

**NOTICE OF TAP WATER RESULTS  
LEAD AND COPPER COMPLIANCE SAMPLING PROGRAM**

PWS Name: Old Colony Reg. Voc. Tech. High School  
PWS ID: 4250003

Date: 10/16/18

Dear Consumer:

As you may know, Old Colony Voc. Tec, High School is also a public water system (PWS) responsible for providing drinking water that meets state and federal standards. This notice reports the lead and copper results from the samples collected at this facility on *September 20, 2018*.

**[Select between the two following options. Check the box that applies and delete the option not selected:]**

1.				
2.				
3.				
4.				
5.				

X A total of ten samples were taken and compliance is based on the 90<sup>th</sup> percentile for all of these samples. See the attached analytical report for the lead and copper results for each location that was sampled. The 90<sup>th</sup> percentile lead and copper levels in your water system are as follows:

**LEAD: 0.0 milligrams per liter (mg/l).** This result is  above/ X below the Lead Action Level of 0.015 mg/l.

**COPPER: 0.02 milligrams per liter (mg/l).** This result is  above/ X below the Copper Action Level of 1.3 mg/l.

**What Does This Mean?**

The United States Environmental Protection Agency (EPA) and the Massachusetts Department of Environmental Protection (MassDEP) set the **Lead Action Level<sup>1</sup> for lead in drinking water at 0.015 mg/l (or parts per million) and the Copper Action Level at 1.3 mg/l.** Because lead may pose serious health risks, the EPA and MassDEP also set a **Maximum Contaminant Level Goal (MCLG)<sup>2</sup> for lead of zero. The MCLG for copper is 1.3 mg/l.**

**If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children.** Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Our public water system is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. More information on lead in drinking water and steps you can take to minimize exposure is available from the Safe Drinking Water Hotline or at: <http://www.epa.gov/safewater/lead>.

**We recommend the following tips to keep any potential lead and copper out of the water you drink:**

- Most importantly – Flushing your water is the simplest way to reduce exposure to lead. When your water has been sitting for several hours, flush the tap until the water feels cold before use.
- Never use hot water from the faucet for drinking or cooking especially when making baby formula.
- Never boil water to remove lead or copper. Boiling water for an extended time may make the lead or copper more concentrated.

For more information on Lead and Copper in Drinking Water visit:

<sup>1</sup> The Action Level is the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

<sup>2</sup> 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.

- <https://www.mass.gov/service-details/overview-of-lead-in-massachusetts-drinking-water>
- <https://www.mass.gov/lists/lead-in-drinking-water>

For more information on copper in drinking water visit:

- <https://www.mass.gov/service-details/copper-and-your-health>
- <https://safewater.zendesk.com/hc/en-us/sections/202346427>

MDPH Lead and Copper in Drinking Water FAQ and Quick Facts:

- <https://www.mass.gov/service-details/sources-of-lead-besides-lead-paint>
- [Lead in Drinking Water FAQ \(https://www.mass.gov/media/1571266/\)](https://www.mass.gov/media/1571266/)
- [Copper in Drinking Water FAQ \(https://www.mass.gov/media/1571251/\)](https://www.mass.gov/media/1571251/)

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 lead or copper sampling results, please feel free to contact: Tom Reznickervitz at **508.763.8011 ext.115**

Sincerely,

**Tom Reznickervitz , Certified Water Operator  
Old Colony Voc. Tec. High School**



# Lead and Copper - 90<sup>th</sup> 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 #: 4250003 City / Town: Rochester  
 PWS Name: Old Colony Reg. Voc. Tec. High School 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. 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*	0.0	16		31		46	
2	0.0	17		32		47	
3	0.0	18		33		48	
4	0.0	19		34		49	
5	0.0	20		35		50	
6	0.0	21		36		51	
7	0.0	22		37		52	
8	0.0	23		38		53	
9	0.0	24		39		54	
10	0.001	25		40		55	
11		26		41		56	
12		27		42		57	
13		28		43		58	
14		29		44		59	
15		30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.0	16		31		46	
2	0.0	17		32		47	
3	0.0	18		33		48	
4	0.0	19		34		49	
5	0.0	20		35		50	
6	0.0	21		36		51	
7	0.0	22		37		52	
8	0.0	23		38		53	
9	0.02	24		39		54	
10	0.02	25		40		55	
11		26		41		56	
12		27		42		57	
13		28		43		58	
14		29		44		59	
15		30		45		60	

\*Lowest Value

My system was required to collect: 10 lead and copper samples. My system collected: 10 lead and copper samples.

