



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 #: 3144000 City / Town: IPSWICH, MA
 PWS Name: IPSWICH DPU WATER DEPARTMENT 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.

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	<0.001	16	0.004	31		46		1*	0.019	16	0.134	31		46	
2	<0.001	17	0.004	32		47		2	0.023	17	0.136	32		47	
3	<0.001	18	0.004	33		48		3	0.029	18	0.147	33		48	
4	0.001	19	0.004	34		49		4	0.032	19	0.158	34		49	
5	0.002	20	0.004	35		50		5	0.038	20	0.162	35		50	
6	0.002	21	0.005	36		51		6	0.040	21	0.164	36		51	
7	0.002	22	0.005	37		52		7	0.041	22	0.175	37		52	
8	0.002	23	0.006	38		53		8	0.042	23	0.175	38		53	
9	0.002	24	0.007	39		54		9	0.043	24	0.179	39		54	
10	0.003	25	0.008	40		55		10	0.047	25	0.284	40		55	
11	0.003	26	0.009	41		56		11	0.052	26	0.303	41		56	
12	0.003	27	0.010	42		57		12	0.075	27	0.322	42		57	
13	0.003	28	0.015	43		58		13	0.094	28	0.347	43		58	
14	0.004	29	0.017	44		59		14	0.111	29	0.489	44		59	
15	0.004	30	0.020	45		60		15	0.126	30	0.624	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 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>0.010</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.322</u> (Copper result at 90 th 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 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

John J. Cicci
Signature of PWS or Owner's Representative

10/08/19
Date