

**Rhode Island Department of Health - Office of Drinking Water Quality
Official Reporting Form for Lead and Copper**

(For DOH use only)

PWS Information:

PWSID Number: **RI1615614**

Water System Name: Town of North Smithfield

Facility Code: **DS001**

Facility Code Description: **Distribution System**

Sampling Point: **LC001**

Laboratory Name: ESS Laboratory

RI Lab. Cert. #: LAI00179

Notes: _____

Analytical Method (Pb): 200.8

Analytical Method (Cu): 200.7

Sample Point Address: <u>1 Halliwell Blvd</u>	
Collection Date: <u>08/25/2017</u>	By: <u>Client</u> Time: <u>03:45</u>
Date Laboratory Received: <u>08/25/2017</u>	Lab Sample ID #: <u>1708641-01</u>
Minimum Reporting Detection	
Chemical Name	Result (mg/l) Limit (mg/l) Limit (mg/l) Date Analyzed
Lead	1 <0.0010 0.0010 0.0002 08/28/2017
Copper	2 0.013 0.020 0.006 08/28/2017

Sample Point Address: <u>88 No. Main St</u>	
Collection Date: <u>08/25/2017</u>	By: <u>Client</u> Time: <u>06:45</u>
Date Laboratory Received: <u>08/25/2017</u>	Lab Sample ID #: <u>1708641-02</u>
Minimum Reporting Detection	
Chemical Name	Result (mg/l) Limit (mg/l) Limit (mg/l) Date Analyzed
Lead	1 <0.0010 0.0010 0.0002 08/28/2017
Copper	2 0.018 0.020 0.006 08/28/2017

Sample Point Address: <u>56 Main St.</u>	
Collection Date: <u>08/25/2017</u>	By: <u>Client</u> Time: <u>05:15</u>
Date Laboratory Received: <u>08/25/2017</u>	Lab Sample ID #: <u>1708641-03</u>
Minimum Reporting Detection	
Chemical Name	Result (mg/l) Limit (mg/l) Limit (mg/l) Date Analyzed
Lead	1 0.0005 0.0010 0.0002 08/28/2017
Copper	2 0.025 0.020 0.006 08/28/2017

Lead 90th Percentile: _____

Copper 90th Percentile: _____

Quality Assurance and Quality Control

- a) All laboratories performing water testing for compliance purposes must be either State or EPA certified for each method reported.
- b) All quality control and quality assurance must be performed in accordance with each approved method.

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PWS Information:

PWSID Number: RI1615614

Water System Name: Town of North Smithfield

Facility Code: DS001

Facility Code Description: Distribution System

Sampling Point: LC001

Laboratory Name: ESS Laboratory

RI Lab. Cert. #: LAI00179

Notes: _____

Analytical Method (Pb): 200.8

Analytical Method (Cu): 200.7

Sample Point Address:		<u>46 Maple Ave</u>			
Collection Date:	<u>08/24/2017</u>	By: Client	<u>Time: 09:00</u>		
Date Laboratory Received:	<u>08/24/2017</u>	Lab Sample ID #:	<u>1708589-01</u>		
Chemical Name	Result (mg/l)	Minimum Reporting Limit (mg/l)	Detection Limit (mg/l)	Date Analyzed	
Lead	1 <0.0010	0.0010	0.0002	08/28/2017	
Copper	2 0.007	0.020	0.006	08/25/2017	

Sample Point Address:		<u>37 Pacheco</u>			
Collection Date:	<u>08/24/2017</u>	By: Client	<u>Time: 07:30</u>		
Date Laboratory Received:	<u>08/24/2017</u>	Lab Sample ID #:	<u>1708589-02</u>		
Chemical Name	Result (mg/l)	Minimum Reporting Limit (mg/l)	Detection Limit (mg/l)	Date Analyzed	
Lead	1 <0.0010	0.0010	0.0002	08/28/2017	
Copper	2 <0.020	0.020	0.006	08/25/2017	

Sample Point Address:		<u>44 Maple</u>			
Collection Date:	<u>08/24/2017</u>	By: Client	<u>Time: 05:00</u>		
Date Laboratory Received:	<u>08/24/2017</u>	Lab Sample ID #:	<u>1708589-03</u>		
Chemical Name	Result (mg/l)	Minimum Reporting Limit (mg/l)	Detection Limit (mg/l)	Date Analyzed	
Lead	1 0.0002	0.0010	0.0002	08/28/2017	
Copper	2 0.020	0.020	0.006	08/25/2017	

