0010		9/24/15	0.029		9/24/15		-2-60630C
2				CHOOL-SIN	NK	9/16/15		0.0026		9/24/15	0.14		9/24/15	_	-3-60630D
3 4	BAGNAL			OUNTAIN		9/16/15 9/16/15		0.013		9/24/15 9/24/15	0.21		9/24/15 9/24/15	+	-4-60630E -5-60630F
	DAONAL	L 0011	0010	TINIX		3/10/10		0.0014		3/Z <del>4</del> /13	0.032		3/24/13	L005K7 1	3 000001
l cen	tify under p	enalties	of law ti	hat I am the i	oerson authoriz	red to Pi	rimaı	rv Lab Dire	ecto	r Signature:		1			
fill o	ut this forn	n and th	e infori	mation conta	ined herein is			. y _u		. Orginataro:		ð			
accu	rate and co	ompiete t	o the be	est extent of l	my knowledge.					Date:			9/30/15		
If no	ot submittin	g these	results (	electronically	, mail <u>ONE</u> cop	y of this repo	rt to yo	our DEP Regio	onal C	Office no later than	10 days after	the e	end of the month ir	n which you	received
	0	ON4 9 A	ITNO 5		· —					porting period, whi			o DED Boologel	Office	
DEE				tial & Date)		uət əubiilil F			-NO.	with this form t	o me approp	ıııdl	e DEP Regional	Office.	
	ccepted_	SIAIC	JU (IIII)	liai & Date) □ Disapp			Re Comn	eview nents							
⊔ <i>F</i>	recepted _			⊔ ызар∤	noveu										



I. P	WS INFO	ORMA	TION:	Please re	fer to your D	EP Lead 8	& Cop	per samplir	g pla	an for approved	l sampling	loca	ations.		
PW	S ID #:		311	6000	]			City /	Tow	n: GROVEL	.AND				
PW	S Name:	: [	Grov	eland Wa	ter Departr	nent				PW	/S Class:	С	OM 🛛 NTNO	∷ TNC	
				Oı	riginal, Resubi	nitted or				If Res	ubmitted Re	port,	list below:		
Routi	ine or Spe	ciai San	npies		Confirmation			(1	Reas	son for Resubmis	sion	(	2) Collection Date	of Origina	l Sample
	⊠ RS	□ ss			Resubmitte	d 🗌 Confirm	nation	Resam	ole 🗌	Ranalysis  Rep	ort Correctio	n			
SAM	IPLE NOTE	<b>ES</b> – (Su	ch as, if	a Manifold/N	Multiple sample	, list the sour	rces tha	at were on-line	durir	ig sample collection	n).				
II. A	NALYTI	CAL L	ABOI	RATORY	INFORMAT	ION:									
Prin	nary Lab	MA Ce	rt. #:	MA026	Primary	/ Lab Nam	e: E	Biomarine Inc					Subcontracte	d? (Y/N)	Υ
Aı	nalyte	Acti	on Leve	el (mg/L)	Lab Me	thod	MD	L (mg/L)	Ana	alysis Lab MA Ce	rt.#		Analysis Lab	Name	
	Lead:		0.01	5	200.	8	(	0.001		M-CT008			MICROBAC LA	BS INC.	
(	Copper:		1.3		200.	8	(	0.001		M-CT008			MICROBAC LAI	BS INC.	
LAB	SAMPLE I	NOTES													
	DEP A	Annrov	ed Sar	mple Locat	tion				LEA	\D		СОР	PER		
(Se				n for sampling		Collection	Date	Result (mg/L)		Date Analyzed	Result (mg	g/L)	Date Analyzed	Lab Sam	ple ID#
1															
2															
<u>3</u>															
5															
6															
7															
<u>8</u> 9															
10															
11															
12															
13															
14 15															
16															
17															
18									_						
19 20															
20	Rep	ort SCH	IOOL R	ESULTS coll	ected in accord	ance with 31	0 CMR	22.06B (7)(a)	9 belo	w. Do not use thes	se school res	ults ir	90 <sup>th</sup> percentile cal	culations.	
1	PENTUC	KET M	IIDDLE	SCHOOL-	FOUNTAIN	9/16/1	6	0.0035		9/24/15	0.049		9/24/15		-6-60630G
2	PENTUC	KET M	IIDDLE	SCHOOL-	SINK	9/16/1	5	0.010		9/24/15	0.094		9/24/15	E509K71	-7-60630H
3 4															
4															
Lcert	tify under n	enalties	of law ti	hat I am the I	person authoriz	red to P	Prima	rv I ah Dir	ecto	r Signature:		1			
fill o	ut this forn	n and th	ne infori	mation conta	ained herein is	true,		iy Lab Dii		· Orginataro.		ð			
accu	rate and co	mplete	to the be	est extent of	my knowledge.					Date:			9/30/15		
If no	ot submittin	g these	results (	electronically	, mail <u>ONE</u> cop	y of this repo	ort to y	our DEP Regi	onal C	Office no later than	10 days afte	r the	end of the month ir	which you	received
				this	s report <u>or</u> no la	ter than 10 c	lays aft	ter the end of	he re	porting period, whi	chever is so	oner.	e DEP Regional		
DEP				tial & Date)		ast submit			.51\-1	- with this follow	o tric appro	γιαι	C DET TREGIONAL	Ciliou.	
	ccepted _	5.7(1)	(""	☐ Disapp			Comr	eview nents							
<u> </u>	.ooopicu _				u								_		



