

**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.

<b>PWS ID #:</b>	4052007	<b>City / Town:</b>	Carver
<b>PWS Name:</b>	New Carver Elementary School	<b>PWS Class:</b>	COM <input type="checkbox"/> NTNC <input checked="" type="checkbox"/>
<b>Sampling Frequency:</b> (choose one)	<input type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> REDUCED - EVERY THREE YEARS	
	<input checked="" type="checkbox"/> SECOND SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM	
	<input 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*	0.001	16	0.001	31	0.001	46		1*	0.078	16	0.857	31	3.57	46	
2	0.001	17	0.001	32	0.001	47		2	0.14	17	1.18	32	3.72	47	
3	0.001	18	0.001	33	0.001	48		3	0.201	18	1.18	33	4.62	48	
4	0.001	19	0.001	34	0.001	49		4	0.208	19	1.31	34	5.28	49	
5	0.001	20	0.001	35	0.001	50		5	0.215	20	1.41	35	5.65	50	
6	0.001	21	0.001	36	0.001	51		6	0.217	21	1.43	36	7	51	
7	0.001	22	0.001	37	0.001	52		7	0.233	22	1.44	37	8.02	52	
8	0.001	23	0.001	38	0.002	53		8	0.266	23	1.45	38	8.25	53	
9	0.001	24	0.001	39	0.002	54		9	0.567	24	1.52	39	8.81	54	
10	0.001	25	0.001	40	0.002	55		10	0.69	25	2.08	40	12.1	55	
11	0.001	26	0.001	41		56		11	0.69	26	2.67	41		56	
12	0.001	27	0.001	42		57		12	0.741	27	2.80	42		57	
13	0.001	28	0.001	43		58		13	0.745	28	2.86	43		58	
14	0.001	29	0.001	44		59		14	0.769	29	2.98	44		59	
15	0.001	30	0.001	45		60		15	0.804	30	3.41	45		60	

\*Lowest Value

My system was required to collect: 40 lead and copper samples. My system collected: 40 lead and copper samples.Total # of samples collected: 40 x 0.9 = 36 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.

<b>0.001</b> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <b>0.015 mg/L</b> (The lead action level)	<b>7</b> (Copper result at 90 <sup>th</sup> percentile sample#)	Compared to <b>1.3 mg/L</b> (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 24 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.

Assistant Project Coordinator  
Title

Signature of PWS or Owner's Representative

12/27/2019  
Date

Please submit Form LCR-C along with this form.

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<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)-)