



Massachusetts Department of Environmental Protection - Drinking Water Program **LCR-D**
Lead and Copper - 90th 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 #: 4052007 City / Town: Carver
 PWS Name: New Carver Elementary 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 90th 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	0.0	31		46	
2	0.0	17	0.0	32		47	
3	0.0	18	0.0	33		48	
4	0.0	19	0.0	34		49	
5	0.0	20	0.0	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	0.0	25		40		55	
11	0.0	26		41		56	
12	0.0	27		42		57	
13	0.0	28		43		58	
14	0.0	29		44		59	
15	0.0	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.12	16	0.3	31		46	
2	0.12	17	0.33	32		47	
3	0.13	18	0.42	33		48	
4	0.13	19	0.46	34		49	
5	0.13	20	0.54	35		50	
6	0.15	21		36		51	
7	0.15	22		37		52	
8	0.15	23		38		53	
9	0.17	24		39		54	
10	0.18	25		40		55	
11	0.19	26		41		56	
12	0.23	27		42		57	
13	0.24	28		43		58	
14	0.28	29		44		59	
15	0.3	30		45		60	

*Lowest Value
 My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.
 Total # of samples collected: 20 x 0.9 = 18 This number is my system's 90th percentile sample #.
 Circle the 90th 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 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.42</u> (Copper result at 90 th percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
--	--	---	--

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.

Projects Coordinator Title Jane Cost Signature of PWS or Owner's Representative _____ Date _____