LCR-D

Page \_\_\_\_\_ of \_\_\_

# Massachusetts Department of Environmental Protection - Drinking Water Program Lead and Copper - 90<sup>th</sup> PERCENTILE COMPLIANCE Report (For Systems Required to Collect More Than 5 Samples)

I. PW	S INFORM	ATIC	ON: Please	refer	to your DEP	Lead	& Copper s	amp	oling p	olan for	appro	oved	sampling lo	ocatio	ns.		
PWS	ID #:							Ci	ity / T	own:							
PWS	Name:											PV	VS Class:	CO	M 🗌 NT	NC 🗌	
Samp	oling		☐ FIRST SEI	IUAL SAMPLII				☐ REDUCED - EVERY THREE YEARS									
Frequency: SECOND SEMI-ANNUAL SAMPLING PERIOD												EAD S	SERVICE LIN	E (LSL	REPLACEM	IENT PRO	OGRAM
(choose	hoose one)   REDUCED – ANNUAL   DEMONSTRATION  tep 1: Place lead results in ascending order (from lowest to highest value) with lowest value at # 1, in the table below. Repeat for copper results.																
Please limit (M mg/L for Step 2 necess Step 3	e report resuld IDL) but below or copper.  : Multiply the sary.  : Compare the sary.	ts that ow 0. The total	at are ND or 005 mg/L for all number of ample result a	less the sample	nan (<) the lai or 0.05 mg/L the es collected be 90th percenti	borato for cop by 0.9	highest value ry's reported pper shall be (this is your sometimes) replie number arequired to co	deterepo	ection orted a percer	imit (ME s measu ntile sam	DL) as ured o nple n	zero. r may umbe	Results at of be reported r). Round to tion level. If	the 90	ve the labor 0025 mg/L f earest whol th percentil	atory's de or lead o e numbe e value is	r 0.025 r, if
							WS is a scho		01 11100			40 }					401101101
		-	EAD DEOL	TO	/ · · · · // · ·							-		· O. III -	FO ( /! )		
ш	Danulta		LEAD RESULTS (mg/L)							Danie	.14		Perulta			и	Deculte
1*	Results	# 16	Results	# 31	Results	# 46	Results		# 1*	Resu	lits	# 16	Results	# 31	Results	46	Results
2		17		32		47			2		-	17		32		47	
3		18		33		48			3			18		33		48	
4		19		34		49			4			19		34		49	
5		20		35		50			5			20		35		50	
6		21		36		51			6			21		36		51	
7		22		37		52			7			22		37		52	
8		23		38		53			8			23		38		53	
9		24		39		54			9			24		39		54	
10		25		40		55			10			25		40		55	
11		26		41		56			11			26		41		56	
12		27		42		57			12			27		42		57	
13		28		43		58			13		-	28		43		58	
14		29 30		44		59 60			14 15			29 30		44		59 60	
	st Value	30		45		60			13			30		43		00	
·	Total # of	san	uired to col nples collec tile sample	ted:		x 0.9	and copper $\theta = \frac{1}{100}$		_ TI	nis num	nber i	s my	system's 9		<del>-</del> ercentile s	ample #	
					Compared	to <b>0.0</b>	)15 mg/L								Compare	ed to <b>1.3</b>	mg/L
(Lead	result at 90 <sup>th</sup> p	ercer	ntile sample#)		(The lead	d action	n level)		(Coppe	er result a	at 90 <sup>th</sup>	percer	ntile sample#)		(The cop	per action	level)
II. CE	RTIFICATI	ON:															
you mu	ust comply w	ith th	ne Consumer	Confi		CCR)	ined by the a reporting req vel.			•				•		mmunity	system
	☐ My syste	m e	xceeded th	ne lea	d action lev	el and	d				sam	npling	sites <b>exc</b> o	eded	the lead	action le	evel.
							(Insertance (CCR) report	the		results.							unity
					he copper a												
	☐ My syste	m <b>e</b>	xceeded th	ne cop	per action	level a		rt .!!	of ac-	olos)	sam	pling	sites <b>exc</b>	eeded	the copp	er actior	n level.
I have a	also notified the	e own	ner of each sar	npling s	site of their site	s' indiv	(Inse e been previou idual results. I at of my knowle	sly a certi	fy unde	d in writin r penalty							
	7	Γitle					Signature of P\	NS c	or Own	er's Repr	resenta	ıtive				Date	



