

DEPARTMENT OF ENVIRONMENTAL PROTECTION

LEAD AND COPPER ANALYSIS REPORT

PWSID <u>4122000</u>	PWS NAME <u>Hanover Water Department</u>	TOWN <u>Hanover</u>
STATE CERTIFIED LABORATORY <u>Oliveira Laboratories</u>		CERTIFIED LAB # <u>MA022</u>
LEAD ANALYSIS METHOD <u>200.9</u>	LEAD DETECTION LIMIT <u>0.001</u>	COPPER ANALYSIS METHOD <u>220.1</u>
		COPPER DETECTION LIMIT <u>0.02</u>
# OF SAMPLES REQUIRED*	# OF SAMPLES SUBMITTED*	90TH PERCENTILE LEAD*
		90TH PERCENTILE COPPER*

LAB SAMP ID	SAMP TYPE*	SAMP CODE*	BLDG TYPE CODE*	SAMP COLL CODE*	DEP APPROVED SAMPLE SITE	COLLECTION DATE	LEAD RESULT mg/l	LEAD ANALYSIS DATE	COPPER RESULT mg/l	COPPER ANALYSIS DATE
6773-1	*	1	BLDG	1	Cedar Elementary School - Kitchen	12/9/92	0.021 ✓	12/10/92	0.95 ✓	12/10/92
6773-2	*	1	BLDG	1	Cedar Elementary Sch.-Drinking Fountain	12/9/92	ND ✓	12/10/92	0.66 ✓	12/10/92
6773-3	*	1	BLDG	1	Central Elementary Sch. - Kitchen	12/9/92	0.002 ✓	12/10/92	1.21 ✓	12/10/92
6773-4	*	1	BLDG	1	Central Elementary Sch.-Drinking Fountain	12/9/92	0.021 ✓	12/10/92	0.66 ✓	12/10/92

SAMPLE TYPE	SAMPLE CODE	BUILDING TYPE CODE	SAMPLE COLLECTOR CODE
1 - ENTRY POINT	1 - FIRST SAMPLING PERIOD	SFR - SINGLE FAMILY RESIDENCE	1 - PWS STAFF
2 - FIRST DRAW TAP - LSL	2 - SECOND SAMPLING PERIOD	MFR - MULTI-FAMILY RESIDENCE	2 - RESIDENT/HOMEOWNER
3 - FIRST DRAW TAP - Cu > 1982	3 - REDUCED-1 - # OF SITES	BLDG - PUBLIC BUILDING	3 - STATE OFFICIAL
4 - FIRST DRAW TAP - Cu < 1983	4 - REDUCED-2 - FREQUENCY	NR - NON-RESIDENTIAL STRUCTURE	4 - LABORATORY
	5 - LSL REPLACEMENT PROGRAM		5 - OTHER _____

REMARKS: * Elementary School Samples


 LABORATORY DIRECTOR SIGNATURE

12/14/92
 DATE

* THE SECTION IS TO BE FILLED OUT BY THE WATER SUPPLIER.

Water suppliers should mail TWO copies of this report to their DEP Regional Office within 10 days after the end of the reporting period.

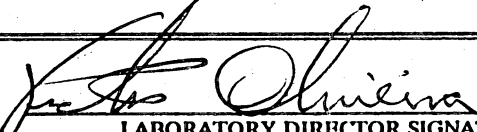
DEPARTMENT OF ENVIRONMENTAL PROTECTION LEAD AND COPPER ANALYSIS REPORT

PWSID <u>4122000</u>	PWS NAME <u>Hanover Water Department</u>	TOWN <u>Hanover</u>
STATE CERTIFIED LABORATORY <u>Oliveira Laboratories</u>		CERTIFIED LAB # <u>MA022</u>
LEAD ANALYSIS METHOD <u>200.9</u>	LEAD DETECTION LIMIT <u>0.001</u>	COPPER ANALYSIS METHOD <u>220.1</u>
		COPPER DETECTION LIMIT <u>0.02</u>
# OF SAMPLES REQUIRED*	# OF SAMPLES SUBMITTED*	WITH PERCENTILE LEAD*
		WITH PERCENTILE COPPER*

