



Lead and Copper Analysis Report

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

PWS ID #: City / Town: **WAYLAND**
 PWS Name: **WAYLAND PUBLIC SCHOOLS** PWS Class: COM NTNC TNC

Routine or Special Samples <input type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below:	
		(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	(2) Collection Date of Original Sample
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. #: **M-MA1118** Primary Lab Name: **NASHOBA ANALYTICAL, LLC** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	SM 3113B	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.003	M-MA1118	Nashoba Analytical, LLC

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 THE CHILDRENS WAY – ROOM 5 SINK	3/10/16	0.002	3/28/16	0.22	3/29/16	164620-1
2 THE CHILDRENS WAY – ROOM 1 SINK	3/10/16	ND	3/28/16	0.21	3/29/16	164620-2
3 THE CHILDRENS WAY – ROOM 3 SINK	3/10/16	ND	3/28/16	0.22	3/29/16	164620-3
4 CLAYPIT SCHOOL - WF-1	3/18/16	ND	3/28/16	0.26	3/29/16	164620-4
5 CLAYPIT SCHOOL – WF-5	3/18/16	ND	3/28/16	0.20	3/29/16	164620-5
6 CLAYPIT SCHOOL – NURSES OFFICE	3/18/16	0.006	3/28/16	0.11	3/29/16	164620-6
7 CLAYPIT SCHOOL – ROOM 1 BUBBLER	3/18/16	ND	3/28/16	0.20	3/29/16	164620-7
8 CLAYPIT SCHOOL – ROOM 102 BUBBLER	3/18/16	ND	3/28/16	0.056	3/29/16	164620-8
9 CLAYPIT SCHOOL – MUSIC BUBBLER	3/18/16	0.003	3/28/16	0.056	3/29/16	164620-9
10 CLAYPIT SCHOOL – ROOM 111 BUBBLER	3/18/16	ND	3/28/16	0.10	3/29/16	164620-10
11 CLAYPIT SCHOOL – ROOM 118 BUBBLER	3/18/16	0.008	3/28/16	0.25	3/29/16	164620-11
12 CLAYPIT SCHOOL – ROOM 124 BUBBLER	3/18/16	0.106	3/28/16	0.72	3/29/16	164620-12
13 CLAYPIT SCHOOL – ROOM 129 BUBBLER	3/18/16	0.010	3/28/16	0.63	3/29/16	164620-13
14 LOKER SCHOOL – ART ROOM BUBBLER	3/18/16	0.002	3/28/16	0.16	3/29/16	164620-14
15 LOKER SCHOOL – ROOM 1 BUBBLER	3/18/16	0.002	3/28/16	0.14	3/29/16	164620-15
16 LOKER SCHOOL – ROOM 4 BUBBLER	3/18/16	0.002	3/28/16	0.14	3/29/16	164620-16
17 LOKER SCHOOL – ROOM 6 BUBBLER	3/18/16	0.002	3/28/16	0.23	3/29/16	164620-17
18 LOKER SCHOOL – ROOM 7 BUBBLER	3/18/16	0.008	3/28/16	0.18	3/29/16	164620-18
19 LOKER SCHOOL – ROOM 10 BUBBLER	3/18/16	0.002	3/28/16	0.22	3/29/16	164620-19
20 LOKER SCHOOL – ROOM 12 BUBBLER	3/18/16	0.076	3/28/16	0.62	3/29/16	164620-20

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						
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 extent of my knowledge.

Primary Lab Director Signature: *David L. [Signature]*
Date: **3-29-16**

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	



Lead and Copper Analysis Report

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

PWS ID #: City / Town: **WAYLAND**
 PWS Name: **WAYLAND PUBLIC SCHOOLS** 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 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	

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. #: **M-MA1118** Primary Lab Name: **NASHOBA ANALYTICAL, LLC** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	SM 3113B	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.003	M-MA1118	Nashoba Analytical, LLC