LCR-E

# Massachusetts Department of Environmental Protection - Drinking Water Program Lead and Copper - 90<sup>th</sup> PERCENTILE COMPLIANCE Report (For Systems Required to Collect 5 Samples)

I. PWS INFORMA	TION: Please refer to your DEP Lead & Copper sampling p	lan for approved sampling locations.
PWS ID #:	City / To	
PWS Name:		PWS Class: COM NTNC
Sampling	☐ FIRST SEMI-ANNUAL SAMPLING PERIOD	☐ REDUCED - EVERY THREE YEARS
Frequency:	☐ SECOND SEMI-ANNUAL SAMPLING PERIOD	☐ LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
(choose one)	☐ REDUCED – ANNUAL	☐ DEMONSTRATION
Please report results limit (MDL) but below mg/L for copper.  Step 2: Take the ave Step 3: Compare the have an exceedance	0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as rage of the 4 <sup>th</sup> and 5 <sup>th</sup> highest sample results. This is your 90 <sup>th</sup> p	mit (MDL) as zero. Results at or above the laboratory's detection measured or may be reported as 0.0025 mg/L for lead or 0.025 ercentile sample value.  The 90th percentile value is higher than the action level, then you information on compliance actions.
Note. II you collected	i more than 5 samples you must use the 90 Percentile Compila	nce Report form for more than 5 samples (Form LCR-ש).
	LEAD RESULTS (mg/L)	COPPER RESULTS (mg/L)
	All results for sampling period #	All results for sampling period
1*		
3	3	
4	4	
5	5	
*Lowest Value		
	highest sample results above, then average the 4 <sup>th</sup> (Value of 4th highest result + Value of the 5th highest)  2	
(Lead 90 <sup>th</sup> percent	Compared to <u>0.015 mg/L</u> tile value) (The lead action level) (Co	opper 90 <sup>th</sup> percentile value)  Compared to <u>1.3 mg/L</u> (The copper action level)
II. CERTIFICATIO	N:	
you are a commi	plete the correct statement for lead as determined bunity system you must comply with the Consumer C 310 CMR 22.16A(4)(i)6.	y the above results. If you have an exceedance and confidence Rule (CCR) reporting requirements in
	stem was <b>at or below</b> the lead action level.  stem <b>exceeded</b> the lead action level	sampling sites <b>exceeded</b> the lead action level.
and you are a co		d from the above results. If you have an exceedance ner Confidence Rule (CCR) reporting requirements in
☐ My sys	stem was at or below the copper action level.	
☐ My sys	stem <b>exceeded</b> the copper action level and (Insert # of sa	sampling sites <b>exceeded</b> the copper action level.
310 CMR 22.06B(7).	indicates that all sampling sites on this report have been previou I have also notified the owner of each sampling site of their site fill out this form and the information contained herein is true, ac	
	0: (8::2	
Title	Signature of PWS or Owner  CP-C along with this form	Page Of



#### Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

				-	-								
PWS INFORM	IATION: PI	ease refer to y	our DEP Wate	er Quality	Samp	ling Schedule	(WQSS)	) to help com	plete this forn	1			
WS ID #:					City	MA							
WS Name:	Bioma	arine - DW - D	EP					PWS C	lass: C	ом 🗆 и	гис 🗆	TNC	
Davidina an		Origina	I. Dagumittad an					If Re	submitted, list be	ow			
Routine or Special Sample	,	~	I, Resumitted or mation Report		_	(1)	Reason for	r Resubmission		(2) Collection Dat	te of Origina	al Sample	
☑ RS □ SS	✓	Original   Re	esubmitted	Confirmation		□ Resample	□ Reana	alysis □ Repor	t Correction				
AMPLE NOTES -	(Such as, if a	Manifold/Multiple	sample, list the s	ources that v	vere on-	line during samp	e collectio	on).	<u> </u>				
ANALYTICAL	_ LABORA	TORY INFORM	IATION										
Primary Lab MA Cert. #: M-CT008 Primary L				ab Name:	Micr	obac Labora	tories, li	nc.		Subcontract	? (Y/N)	N	
Analyte Action Level (mg/L) Lab M			Lab Met	hod	N	IDL (mg/L)	Analy	ysis Lab MA Cert	#	Analysis La	b Name		
Lead:	0	.015	200.8		0.001		M-CT008		Microbac L	aboratories, Inc.			
Copper:		1.3	200.8		0.001		M-CT008		Microbac L	aboratories, Inc.			
Г	FP Approved	Sample Location					LEAD			COPPER		Lab Sample	
		d LCR plan for sampling locations)			n Date	Result (mg/L)		Date Analyzed	Result (mg/L)			ID#	
1 60630B				9/11/2015		0.0015		/24/2015	0.033	09/24/2015		509K71-1	
2 60630C				9/16/2015		<0.0010		/24/2015	0.029	09/24/2015		E509K71-2	
3 60630D			9/16/2015		0.0026		/24/2015	0.14	09/24/2015		609K71-3		
4 60630E		9/16/2015		0.013		/24/2015	0.21	09/24/2015		509K71-4			
5 60630F				9/16/2015		0.0014		/24/2015	0.092	09/24/2015		09K71-5	
6 60630G				9/16/2015		0.0035		/24/2015	0.049	09/24/2015		E509K71-6	
7 60630H				9/16/2015		0.010		/24/2015	0.094	09/24/2015		509K71-7	
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22				<u></u> _									
		Sample Location		Collectio	n Data		LEAD			COPPER		Lab Sample	
(See DEP a	approved LCR	plan for sampling	locations)	Collectio	. Date	Result (mg/	L)	Date Analyzed	Result (mg/L)	Date Analya	zed	ID#	
	Report S0	CHOOL RESULTS	collected in accor	rdance with 3	10 CMR	22.06b (7)(a)9 be		-		ercentile calculation			
1													
2													



### Massachusetts Department of Environmental Protection - Drinking Water Program

### LCR-C

I. PWS INFORMAT	ION: Please refe	r to your DEP W	later Quality San	pling Schedule (	WQSS)	to help complete this	form		
PWS ID #:									
PWS Name:	Biomarine - DV	W - DEP				PWS Class:	сом 🗆	NTNC	□ TNC □
Routine or	0	riginal, Resumitted	or			If Resubmitted,	ist below		
Special Sample		Confirmation Repor		(1) Re	eason for	Resubmission	(2) Collection	on Date of Orig	inal Sample
RS SS	S SS Original Resubmitted Confirmation Resample Reanalysis Report Correct				lysis Report Correction				
SAMPLE NOTES - (Suc	ch as, if a Manifold/Mu	ıltiple sample, list tl	ne sources that were	on-line during sample	collectio	n).	•		
II. ANALYTICAL LA	ABORATORY INF	ORMATION							
Primary Lab MA C	ert. #: M-CT0	08 Primary	y Lab Name: Mi	crobac Laborato	ries, Ir	1C.	Subcont	ract? (Y/N)	N
I cea	rtify under penalties t this form and the ir		•	Pri	mary La	ab Director Signature	and	laf -	
true, accurate and o	complete to the besi	t extent of my kno	wledge			Date	9/24/2015		
If n	_	•			•	onal Office no later than t f the reporting period, wh	•		onth
	COM & NTNC	Public Water Sup	pplies must submit F	orms LCR-D or LC	R-E with	this form to the appropria	ate DEP Regional	Office.	
DEP REVIEW S <sup>3</sup> □ Accepted	TATUS (Initial & D	Date)		Review					□ WQTS