Sample Point Address:		<u>10 Park View</u>			
Collection Date:	<u>08/24/2017</u>	By: Client	<u>Time: 07:00</u>		
Date Laboratory Received:	<u>08/24/2017</u>	Lab Sample ID #:	<u>1708589-04</u>		
Chemical Name	Result (mg/l)	Minimum Reporting Limit (mg/l)	Detection Limit (mg/l)	Date Analyzed	
Lead	1 <0.0010	0.0010	0.0002	08/28/2017	
Copper	2 <0.020	0.020	0.006	08/25/2017	



CERTIFICATE OF ANALYSIS

Client Name: Town of North Smithfield
Client Project ID: Copper/Lead

ESS Laboratory Work Order: 1708641

Total Metals

Client Sample ID: 1 Halliwell Blvd
Date Sampled: 08/25/17 03:45
Percent Solids: N/A

ESS Laboratory Sample ID: 1708641-01
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper	J	0.013	mg/L	0.020	0.006	200.7	1	BJV	08/28/17 17:41	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 16:25	10	10

Client Sample ID: 88 No. Main St
Date Sampled: 08/25/17 06:45
Percent Solids: N/A

ESS Laboratory Sample ID: 1708641-02
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper	J	0.018	mg/L	0.020	0.006	200.7	1	BJV	08/28/17 17:45	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 16:30	10	10

Client Sample ID: 56 Main St.
Date Sampled: 08/25/17 05:15
Percent Solids: N/A

ESS Laboratory Sample ID: 1708641-03
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper		0.025	mg/L	0.020	0.006	200.7	1	BJV	08/28/17 17:49	10	10
Lead	J	0.0005	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 16:35	10	10



CERTIFICATE OF ANALYSIS

Client Name: Town of North Smithfield
Client Project ID: Copper/Lead

ESS Laboratory Work Order: 1708589

Total Metals

Client Sample ID: 46 Maple Ave
Date Sampled: 08/24/17 09:00
Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-01
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper	J	0.007	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 15:48	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 14:42	10	10

Client Sample ID: 37 Pacheco
Date Sampled: 08/24/17 07:30
Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-02
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper		ND	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 16:06	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 15:11	10	10

Client Sample ID: 44 Maple
Date Sampled: 08/24/17 05:00
Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-03
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper	J	0.020	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 16:11	10	10
Lead	J	0.0002	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 15:16	10	10

Client Sample ID: 10 Park View
Date Sampled: 08/24/17 07:00
Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-04
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper		ND	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 16:27	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 15:21	10	10

Client Sample ID: 48 Main St
Date Sampled: 08/24/17 06:00
Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-05
Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper		0.041	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 16:31	10	10
Lead		0.0065	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 15:26	10	10



CERTIFICATE OF ANALYSIS

Client Name: Town of North Smithfield
 Client Project ID: Copper/Lead

ESS Laboratory Work Order: 1708589

Total Metals

Client Sample ID: 64 N. Main
 Date Sampled: 08/24/17 07:30
 Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-06
 Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper	J	0.014	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 16:35	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 15:31	10	10

Client Sample ID: 32 McCaan
 Date Sampled: 08/24/17 06:18
 Percent Solids: N/A

ESS Laboratory Sample ID: 1708589-07
 Sample Matrix: Drinking Water

<u>Analyte</u>		<u>Results</u>	<u>Units</u>	<u>MRL</u>	<u>MDL</u>	<u>Method</u>	<u>DF</u>	<u>Analyst</u>	<u>Analyzed</u>	<u>I/V</u>	<u>F/V</u>
Copper		0.026	mg/L	0.020	0.006	200.7	1	KJK	08/25/17 16:39	10	10
Lead		ND	mg/L	0.0010	0.0002	200.8	1	NAR	08/28/17 15:36	10	10



CERTIFICATE OF ANALYSIS

Client Name: Town of North Smithfield
 Client Project ID: Copper/Lead

ESS Laboratory Work Order: 1708589

Quality Control Data

Analyte	Result	MRL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qualifier
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Total Metals

Batch CH72521 - 200.7/6010BNoDigest

Blank										
Copper	ND	0.020	mg/L							
Lead	ND	0.0010	mg/L							
LCS										
Copper	0.522		mg/L	0.5000		104	85-115			
LCS										
Lead	22.0		ug/L	20.00		110	85-115			