Total # of samples collected: 10 x 0.9 = 9 This number is my system's 90<sup>th</sup> percentile sample #.

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>0.0</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.02</u> (Copper result at 90 <sup>th</sup> percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
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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 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.

Facilities Mngr. / Certified Operator  
 Title

T. Reubevity  
 Signature of PWS or Owner's Representative

10/15/18  
 Date

Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

Lead & Copper Analysis Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4250003

City/Town: Rochester

PWS Name: Old Colony Regional Voc. Tech

PWS Class: COM NTNC x NC

Routine or Special Sample	Original or Resubmitted or Confirmation Report	If resubmitted report, list below:	
		Reason for resubmission	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"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022 Primary Lab Name: Analytical Balance Corp. Subcontracted? Y x N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab Cert. #	Analysis Lab Name
Lead	0.015	EPA 200.8	0.001	M-MA022	Analytical Balance Corp.
Copper	1.3	EPA 200.8	0.02	M-MA022	Analytical Balance Corp.

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						

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

	Location	Collection Date	Lead (mg/L)	Date Analyzed	Copper (mg/L)	Date Analyzed	Lab Sample ID #
1	Library	09/20/2018	0.001	10/09/2018	0.02	10/09/2018	28814-01
2	Girls' Locker Room	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-02
3	Main Kitchen	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-03
4	Culinary Kitchen	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-04

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 of my knowledge.

Timothy A. Begley

Digitally signed by Timothy A. Begley  
DN: Timothy A. Begley  
2.5.4.117

Primary Lab Manager Signature/Date:

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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 PWS 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	
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Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

Lead & Copper Analysis Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4250003

City/Town: Rochester

PWS Name: Old Colony Regional Voc. Tech

PWS Class: COM NTNC  NC

Routine or Special Sample  <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	Original or Resubmitted or Confirmation Report  <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted	If resubmitted report, list below:	
		Reason for resubmission  <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Corr.	Collection date of original sample

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp

Subcontracted? Y  N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab Cert. #	Analysis Lab Name
Lead	0.015	EPA 200.8	0.001	M-MA022	Analytical Balance Corp.
Copper	1.3	EPA 200.8	0.02	M-MA022	Analytical Balance Corp.

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						

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

	Location	Collection Date	Lead (mg/L)	Date Analyzed	Copper (mg/L)	Date Analyzed	Lab Sample ID #
5	Cougars' Den	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-05
6	Health Careers Shop	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-06
7	Cosmetology Shop	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-07
8	Wing 8 Boys' Room	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-08

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 of my knowledge.

Primary Lab Manager Signature/Date: 10/12/2018

Timothy A. Begley

Digitally signed by Timothy A. Begley  
DN: cn=Timothy A. Begley, o=DEP  
2.5.4.115  
Date: 2018.10.12 16:46:30

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 PWS 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	
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Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

Lead & Copper Analysis Report

PWS Information: Please refer to your DEP Water Sampling Schedule (WQSS) to help complete this form.

PWS ID #: 4250003

City/Town: Rochester

PWS Name: Old Colony Regional Voc. Tech

PWS Class: COM NTNC x NC

Routine or Special Sample  _x_ RS    ___ SS	Original or Resubmitted or Confirmation Report  _x_ Original    ___ Resubmitted	If resubmitted report, list below:	
		Reason for resubmission  _Resample_ _Reanalysis_ _Report Corr.	Collection date of original sample

II. Analytical Laboratory Information:

Primary Lab MA Cert. # M-MA022

Primary Lab Name: Analytical Balance Corp.

Subcontracted? Y x N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab Cert. #	Analysis Lab Name
Lead	0.015	EPA 200.8	0.001	M-MA022	Analytical Balance Corp.
Copper	1.3	EPA 200.8	0.02	M-MA022	Analytical Balance Corp.

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						

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

	Location	Collection Date	Lead	Date Analyzed	Copper	Date Analyzed	Lab Sample ID #
9	Teachers' Lounge	09/20/2018	ND	10/09/2018	0.02	10/09/2018	28814-09
10	Officer Print Shop	09/20/2018	ND	10/09/2018	ND	10/09/2018	28814-10

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 of my knowledge.

Primary Lab Manager Signature/Date: 10/12/2018

Timothy A. Begley

Signature of Timothy A. Begley  
10/12/2018

p. 3 of 3

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 PWS 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	
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