





**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection – Drinking Water Program  
*Lead & Copper Rule (LCR) – Certification of Consumers and Schools/Early Education & Care Facilities*  
*Notice of Lead Tap Water Monitoring Results*

---

**D. Mandatory Agency Delivery Requirements – Checklist for All PWS**

PWS has:

- Completed this form.
- Attached an example of the consumer and schools/early education & care facilities notification to this form.
- 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.

**Failure to submit this Certification Form is a violation of 310 CMR 22.06B (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 DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **2208000** City / Town: **NORFOLK**  
 PWS Name: **Norfolk Water Department** 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-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	3113B	0.001	M-RI010	New England Testing Lab
Copper:	1.3	3120B	0.01	M-RI010	New England Testing Lab

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 71 Medway St	9/29/2016	ND	9/30/2016	0.09	10/3/2016	C0929-W02A
2 41 Medway St	9/29/2016	ND	9/30/2016	0.06	10/3/2016	C0929-W02B
3 7 Pondview Rd	9/28/2016	ND	9/30/2016	0.08	10/3/2016	C0929-W02C
4 22 Holbrook St	9/29/2016	ND	9/30/2016	0.04	10/3/2016	C0929-W02D
5 12 Holbrook St	9/28/2016	ND	9/30/2016	0.10	10/3/2016	C0929-W02E
6 14 Churchill Rd	9/28/2016	ND	9/30/2016	0.02	10/3/2016	C0929-W02F
7 8 Standish Rd	9/28/2016	ND	9/30/2016	0.03	10/3/2016	C0929-W02G
8 69 Boardman St	9/29/2016	ND	9/30/2016	0.03	10/3/2016	C0929-W02H
9 12 Spring St	9/28/2016	ND	9/30/2016	0.03	10/3/2016	C0929-W02I
10 16 Robin St	9/28/2016	ND	9/30/2016	0.13	10/3/2016	C0929-W02J
11 8 Quail Run Rd	9/29/2016	0.002	9/30/2016	0.12	10/3/2016	C0929-W02K
12 7 Meadowbrook Way	9/28/2016	ND	9/30/2016	0.05	10/3/2016	C0929-W02L
13 15 Beaverbrook Rd	9/29/2016	ND	9/30/2016	0.09	10/3/2016	C0929-W02M
14 21 Longview Rd	9/28/2016	ND	9/30/2016	0.03	10/3/2016	C0929-W02N
15 35 North St	9/28/2016	ND	9/30/2016	0.05	10/3/2016	C0929-W02O
16 129 North St	9/28/2016	ND	9/30/2016	0.03	10/3/2016	C0929-W02P
17 186 North St	9/27/2016	ND	9/30/2016	0.11	10/3/2016	C0929-W02Q
18 7 Alice Ave	9/28/2016	ND	9/30/2016	0.04	10/3/2016	C0929-W02R
19 36 Rockwood Rd	9/28/2016	ND	9/30/2016	0.05	10/3/2016	C0929-W02S
20						

Report SCHOOL RESULTS collected in accordance with 310 CMR 22.06B (7)(a)9 below. Do not use these school results in 90<sup>th</sup> percentile calculations.

1 King Phillip Middle School - Kitchen	9/28/2016	ND	9/30/2016	0.26	10/3/2016	C0929-W02T
2 King Phillip Middle School - Fountain	9/28/2016	ND	9/30/2016	0.17	10/3/2016	C0929-W02U
3 Freeman Kennedy School - Kitchen	9/27/2016	ND	9/30/2016	0.09	10/3/2016	C0929-W02V
4 Freeman Kennedy School - Fountain	9/27/2016	ND	9/30/2016	0.06	10/3/2016	C0929-W02W

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:

Date: **10/5/2016**

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 #: **2208000** City / Town: **NORFOLK**  
 PWS Name: **Norfolk Water Department** 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-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	3113B	0.001	M-RI010	New England Testing Lab
Copper:	1.3	3120B	0.01	M-RI010	New England Testing Lab

**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						
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 90<sup>th</sup> percentile calculations.

	Location	Collection Date	Lead (mg/L)	Lead Date Analyzed	Copper (mg/L)	Copper Date Analyzed	Lab Sample ID#
1	H. Olive Day School - Kitchen	9/27/2016	ND	9/30/2016	0.06	10/3/2016	C0929-W02X
2	H. Olive Day School - Fountain	9/27/2016	ND	9/30/2016	0.07	10/3/2016	C0929-W02Y
3	Lucky Ducky Daycare - Kitchen	9/27/2016	ND	9/30/2016	0.08	10/3/2016	C0929-W02Z
4	Lucky Ducky Daycare - Bathroom	9/27/2016	0.004	9/30/2016	0.07	10/3/2016	C0929-W02AA

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: 10/5/2016

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 #: **2208000** City / Town: **NORFOLK**  
 PWS Name: **Norfolk Water Department** 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-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
<b>Lead:</b>	<b>0.015</b>	<b>3113B</b>	<b>0.001</b>	<b>M-RI010</b>	<b>New England Testing Lab</b>
<b>Copper:</b>	<b>1.3</b>	<b>3120B</b>	<b>0.01</b>	<b>M-RI010</b>	<b>New England Testing Lab</b>

LAB SAMPLE NOTES

	DEP Approved Sample Location (See DEP approved LGR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1							
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 90<sup>th</sup> percentile calculations.

