



Lead and Copper Analysis Report

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

PWS ID #: **4296005** City / Town: **W. TISBURY, MA**
 PWS Name: **W. Tisbury Elementary** 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).
 DW 254510

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #: **M-MA063** Primary Lab Name: **Envirotech Laboratories** Subcontracted? (Y/N) **X**

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-MA009	Barnstable County Lab
Copper:	1.3	200.7	0.003	M-MA063	Envirotech Laboratories 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	
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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.

1	Room 310	9/9/2025	ND	9/23/2025	0.497	9/24/2025	DW 254510A
2	Room 311	9/9/2025	ND	9/23/2025	0.440	9/24/2025	DW 254510B
3	Room 312	9/9/2025	ND	9/23/2025	0.488	9/24/2025	DW 254510C
4	Room 313	9/9/2025	ND	9/23/2025	0.525	9/24/2025	DW 254510D

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: 10/10/2025

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	



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1	Room 314	9/9/2025	ND	9/23/2025	0.528	9/24/2025	DW 254510E
2	Room 315	9/9/2025	ND	9/23/2025	0.574	9/24/2025	DW 254510F
3	Room 316	9/9/2025	ND	9/23/2025	0.644	9/24/2025	DW 254510G
4	Room 318	9/9/2025	0.0011	9/23/2025	0.479	9/24/2025	DW 254510H

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1	Alt. Room 220	9/9/2025	ND	9/23/2025	0.519	9/24/2025	DW 254510I
2	Alt. Fountain Off Gym	9/9/2025	ND	9/23/2025	0.166	9/24/2025	DW 254510J
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