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 LOKER SCHOOL – WF1	3/18/16	ND	3/28/16	0.11	3/29/16	164620-21
2 LOKER SCHOOL – WF2	3/18/16	0.004	3/28/16	0.16	3/29/16	164620-22
3 LOKER SCHOOL – NURSES SINK	3/18/16	0.009	3/28/16	0.14	3/29/16	164620-23
4 MIDDLE SCHOOL – WF-1	3/22/16	0.001	3/28/16	0.24	3/29/16	164620-24
5 MIDDLE SCHOOL – WF-4	3/22/16	0.001	3/28/16	0.17	3/29/16	164620-25
6 MIDDLE SCHOOL – WF-6	3/22/16	0.001	3/28/16	0.10	3/29/16	164620-26
7 MIDDLE SCHOOL – NURSES SINK	3/22/16	0.002	3/28/16	0.15	3/29/16	164620-27
8 HAPPY HOLLOW SCHOOL – WF-1	3/22/16	0.004	3/28/16	0.14	3/29/16	164620-28
9 HAPPY HOLLOW SCHOOL – WF-3	3/22/16	0.013	3/28/16	0.14	3/29/16	164620-29
10 HAPPY HOLLOW SCHOOL – WF-4	3/22/16	ND	3/28/16	0.40	3/29/16	164620-30
11 HAPPY HOLLOW SCHOOL – ROOM 1	3/22/16	0.002	3/28/16	0.087	3/29/16	164620-31
12 HAPPY HOLLOW SCHOOL – ROOM 1B	3/22/16	0.004	3/28/16	0.19	3/29/16	164620-32
13 HAPPY HOLLOW SCHOOL – ROOM 3	3/22/16	0.001	3/28/16	0.21	3/29/16	164620-33
14 HAPPY HOLLOW SCHOOL – ROOM 6	3/22/16	0.004	3/28/16	0.30	3/29/16	164620-34
15 HAPPY HOLLOW SCHOOL – ROOM 8	3/22/16	0.002	3/28/16	0.20	3/29/16	164620-35
16 HAPPY HOLLOW SCHOOL – ROOM 10	3/22/16	0.002	3/28/16	0.066	3/29/16	164620-36
17 HAPPY HOLLOW SCHOOL – ROOM 16	3/22/16	0.002	3/28/16	0.092	3/29/16	164620-37
18 HIGH SCHOOL BLDG A – CAFÉ WF	3/23/16	ND	3/28/16	0.12	3/29/16	164620-38
19 HIGH SCHOOL BLDG A – WEIGHT ROOM WF	3/23/16	ND	3/28/16	0.22	3/29/16	164620-39
20 HIGH SCHOOL BLDG B – 129/131 WF	3/23/16	ND	3/28/16	0.17	3/29/16	164620-40

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						
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 extent of my knowledge.

Primary Lab Director Signature: *David L. Hummel*
Date: **3-29-16**

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	



Lead and Copper Analysis Report

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

PWS ID #: City / Town: **WAYLAND**

PWS Name: **WAYLAND PUBLIC SCHOOLS** PWS Class: COM NTNC TNC

Routine or Special Samples <input type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below:	
		(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	(2) Collection Date of Original Sample
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. #: **M-MA1118** Primary Lab Name: **NASHOBA ANALYTICAL, LLC** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	SM 3113B	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.003	M-MA1118	Nashoba Analytical, LLC

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 HIGH SCHOOL BLDG B – 205/203 WF	3/23/16	ND	3/28/16	0.21	3/29/16	164620-41
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

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						
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 extent of my knowledge.

Primary Lab Director Signature: David L. Thumoth
 Date: 3-29-16

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	



Lead and Copper Analysis Report

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

PWS ID #: City / Town: **WAYLAND**

PWS Name: **WAYLAND PUBLIC SCHOOLS** 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	

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. #: **M-MA1118** Primary Lab Name: **NASHOBA ANALYTICAL, LLC** Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	SM 3113B	0.001	M-MA1118	Nashoba Analytical, LLC
Copper:	1.3	EPA 200.7	0.003	M-MA1118	Nashoba Analytical, LLC

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	LOKER SCHOOL - ROOM 12 BUBBLER	3/30/16	0.008	3/31/16	0.27	3/31/16	164757-1
2	CLAYPIT SCHOOL - ROOM 124 BUBBLER	3/30/16	0.002	3/31/16	0.27	3/31/16	164757-2
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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							
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 extent of my knowledge.

Primary Lab Director Signature: *David L. Huworth*

Date: **3-31-16**

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	