



# 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 #:	3144000	City / Town:	IPSWICH, MA
PWS Name:	IPSWICH DPU WATER DEPARTMENT	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input 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.

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	<0.001	16	0.003	31		46	
2	<0.001	17	0.003	32		47	
3	<0.001	18	0.004	33		48	
4	<0.001	19	0.005	34		49	
5	<0.001	20	0.005	35		50	
6	<0.001	21	0.006	36		51	
7	0.001	22	0.006	37		52	
8	0.001	23	0.006	38		53	
9	0.002	24	0.008	39		54	
10	0.002	25	0.008	40		55	
11	0.002	26	0.010	41		56	
12	0.003	27	0.010	42		57	
13	0.003	28	0.012	43		58	
14	0.003	29	0.015	44		59	
15	0.003	30	0.027	45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.023	16	0.135	31		46	
2	0.027	17	0.141	32		47	
3	0.028	18	0.143	33		48	
4	0.029	19	0.149	34		49	
5	0.040	20	0.149	35		50	
6	0.044	21	0.165	36		51	
7	0.045	22	0.166	37		52	
8	0.054	23	0.184	38		53	
9	0.088	24	0.189	39		54	
10	0.107	25	0.268	40		55	
11	0.114	26	0.302	41		56	
12	0.119	27	0.363	42		57	
13	0.124	28	0.363	43		58	
14	0.127	29	0.383	44		59	
15	0.129	30	0.658	45		60	

\*Lowest Value

My system was required to collect: 30 lead and copper samples. My system collected: 30 lead and copper

Total # of samples collected: 30 x 0.9 = 27 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>0.010</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.363</u> (Copper result at 90 <sup>th</sup> 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 0 sampling sites **exceeded** the lead action level.  
(Insert # of)

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 0 sampling sites **exceeded** the copper action level.  
(Insert # of)

My signature below indicates that all sampling sites on this report have been previously approved in writing by the DEP and that I have complied with 310 CMR 22.06B(7). I have also notified the owner of each sampling site of their sites' individual results. 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.

WTP Superintendent  
Title

Signature of PWS or Owner's Representative

10/08/18  
Date