



Massachusetts Department of Environmental Protection - Drinking Water Program
Lead and Copper - 90th PERCENTILE COMPLIANCE Report
 (For Systems Required to Collect 5 Samples)

LCR-E

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

PWS ID #: 1255005 City / Town: ROYALSTON

PWS Name: Village School PWS Class: COM NTNC

| | | |
|-------------------------------------|--|--|
| Sampling Frequency: (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: Take the average of the 4th and 5th highest sample results. This is your 90th percentile sample value.

Step 3: Compare the 90th percentile value 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: If you collected more than 5 samples you must use the 90th Percentile Compliance Report form for more than 5 samples (Form LCR-D). 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)¹.

| LEAD RESULTS (mg/L) | | COPPER RESULTS (mg/L) | |
|---------------------|---------------------------------|-----------------------|---------------------------------|
| # | All results for sampling period | # | All results for sampling period |
| 1* | 0 | 1* | 0.0070 |
| 2 | 0 | 2 | 0.0113 |
| 3 | 0 | 3 | 0.0581 |
| 4 | 0 | 4 | 0.0644 |
| 5 | 0 | 5 | 0.0881 |

*Lowest Value

My system was required to collect **five** lead and copper samples. My system collected 5 lead and copper samples.

Circle 4th and 5th highest sample results above, then average the 4th and 5th highest sample results as follows:

$$\frac{(\text{Value of 4th highest result} + \text{Value of the 5th highest result})}{2} = 90^{\text{th}} \text{ Percentile Value}$$

| | | | |
|--|--|--|--|
| <u>0</u> (Lead 90 th percentile value) | Compared to <u>0.015 mg/L</u> (The lead action level) | <u>0.07625</u> (Copper 90 th percentile value) | 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.

Operator _____ Title _____ Signature of PWS or Owner's Representative _____ Date 10/2/2019

¹ 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)-)