



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 #: 4250003

City / Town: ROCHESTER

PWS Name: OLD COLONY REG VOC TECH HIGH SCHOOL

COM [] NTNC [x] TNC []

Table with columns: Routine or Special Sample, Original, Resubmitted or Confirmation Report, (1) Reason for Resubmission, (2) Collection Date of Original Sample. Includes checkboxes for RS, SS, Original, Resubmitted, Confirmation, Resample, Reanalysis, Report Correction.

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: M-MA022

Primary Lab Name: Analytical Balance

Subcontracted? (Y/N) N

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

Table with columns: 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 Laboratory Sample ID# & Analysis Laboratory 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.

Table with columns: #, Location, Date, Dilution Factor, LEAD, COPPER, Sample ID#. Rows for Teachers Lounge and Offset Printing.

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: Laurel Stoddard Date:

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWQ 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) [] Accepted [] Disapproved Review Comments [] WQTS Data Entered



CHAIN OF CUSTODY

A110807



422 West Grove Street
Middleboro, MA 02346
Ph. (508) 946-2225
Fax (508) 946-3335
Lab I.D. #M-MA022

Client Name: <i>Old Colony Reg Vex Tech</i>		Project Name: <i>Old Colony 4250003</i>		ANALYSIS REQUIRED																	
Address: <i>476 North Ave Rochester, MA</i>		Collected by: <i>RS</i>		NO. OF CONTAINERS	<i>Lead + Copper</i>									TURNAROUND TIME							
C-O-C# <i>A110807</i>																					
Analytical LAB I.D.	COLLECTION		I.D.		COMP.	GRAB	STATION LOCATION														
	Date	Time	Matrix	Pres.																	
1	9-28-21	7:01					Girls locker Room	1													
2		7:05					Library	1													
3		7:08					Main Kitchen	1													
4		7:14					Culinary Kitchen	1													
5		7:16					Cougars Den	1													
6		7:21					Health Centers	1													
7		7:25					Cosmetology Shop	1													
8		7:29					Wing-8 Boys Room	1													
9		7:37					Teachers Lounge	1													
10	✓	7:40					Offset Printing Shop	1													

LAB RESERVES THE RIGHT TO RETURN UNUSED PORTIONS OF NON-AQUEOUS SAMPLES TO CLIENT.

RELINQUISHED BY: (Signature) <i>RS</i> 9/28/21	RECEIVED BY: (Signature) <i>Eric</i>	DATE 9/28	TIME 9:57	LAB COMMENTS
RELINQUISHED BY: (Signature)	RECEIVED FOR LABORATORY BY: (Signature)	DATE	TIME	
SHIPPING CONDITIONS: (Check One) <input type="checkbox"/> Iced <input type="checkbox"/> Ambient				TURN-AROUND TIME (TAT) NORMAL (7-10 Working Days)
TEMPERATURE: 15 °C Lowest _____ °C Highest _____ °C Receipt				
MATRIX CODES: RW — REAGENT WATER SE — SEDIMENT DW — DRINKING WATER SL — SLUDGE GW — GROUND WATER HW — HAZARDOUS WASTE SW — SURFACE WATER WW — WASTE WATER SO — SOIL PW — POOL WATER		CONTAMINATION LEVEL L — LOW (NO ODOR) H — HIGH M — MEDIUM U — UNKNOWN		• TAT begins when sample is received at test facility. • TAT for samples received after 4 p.m. will begin on the next business day. • All TAT's are subject to laboratory approval and customer consent.