

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

PWS Name: Monument Mountain Regional High School (Berkshire Hills Regional School District)  
PWS ID: 1113016 \_\_\_\_\_

Date: 9-8-21

Dear Consumer:

As you may know, Monument Mountain Regional High School (Berkshire Hills Regional School District schools) 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 August 3, 2021.

A total of 10 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: 0.00705 milligrams per liter (mg/l).** This result is  above/ below the Lead Action Level of 0.015 mg/l.  
**COPPER: 0.349 milligrams per liter (mg/l).** This result is  above/ 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 in drinking water visit:

- <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>

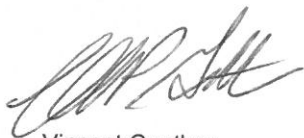
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<sup>1</sup> The Action Level is the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

<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.

If you have any questions regarding lead or copper in drinking water or your lead or copper sampling results, please feel free to contact the BHRSD Director of Operations, Steven Soule at 413 298-4017 x723, or the water operator, Vincent Guntlow at 413 458-2198

Sincerely,

A handwritten signature in black ink, appearing to read 'V. Guntlow', written in a cursive style.

Vincent Guntlow  
Water Operator

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## CERTIFICATE OF ANALYSIS

**L1H0056**

prepared for:

**Berkshire Hills Reg. School Dist.**

Peter Carlotto  
50 Main Street  
Stockbridge, MA 01262

**Project Name: 1113016**

Project / PO Number: N/A

Received: 08/03/2021 13:48

Reported: 08/13/2021 13:44

### Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

Reviewed and Approved By:



Ron Warila  
Director, Environmental  
08/13/2021 13:44

*The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included.*

Microbac Laboratories, Inc.

80 Run Way | Lee, MA 01238 | 413-776-5025 p | [www.microbac.com](http://www.microbac.com)



# Lead and Copper Analysis Report

**I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form**

PWS ID #:  City / Town:

PWS Name:  PWS Class: COM  NTNC  TNC

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted, 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. #:  Primary Lab Name:  Subcontract? (Y/N)

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert#	Analysis Lab Name
Copper	1.30	EPA 200.8, Rv. 5.4 (1994)	0.00102	M-CT008	Microbac Laboratories, Inc. - Dayville
Lead	0.0150	EPA 200.8, Rv. 5.4 (1994)	0.00102	M-CT008	Microbac Laboratories, Inc. - Dayville

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	
01 #1 HS east hall bubbler #3 south	08/03/2021	0.00178	08/11/2021	0.0664	08/11/2021	L1H0056-01
02 #2 HS mens locker room bubbler	08/03/2021	0.00705	08/11/2021	0.108	08/11/2021	L1H0056-02
03 #3 HS south hall bubbler #4 south	08/03/2021	0.00962	08/11/2021	0.0932	08/11/2021	L1H0056-03
04 #4 HS kitchen prep sink left side	08/03/2021	<0.00102	08/11/2021	0.0358	08/11/2021	L1H0056-04
05 #5 HS gym bubbler #1 east side	08/03/2021	0.00203	08/11/2021	0.0530	08/11/2021	L1H0056-05
06 #6 MS 2nd floor hall bubbler	08/03/2021	<0.00102	08/11/2021	0.122	08/11/2021	L1H0056-06
07 #7 MS kitchen prep sink	08/03/2021	<0.00102	08/11/2021	0.349	08/11/2021	L1H0056-07
08 #8 ES kitchen prep sink	08/03/2021	<0.00102	08/11/2021	0.307	08/11/2021	L1H0056-08
09 #9 ES 1st floor pre-k bubbler	08/03/2021	0.00117	08/12/2021	0.292	08/11/2021	L1H0056-09
10 #10 ES 2nd floor bubbler main E	08/03/2021	<0.00102	08/11/2021	0.371	08/11/2021	L1H0056-10

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 extent of my knowledge

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies 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 Supplies 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"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		



Chain of Custody

80 RunWay  
Lee, MA 1238  
413-776-5025

www.Microbac.com

**Copy of Report To**  
 CUSTOMER: Berkshire Hills Regional School District  
 ADDRESS: Monument Valley Road  
 Great Barrington, MA 01230  
 ATTENTION: Peter Carlotto  
 E-MAIL: peter.carlotto@bhrrsd.org  
 PHONE: 413-458-2198 Fax: 413-458-2712

