

Massachusetts Department of Environmental Protection - Drinking Water Program LCR-C

Lead and Copper Analysis Report

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

#: 1059000 City/Town: CHESTER
Name: Chester Water Department PWS Class: CCM [X] NTNC [ ] TNC [ ]

Special Samples: Original, Resubmitted or Confirmation Report
(1) Reason for Resubmission (2) Collection Date of Original Sample
[ ] Resample [ ] Reanalyze [ ] Report Correction 9/15/2017

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

ANALYTICAL LABORATORY INFORMATION:

Lab MA Cert. #: M-00854 Primary Lab Name: Howard Laboratories Subcontracted? (Y/N) Y

Table with 6 columns: Parameter, Action Level (mg/L), Lab Method, WQL (mg/L), Analytic Lab MA Cert.#, Analysis Lab Name. Rows for Lead and Copper.

ADDITIONAL NOTES

Table with 7 columns: DEP Approved Sample Location, Collection Date, LEAD Result (mg/L), LEAD Date Analyzed, COPPER Result (mg/L), COPPER Date Analyzed, Lab Sample ID#. Rows for various street locations.

Report SCHOOL RESULTS collected in accordance with 310 CMR 22.068 (7)(b) below. Do not use these school results in 100th percentile calculations.

I certify under penalty of law that I am the person authorized to sign this form and the information contained herein is true, correct and complete to the best of my knowledge.
Primary Lab Director Signature: [Signature] Date: 9/22/2017

When submitting these results electronically, mail ONE copy of this report to your DEP Regional Office no later than 19 days after the end of the month in which you received the report or no later than 10 days after the end of the reporting period, whichever is sooner.

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

REVIEW STATUS (Initial & Date) Review Comments
[ ] Approved [ ] Disapproved