Massachusetts Department of Environmental Protection
Bureau of Water Resources – Drinking Water Program
Lead & Copper Rule (LCR) – Certification of Consumers and Schools/Early Education & Care Facilities
Notice of Lead Tap Water Monitoring Results
M.G.L. c.111 §160 and 310 CMR 22.06B

A. PWS Information and Certification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

NORFOLK WATER DIVISION
PWS Name

Norfolk — City /Town
2208000 — PWS ID#

Robert J McGhee — Name
Director of Public Works — Title

Signature
10/17/2019 — Date
508-528-4990 — Phone Number

The public water system (PWS) named above hereby certifies that its lead and copper consumer notice has been provided to each person it serves at the specific sampling site from which the sample was tested in compliance with 310 CMR 22.06B(6)(c), as well as to schools/early education & care facilities for any sampling conducted in those facilities. I hereby certify that the PWS has provided the lead and copper consumer notice to the following:

☒ Residents (Section B) ☐ NTNC and Schools/Early Education & Care Facilities (Section C)

Please check off ***one*** of the following for your **approved monitoring period:**

☐ January 1 - June 30 ☒ June 1 – September 30 ☐ July 1 – December 31

☐ July 1 – October 31 (if approved by MassDEP)

Number of samples collected: 30

B. Community Water Systems: Results and Notification Timeline Table

Fill in the table below with the dates that lab data were received, the date the notification was delivered to the consumer, the number of days between the two actions, and whether the consumer notification was made within 30 days.

Date lab data received	Date of consumer notification delivery	Number of days from data receipt to notification delivery	Consumer notification was made within 30 days (Y/N)
9/27/19	10/17/19	20	Y

Delivery Method:

☒ **a.** My system notified consumers:

☒ U.S. Mail ☐ Hand/direct delivery ☐ Email (requires prior MassDEP approval)

☒ **b.** My system notified schools/early education & care facilities if applicable:

☒ U.S. Mail ☐ Hand/direct delivery

C. NTNC Water Systems: Results and Notification Timeline Table

Fill in the table below with the dates that lab data were received, the date the notification was delivered to the consumer, the number of days between the two actions, and whether the consumer notification was made within 30 days.

Date lab data received	Date of consumer notification delivery	Number of days from data receipt to notification delivery	Consumer notification was made within 30 days (Y/N)

Delivery Method: All NTNC (choose a or b); Schools (item c is also required)

☐ **a.** My system is a NTNC and posted the consumer notice within the facility in which the samples were collected. The notice will remain posted until the next lead and copper results are reported.

☐ **b.** My system is a NTNC and notified consumers by direct hand/delivery.

☐ **c.** My system is also a school/early education & care facility and utilized one or both of the following methods for consumer notification.

- ☐ Consumer notification was sent home with each student/child.
- ☐ Consumer notification was posted on the facility website.(provide url:)

D. Consumer Delivery Requirements:

Mandatory criteria for all consumer notification (check the boxes to certify which actions have been completed).

The water system named above certifies that these results and the following information were provided to all consumers, including **homeowners and schools/early education & care facilities** sampled as part of the PWS lead and copper sampling program, ☒ **within 30 days of receiving the test results** from the laboratory, OR ☐ **not within 30 days of receiving the test results** from the laboratory:

☒ Individual tap results from lead and copper tap water monitoring and 90th percentile results (NTNC).

☒ An explanation of the health effects of lead and copper with steps that consumers including schools/early education & care facilities can take to reduce exposure to lead and copper in drinking

☒ Contact information for your water system.

☒ The maximum contaminant level goals and action levels for lead and copper, and the definitions of these two terms from 310 CMR 22.02.

E. Mandatory Agency Delivery Requirements:

Mandatory criteria for all PWSs (check the boxes to certify which actions have been completed).

PWS has:

☒ Completed this form.

☒ Attached is an example(s) of the consumer notification that was delivered via the method(s) certified in **Section B or C**. The examples must be one of the dated notifications that was actually delivered, not a blank template form. If PWS provided laboratory analytical report (Form LCR-C) in addition to the consumer notice, both must be submitted to MassDEP. For systems that are notifying both residential customers and schools, an example of each must be provided.

☒ Within 90 days following the end of the monitoring period: Delivered 1-copy of LCR Certification Form and 1-copy of ALL the attachments check-marked above to the appropriate MassDEP regional office.

Incomplete submittal, failure to submit this Certification Form, or failure to deliver the Consumer Notice as required is a violation of 310 CMR 22.06B(6) and/or (11)(f), which may result in enforcement action that may include penalties, pursuant to M.G.L. c.21A sec. 16 and 310 CMR 5.00.