1	Norfolk School Age Child Care - Kitchen	9/27/2016	ND	9/30/2016	0.11	10/3/2016	C0929-W02BB
2	Norfolk School Age Child Care - Bathroom	9/27/2016	ND	9/30/2016	0.15	10/3/2016	C0929-W02CC
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: [Signature]

Date: 10/5/2016

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 #: **2208000** City / Town: **NORFOLK**  
 PWS Name: **Norfolk Water Department** 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-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	3113B	0.001	M-RI010	New England Testing Lab
Copper:	1.3	3120B	0.01	M-RI010	New England Testing Lab

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	15 Tucker Road	9/30/2016	ND	9/30/2016	0.05	10/3/2016	C0930-W01
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 90<sup>th</sup> 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: [Signature]  
 Date: 10/7/2016

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)  
 Accepted  Disapproved  
 Review Comments



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

**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 Department** 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 90<sup>th</sup> 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.

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	0.002	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	0.02	16	0.09	31		46	
2	0.03	17	0.10	32		47	
3	0.03	18	0.11	33		48	
4	0.03	19	0.12	34		49	
5	0.03	20	0.13	35		50	
6	0.03	21		36		51	
7	0.04	22		37		52	
8	0.04	23		38		53	
9	0.05	24		39		54	
10	0.05	25		40		55	
11	0.05	26		41		56	
12	0.05	27		42		57	
13	0.06	28		43		58	
14	0.08	29		44		59	
15	0.09	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 90<sup>th</sup> percentile sample #. 18  
 Circle the 90<sup>th</sup> percentile sample # for both lead and copper in the table above, and enter the results in the appropriate spaces below.

<u>0</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.11</u> (Copper result at 90 <sup>th</sup> percentile sample#)	Compared to <u>1.3 mg/L</u> (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 and \_\_\_\_\_ 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 that I have complied with 310 CMR 22.06B(7). I have also notified the owner of each sampling site of their sites' individual results. 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.

Northeast Regional Manager - Water \_\_\_\_\_ Title  
 Signature of PWS or Owner's Representative \_\_\_\_\_ Date 10/13/16



TOWN OF NORFOLK DEPARTMENT OF PUBLIC WORKS

33 Medway Branch Road Norfolk, MA 02056

LEAD AND COPPER SAMPLING PROGRAM
SCHOOL RESULTS

City/Town: Norfolk
PWS Name: Norfolk Department of Public Works
PWS ID#: 2208000
Date: October 13, 2016

Name of School or Childcare Facility: King Philip Middle School
Sampling Address: 18 King Street
Date Sample Collected 9/28/16

Dear School Superintendent/Responsible Party:

Thank you very much for your participation in the Norfolk Department of Public Works and Massachusetts Department of Environmental Protection (MassDEP) Lead and Copper Sampling Program. We encourage you to use these results in your Lead Contamination Control Act (LCCA)1 school or childcare facility program for evaluating lead and copper in your drinking water. For more information on the MassDEP LCCA program to assist schools and childcare facilities to evaluate and address lead and copper in drinking water please see the MassDEP contact information listed below.

The lead and copper levels in your school water samples for the period specified above are as follows:

KITCHEN: LEAD: ND milligrams per liter (mg/l) COPPER: 0.26 mg/l.
FOUNTAIN: LEAD: ND milligrams per liter (mg/l) COPPER: 0.17 mg/l.

- [X] These results DID NOT exceed the Lead and Copper Action Level.
[] These results DID exceed the lead and Copper Action Level.

For schools, the Action Level for Copper is 1.3 mg/l. The Maximum Contaminant Level Goal (MCLG)2 for copper is 1.3 mg/l. The MassDEP Action Level for Lead in school drinking water is 0.015 mg/l and it is more stringent than the federal Lead Action Level. Because lead may pose serious health risks, the EPA and MassDEP also set a MCLG for lead of zero. Both EPA and the Centers for Disease Control and Prevention (CDC) agree that "there is no known safe level of lead in a child's blood"3, therefore MassDEP, Massachusetts Department of Public Health (MDPH) and Norfolk Department of Public Works also recommend the following tips to keep any potential lead out of the water in your school:

- Most importantly - Daily before the school is open, please flush all the taps and drinking water fountains at your school until after the water feels cold. The flushing of the taps ensures the best quality water. The water in the pipe in the street has no lead.
Never use hot water from the faucet for drinking or cooking.
Never boil water to remove lead. Boiling water for an extended time may make the lead more concentrated.

If your results were above the lead or copper action level, follow the MassDEP guidance (including reporting all corrective actions to the MassDEP) in the document titled "Follow-up Steps for Schools or Childcare Facilities Based on Lead and Copper Sampling Results" located at http://www.mass.gov/eea/docs/dep/water/drinking/alpha/i-thru-z/pbfacts2.pdf:

For More Information:
MassDEP Lead and Copper in drinking water:
http://www.mass.gov/eea/agencies/massdep/water/drinking/is-there-lead-in-my-tap-water.html.
http://www.mass.gov/eea/docs/dep/water/drinking/alpha/a-thru-h/copperfs.pdf.
http://www.mass.gov/eea/agencies/massdep/water/drinking/lead-and-other-contaminants-in-drinking-water.html#8
MassDEP Drinking Water Program Contact: program-director-dwp@state.ma.us and 617-292-5770

MDPH Lead and Copper in Drinking Water FAQ and Quick Facts: www.mass.gov/dph/lead-sources
CDC: http://www.cdc.gov/nceh/lead/default.htm.
USEPA: https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water

If you have any questions regarding lead or copper in drinking water or your sampling results, please contact: Norfolk Department of Public Works at (508) 528-4990 or DPW@Norfolk.ma.us.

Sincerely,
Robert J. McGhee

Check box if applicable: [] Copy of analytical report attached
cc: MassDEP Regional Office

1 https://www.epa.gov/sites/production/files/2015-09/documents/epalccapamphlet1989.pdf
2 The Maximum Contaminant Level Goal (MCLG) is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety. The Action Level is the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.
3 https://www.epa.gov/ground-water-and-drinking-water/basic-information-about-lead-drinking-water