



# Massachusetts Department of Environmental Protection - Drinking Water Program

## Lead and Copper - 90<sup>th</sup> PERCENTILE COMPLIANCE Report

(For Systems Required to Collect More Than 5 Samples)

LCR-D

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

PWS ID #:	4052007	City / Town:	Carver
PWS Name:	Carver Elementary School	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*	0.239	16		31		46	
2	0	17		32		47		2	0.266	17		32		47	
3	0	18		33		48		3	0.280	18		33		48	
4	0	19		34		49		4	0.285	19		34		49	
5	0	20		35		50		5	0.293	20		35		50	
6	0	21		36		51		6	0.293	21		36		51	
7	0	22		37		52		7	0.299	22		37		52	
8	0	23		38		53		8	0.308	23		38		53	
9	0	24		39		54		9	0.318	24		39		54	
10	0	25		40		55		10	0.329	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</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.318</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 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 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.

Program Coordinator  
Title

Signature of PWS or Owner's Representative

7/20/2021  
Date

Please submit Form LCR-C along with this form.

Rev. 02- 2019

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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)-)



Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

# Lead and Copper Analysis Report

doc rev 12/2020

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

PWS ID #: **4052007**

City / Town: **CARVER**

PWS Name: **CARVER ELEMENTARY SCHOOL**

Class: COM ☐ NTNC ☒ TNC ☐

Routine or Special Samples <input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	Original, Resubmitted or Confirmation Report <input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	If Resubmitted Report, list below:	
		(1) Reason for Resubmission <input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	(2) Collection Date of Original Sample
SAMPLE COMMENTS			

**II. ANALYTICAL LABORATORY INFORMATION:** Attach copy of subcontracted lab analysis reports (as applicable)

Primary Lab MA Cert. #: **M-MA1118**

Primary Lab Name: **Nashoba Analytical**

Subcontracted? (Y/N) **N**

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	EPA 200.9	0.001	0.001	M-MA1118	Nashoba Analytical
Copper:	1.3	EPA 200.7	0.004	0.004	M-MA1118	Nashoba Analytical

LAB ANALYSIS COMMENTS

Result Qualifier

Result Qualifier Description

#	MassDEP Approved LCR Plan Sample Location	Collection Date	Dilution Factor	LEAD		Result Qualifier	COPPER		Result Qualifier	Primary Lab Sample ID# & Analysis Lab Sample ID#
				Date Analyzed	Result (mg/L)		Date Analyzed	Result (mg/L)		
1	ROOM 191-KITCHEN DOUBLE BAY SINK	6/9/2022	1	6/15/2022	ND		6/17/2022	0.329		243815-1
2	ROOM 100-CLASSROOM SINK	6/9/2022	1	6/15/2022	ND		6/17/2022	0.280		243815-2
3	ROOM 112-CLASSROOM SINK	6/9/2022	1	6/15/2022	ND		6/17/2022	0.293		243815-3
4	ROOM 132-PROJECT BUBBLER AREA	6/9/2022	1	6/15/2022	ND		6/17/2022	0.299		243815-4
5	ROOM 241-CLASSROOM SINK	6/9/2022	1	6/15/2022	ND		6/17/2022	0.318		243815-5
6	ROOM 232-PROJECT AREA BUBBLER	6/9/2022	1	6/15/2022	ND		6/17/2022	0.293		243815-6
7	ROOM 227-PROJECT AREA BUBBLER	6/9/2022	1	6/15/2022	ND		6/17/2022	0.266		243815-7
8	ROOM 212-CLASSROOM SINK	6/9/2022	1	6/15/2022	ND		6/17/2022	0.308		243815-8
9	ROOM 263-MEDIA SPACE BUBBLER	6/9/2022	1	6/15/2022	ND		6/17/2022	0.239		243815-9
10	ROOM 200-CLASSROOM SINK	6/9/2022	1	6/15/2022	ND		6/17/2022	0.285		243815-10
11										
12										
13										
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17										
18										
19										
20										

Report SCHOOL RESULTS (250 mL) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90<sup>th</sup> percentile calculations.

1										
2										
3										
4										

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: **6/27/22**

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

COM & NTNC public water suppliers must submit forms LCR-D or LCR-E with this form to the appropriate MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)

☐ Accepted

☐ Disapproved

Review  
Comments