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

Lead and Copper Analysis Report

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

PWS ID #:	2208000	**City / Town:**	NORFOLK
PWS Name:	NORFOLK WATER DIVISION	**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
☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ 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-RI010 **Primary Lab Name:** New England Testing Lab **Subcontracted? (Y/N)** N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	200.8	0.001	M-RI010	New England Testing Lab
Copper:	1.3	200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

	MassDEP Approved Sample Location (See MassDEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1	H. OLIVE DAY SCHOOL KITCHEN	9/13/19	0.003	9/23/19	0.073	9/23/19	9I18062-01
2	H. OLIVE DAY SCHOOL BUBBLER	9/13/19	ND	9/23/19	0.032	9/23/19	9I18062-02
3	FREEMAN/KENNEDY SCHOOL KITCHEN	9/13/19	ND	9/23/19	0.061	9/23/19	9I18062-03
4	FREEMAN/KENNEDY SCHOOL BUBBLER	9/13/19	ND	9/23/19	0.043	9/23/19	9I18062-04
5	KING PHILLIP MIDDLE SCHOOL KITCHEN	9/17/19	ND	9/23/19	0.088	9/23/19	9I18062-05
6	KING PHILLIP MIDDLE SCHOOL BUBBLER	9/17/19	ND	9/23/19	0.207	9/23/19	9I18062-06
7	LUCKY DUCKY DAY CARE	9/16/19	ND	9/23/19	0.044	9/23/19	9I18062-07
8	NORFOLK CHILDRES SCHOOL	9/17/19	ND	9/23/19	0.034	9/23/19	9I18062-08
9	NORFOLK CO-OPERATIVE PRESCHOOL	9/17/19	0.001	9/23/19	0.052	9/23/19	9I18062-09
10	NORFOLD SCHOOL AGE CHILDCARE	9/13/19	ND	9/23/19	0.074	9/23/19	9I18062-10
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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.							
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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: [signature]

Date: 9/24/2019

If not submitting these results electronically, mail ONE copy of this report to your MassDEP 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 MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)	Review Comments	
☐ Accepted _____ ☐ Disapproved _____		

Rev.Oct 2016

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

Lead and Copper Analysis Report

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

PWS ID #: 2208000 **City / Town:** NORFOLK

PWS Name: NORFOLK WATER DIVISION **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
☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ 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-RI010 **Primary Lab Name:** New England Testing Lab **Subcontracted? (Y/N)** N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	200.8	0.001	M-RI010	New England Testing Lab
Copper:	1.3	200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

	MassDEP Approved Sample Location (See MassDEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1	8 STANDISH RD	8/14/19	ND	9/23/19	0.026	9/23/19	9I18072-01
2	12 HOLBROOK ST	9/16/19	ND	9/23/19	0.054	9/23/19	9I18072-02
3	22 HOLBROOK ST	9/15/19	ND	9/23/19	0.026	9/23/19	9I18072-03
4	41 MEDWAY ST	9/16/19	ND	9/23/19	0.029	9/23/19	9I18072-04
5	71 MEDWAY ST	9/17/19	ND	9/23/19	0.032	9/23/19	9I18072-05
6	36 ROCKWOOD RD	9/16/19	ND	9/23/19	0.044	9/23/19	9I18072-06
7	7 ALICE AVE	9/17/19	ND	9/23/19	0.025	9/23/19	9I18072-07
8	15 BEVERBROOK RD	9/16/19	ND	9/23/19	0.027	9/23/19	9I18072-08
9	20 BOARDMAN ST	9/17/19	ND	9/23/19	0.018	9/23/19	9I18072-09
10	69 BOARDMAN ST	9/16/19	ND	9/23/19	0.026	9/23/19	9I18072-10
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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.							
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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: [signature]

Date: 9/24/2019

If not submitting these results electronically, mail ONE copy of this report to your MassDEP 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 MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)	Review Comments
☐ Accepted _____ ☐ Disapproved _____	

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

Lead and Copper Analysis Report

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

PWS ID #: 2208000 **City / Town:** NORFOLK

PWS Name: NORFOLK WATER DIVISION **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
☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ 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-RI010 **Primary Lab Name:** New England Testing Lab **Subcontracted? (Y/N)** N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	200.8	0.001	M-RI010	New England Testing Lab
Copper:	1.3	200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

	MassDEP Approved Sample Location (See MassDEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1	14 CHURCHILL RD	9/15/19	ND	9/23/19	0.011	9/23/19	9I18068-01
2	15 TUCKER RD	9/17/19	ND	9/23/19	0.042	9/23/19	9I18068-02
3	7 MEADOWBROOK WAY	9/15/19	ND	9/23/19	0.055	9/23/19	9I18068-03
4	35 NORTH ST	9/15/19	ND	9/23/19	0.029	9/23/19	9I18068-04
5	129 NORTH ST	9/16/19	ND	9/23/19	0.033	9/23/19	9I18068-05
6	186 NORTH ST	9/16/19	ND	9/23/19	0.035	9/23/19	9I18068-06
7	7 PONDVIEW RD	9/16/19	ND	9/23/19	0.034	9/23/19	9I18068-07
8	32 STANHOPE DR	9/18/19	ND	9/23/19	0.022	9/23/19	9I18068-08
9	16 ROBIN RD	9/17/19	ND	9/23/19	0.032	9/23/19	9I18068-09
10	12 SPRING ST	9/16/19	ND	9/23/19	0.006	9/23/19	9I18068-10
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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.							
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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: [signature]