**Project Information**  
 PWS Name: MONUMENT MTN REGIONAL HS  
 PWS ID#: 1113016  
 Location: Great Barrington, MA  
 PWS Class: NTNC  
 Copy to: C.A. Services  
 Submit to MADEP (via eDEP) Yes No

**Billing Information**  
 BILL TO: Berkshire Hills Regional School District  
 ADDRESS: Monument Valley Road  
 Great Barrington, MA 01230  
 E-Mail: cathleen.bourquard@bhrrsd.org  
 ATTENTION: Cathleen Bourquard  
 TELEPHONE:  
 PURCHASE ORDER #:

Sampling Point Description	Location ID	Sample Type (RS, RW, SS)	Sample Collection		Type	Source	Sample Matrix	Number of Bottles	LEETCEC	CL2 Res	Analysis				Preservatives		
			Date	Time							Single / Multiple	Raw / Finished	lead and copper	Non-pres		HCL	HNO3
HS east hall bubbler #3 south	#1	RS	8/3/21	12:48pm	S	F	RW	1			X						
HS mens locker room bubbler	#2	RS	8/3/21	12:46pm	S	F	DW	1			X						
HS south hall bubbler #4 south	#3	RS	8/3/21	12:49pm	S	F	DW	1			X						
HS kitchen prep sink left side #4	#4	RS	8/3/21	12:51pm	S	F	DW	1			X						
HS gym bubbler #1 east side	#5	RS	8/3/21	12:43pm	S	F	DW	1			X						
MS 2nd floor hall bubbler	#6	RS	8/3/21	1:29pm	S	F	DW	1			X						
MS kitchen prep sink	#7	RS	8/3/21	1:26pm	S	F	DW	1			X						
ES kitchen prep sink	#8	RS	8/3/21	1:21pm	S	F	DW	1			X						
ES 1st floor pre-k bubbler	#9	RS	8/3/21	1:19pm	S	F	DW	1			X						
ES 2nd floor bubbler main E	#10	RS	8/3/21	1:17pm	S	F	DW	1			X						

**CUSTODY TRANSFER**

SAMPLER: Frank Briggs  
 RECEIVED: 8/3/21 1:48 PM  
 RELINQUISHED: Original Donor: 8/3/21 1:48 PM  
 RECEIVED:  
 RELINQUISHED:  
 RECEIVED:

TURNAROUND (INDICATE IN CALENDAR DAYS):  
 HARD COPY  E-MAIL

EXPEDITED SERVICE MAY BE SUBJECT TO SURCHARGE  
 COMMENTS: Send copy to C.A. Services Robert Kaske, Vince Guntflow

CONDITIONS UPON RECEIPT: (CHECK ONE)  
 COOLED  AMBIENT  17.8



# 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 #:	1113016	City / Town:	Great Barrington
PWS Name:	Monument Mountain Regional High School (BHRSD)	PWS Class:	COM <input type="checkbox"/> NTNC <input checked="" type="checkbox"/>

Sampling Frequency: (choose one)	<input type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> REDUCED - EVERY THREE YEARS
	<input type="checkbox"/> SECOND SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM
	<input checked="" type="checkbox"/> REDUCED - ANNUAL	<input type="checkbox"/> 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)<sup>1</sup>.

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	0	16		31		46		1*	0.0358	16		31		46	
2	0	17		32		47		2	0.0530	17		32		47	
3	0	18		33		48		3	0.0664	18		33		48	
4	0	19		34		49		4	0.0932	19		34		49	
5	0	20		35		50		5	0.108	20		35		50	
6	0.00117	21		36		51		6	0.122	21		36		51	
7	0.00178	22		37		52		7	0.292	22		37		52	
8	0.00203	23		38		53		8	0.307	23		38		53	
9	0.00705	24		39		54		9	0.349	24		39		54	
10	0.00962	25		40		55		10	0.371	25		40		55	
11		26		41		56		11		26		41		56	
12		27		42		57		12		27		42		57	
13		28		43		58		13		28		43		58	
14		29		44		59		14		29		44		59	
15		30		45		60		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>0.00705</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.349</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.

\_\_\_\_\_  
water operator  
Title

\_\_\_\_\_  
Signature of PWS or Owner's Representative

9-8-21  
\_\_\_\_\_  
Date

<sup>1</sup> The Consumer notification form template is available at: [https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-\(lcr\)-](https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-)