CERTIFICATE OF ANALYSIS

Client Name: Town of North Smithfield
Client Project ID: Copper/Lead

ESS Laboratory Work Order: 1708641

Quality Control Data

Analyte	Result	MRL	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qualifier
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Total Metals

Batch CH72832 - 200.7/6010BNoDigest

Blank

Copper	ND	0.020	mg/L							
Lead	ND	0.0010	mg/L							

LCS

Copper	0.496		mg/L	0.5000		99	85-115			
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LCS

Lead	21.3		ug/L	20.00		107	85-115			
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Office of Drinking Water
Certification of Providing Lead Test Results to Consumers

I hereby certify that our each of our water system consumers that took tap water samples for lead tests have been provided the results of those tests for each tap from which the sample was tested. I further certify that were provided to such persons within 30 days of receiving the test results from the laboratory and that the following information was also provided:

- An explanation of the health effects of lead;
• Steps that consumers can take to reduce exposure to lead in drinking water;
• Contact information for our water utility;
• The maximum contaminant level goals and action levels for lead, and the definitions of these two terms from state drinking water regulations.

Water System name: Slatersville Pubic Supply PWSID: RI 1615614

Monitoring period to which the notice applies: 2014 to 2017

Date(s) results were received from laboratory: 9/1/2017

Date(s) results were provided to consumers: 9/30/2017

Notification Method(s) optional, check all that apply

- [X] Postal Mail to each sampler
[] Delivery of multiple copies to one address serving several customers (apartments, businesses)
[] Other direct delivery
[] Electronic Mail
[X] Posting on the water system website
[] Posting notice in public places
Other methods _____

Certified by: [Signature]

Name _____
Title North Smithfield Water & Sewer Superintendent

Date 10/4/2017

○ Note: The LCRM R no longer require you to complete the certification of sampling sites, or certification of collection methods. A modified version of Form 141-A is provided below. This revised form deletes those certifications that are no longer required under the LCRM R. Please check with your State before using the amended Form 141-A.

Amended Form 141-A

Page 1 of 2

SAMPLE SITE IDENTIFICATION AND CERTIFICATION

System's Name: Slatersville Public Supply CWS NTNCWS

Address: Po Box 248

Slatersville R.I. 02876

Number of People Served:

- >100,000
- 10,001 to 100,000
- 3,301 to 10,000
- 501 to 3,300
- 101 to 500
- <100

System ID #: 1615614

Contact Person: Russ Carpenter

Telephone number: 767-2200 Ext 320
Cell 401-641-1386

RESULTS OF MONITORING

THE RESULTS OF LEAD AND COPPER TAP WATER SAMPLES MUST BE ATTACHED TO THIS FORM.

of samples required 10

of samples submitted 10

90th Percentile Pb (ppm) _____

90th Percentile Cu (ppm) _____

Note: If the State has informed you that it will calculate your 90th percentile levels, you do not need to submit the 90th percentile calculations. However, you must still provide your sample results to the State by the deadline that they have specified.

WATER QUALITY PARAMETER SAMPLE RESULTS, IF REQUIRED, MUST BE ATTACHED TO THIS FORM.

of WQP tap samples required NA

of WQP tap samples submitted _____

of entry point samples required NA

of entry point samples submitted _____

SAMPLE SITE IDENTIFICATION AND CERTIFICATION

CHANGE IN SAMPLING SITES

Original site address: 32 North Main St.

New site address: 88 North Main St.

Distance between sites (approximately): 500 Feet

Targeting Criteria: NEW: _____ OLD: _____

Reason for change (attach additional pages if necessary) _____

Not Available to take Sample

Russell Carpenter

SIGNATURE

Russell Carpenter Superintendent

PRINTED NAME

TITLE

10-4-17

DATE

SAMPLE SITE IDENTIFICATION AND CERTIFICATION

CHANGE IN SAMPLING SITES		
Original site address:	2 Halliwell Blvd	
New site address:	1 Halliwell Blvd	
Distance between sites (approximately):	100 Feet	
Targeting Criteria: NEW:	_____	OLD: _____
Reason for change (attach additional pages if necessary)	Not Available to take sample	
SIGNATURE	<i>Russell Carpenter</i>	
PRINTED NAME	Superintendent	10-4-17
TITLE		DATE