Date: 9/24/2019

If not submitting these results electronically, mail ONE copy of this report to your MassDEP 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 MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)	Review Comments
☐ Accepted _____ ☐ Disapproved _____	

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Massachusetts Department of Environmental Protection - Drinking Water Program **LCR-D**

Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

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

PWS ID #:	2208000	**City / Town:**	NORFOLK
PWS Name:	NORFOLK WATER DIVISION	**PWS Class:**	COM ☒ NTNC ☐

Sampling Frequency: (choose one)		
	☐ FIRST SEMI-ANNUAL SAMPLING PERIOD	☒ REDUCED - EVERY THREE YEARS
	☐ SECOND SEMI-ANNUAL SAMPLING PERIOD	☐ LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	☐ REDUCED – ANNUAL	☐ DEMONSTRATION

Step 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 report results that are ND or less than (<) the laboratory's reported detection limit (MDL) as zero. Results at or above the laboratory's detection limit (MDL) but below 0.005 mg/L for lead or 0.05 mg/L for copper shall be reported as measured or may be reported as 0.0025 mg/L for lead or 0.025 mg/L for copper.

Step 2: Multiply the total number of samples collected by 0.9 (this is your 90th percentile sample number). Round to the nearest whole number, if necessary.

Step 3: Compare the sample result at the 90th percentile sample number against the corresponding action level. If the 90th percentile value is higher than the action level, then you have an exceedance and are required to contact MassDEP as soon as possible for information on compliance actions.

Note: Do not include school results on this form unless the PWS is a school. Remember, within 30 days of receipt, you must send individual results to the persons served at each sampled location as per 310 CMR 22.06B(6)(c).

LEAD RESULTS (mg/L)

#	Results	#	Results	#	Results	#	Results
1*	0	16	0	31		46	
2	0	17	0	32		47	
3	0	18	0	33		48	
4	0	19	0	34		49	
5	0	20	0	35		50	
6	0	21		36		51	
7	0	22		37		52	
8	0	23		38		53	
9	0	24		39		54	
10	0	25		40		55	
11	0	26		41		56	
12	0	27		42		57	
13	0	28		43		58	
14	0	29		44		59	
15	0	30		45		60	

COPPER RESULTS (mg/L)

#	Results	#	Results	#	Results	#	Results
1*	0.006	16	0.035	31		46	
2	0.011	17	0.042	32		47	
3	0.018	18	0.044	33		48	
4	0.022	19	0.054	34		49	
5	0.025	20	0.055	35		50	
6	0.026	21		36		51	
7	0.026	22		37		52	
8	0.026	23		38		53	
9	0.027	24		39		54	
10	0.029	25		40		55	
11	0.029	26		41		56	
12	0.032	27		42		57	
13	0.032	28		43		58	
14	0.033	29		44		59	
15	0.034	30		45		60	

***Lowest Value**

My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 This number is my system's 90th percentile sample #.

Circle the 90th percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

0	Compared to **0.015 mg/L**	0.044	Compared to **1.3 mg/L**
(Lead result at 90th percentile sample#)	(The lead action level)	(Copper result at 90th percentile sample#)	(The copper action level)

II. CERTIFICATION:

Check and complete the correct statement for lead as determined by the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

☒ My system was **at or below** the lead action level.

☐ My system **exceeded** the lead action level and _____ sampling sites **exceeded** the lead action level.
(Insert # of samples)

Check and complete the correct statement for copper as determined from the above results. If you have an exceedance and you are a community system you must comply with the Consumer Confidence Rule (CCR) reporting requirements in accordance with 310 CMR 22.16A(4)(i)6.

☒ My system was **at or below** the copper action level.

☐ My system **exceeded** the copper action level _____ sampling sites **exceeded** the copper action level.
(Insert # of samples)

My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP, and both the sites and sampling procedures used comply with 310 CMR 22.06B(7). I certify under penalty 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 and belief.

NE Regional Manager / Cert Operator	Digitally signed by Russell E. Tierney DN: C=US, E=tierney@hwhite.com, O=AMWater, OU=Operations Group, CN=Russell E. Tierney Reason: I am approving this document Date: 2019.10.17 11:07:42-04'00'	10/17/2019
Title	Signature of PWS or Owner's Representative	Date

Please submit Form LCR-C along with this form.