LAB SAMP ID	SAMP TYPE	SAMP CODE	BLDG TYPE CODE	SAMP COLL CODE	DEP APPROVED SAMPLE SITE	COLLECTION DATE	LEAD RESULT mg/l	LEAD ANALYSIS DATE	COPPER RESULT mg/l	COPPER ANALYSIS DATE
6811-1					Jr. High - Kitchen	12/10/92	0.004	12/11/92	1.24	12/11/92
6811-2					Jr. High - Drinking Fountain	12/10/92	ND	12/11/92	1.09	12/11/92
6811-3					High School - Kitchen	12/10/92	ND	12/11/92	1.13	12/11/92
6811-4					High School - Drinking Fountain	12/10/92	ND	12/11/92	1.43	12/11/92
6811-5					Salmond - Kitchen	12/10/92	ND	12/11/92	1.16	12/11/92
6811-6					Salmond - Drinking Fountain	12/10/92	0.002	12/11/92	0.76	12/11/92
6811-7					Sylvester - Kitchen	12/10/92	0.005	12/11/92	1.22	12/11/92
6811-8					Sylvester - Drinking Fountain	12/10/92	0.002	12/11/92	2.06	12/11/92

SAMPLE TYPE	SAMPLE CODE	BUILDING TYPE CODE	SAMPLE COLLECTOR CODE
1 - ENTRY POINT	1 - FIRST SAMPLING PERIOD	SFR - SINGLE FAMILY RESIDENCE	1 - PWS STAFF
2 - FIRST DRAW TAP - LSL	2 - SECOND SAMPLING PERIOD	MFR - MULTI-FAMILY RESIDENCE	2 - RESIDENT/HOMEOWNER
3 - FIRST DRAW TAP - Cu > 1982	3 - REDUCED-1 - # OF SITES	BLDG - PUBLIC BUILDING	3 - STATE OFFICIAL
4 - FIRST DRAW TAP - Cu < 1983	4 - REDUCED-2 - FREQUENCY	NR - NON-RESIDENTIAL STRUCTURE	4 - LABORATORY
	5 - LSL REPLACEMENT PROGRAM		5 - OTHER _____

REMARKS: _____


 LABORATORY DIRECTOR SIGNATURE

12/14/92
 DATE

• THE SECTION IS TO BE FILLED OUT BY THE WATER SUPPLIER.

Water suppliers should mail TWO copies of this report to their DEP Regional Office within 10 days after the end of the reporting period.

PAGE 1 OF 1

DEPARTMENT OF ENVIRONMENTAL PROTECTION LEAD AND COPPER ANALYSIS REPORT

PWSID 4122000 PWS NAME Hanover Water Department TOWN Hanover

STATE CERTIFIED LABORATORY Oliveira Laboratories CERTIFIED LAB # MA022

LEAD ANALYSIS METHOD 239.2 LEAD DETECTION LIMIT 0.001 COPPER ANALYSIS METHOD 220.1 COPPER DETECTION LIMIT 0.02

OF SAMPLES REQUIRED 1 # OF SAMPLES SUBMITTED 1 90TH PERCENTILE LEAD 0.001 90TH PERCENTILE COPPER 0.02

LAB SAMP ID	SAMP TYPE	SAMP CODE	BLDG TYPE CODE	SAMP COLL CODE	DEP APPROVED SAMPLE SITE	COLLECTION DATE	LEAD RESULT mg/l	LEAD ANALYSIS DATE	COPPER RESULT mg/l	COPPER ANALYSIS DATE
6997-1					Center School - Kitchen Sink	12/22/92	0.002	12/23/92	0.28	12/23/92
6997-2					Center School - Drinking Fountain	12/22/92	0.028	12/23/92	1.30	12/23/92
6997-3					Cedar School - Kitchen Sink	12/22/92	0.069	12/23/92	1.05	12/23/92
6997-4					Cedar School - Drinking Fountain	12/22/92	0.001	12/23/92	0.60	12/23/92

SAMPLE TYPE	SAMPLE CODE	BUILDING TYPE CODE	SAMPLE COLLECTOR CODE
1 - ENTRY POINT	1 - FIRST SAMPLING PERIOD	SFR - SINGLE FAMILY RESIDENCE	1 - PWS STAFF
2 - FIRST DRAW TAP - LSL	2 - SECOND SAMPLING PERIOD	MFR - MULTI-FAMILY RESIDENCE	2 - RESIDENT/HOMEOWNER
3 - FIRST DRAW TAP - Cu > 1982	3 - REDUCED-1 - # OF SITES	BLDG - PUBLIC BUILDING	3 - STATE OFFICIAL
4 - FIRST DRAW TAP - Cu < 1983	4 - REDUCED-2 - FREQUENCY	NR - NON-RESIDENTIAL STRUCTURE	4 - LABORATORY
	5 - LSL REPLACEMENT PROGRAM		5 - OTHER _____

REMARKS: _____

João Oliveira
LABORATORY DIRECTOR SIGNATURE

12/23/92
DATE

* THE SECTION IS TO BE FILLED OUT BY THE WATER SUPPLIER.

Water suppliers should mail TWO copies of this report to their DEP Regional Office within 10 days after the end of the reporting period.