



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**
 PWS Name: **Ipswich Dpu Water Dept.** 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)							
#	Results	#	Results	#	Results	#	Results
1*	< 0.001	16	< 0.001	31	0.002	46	0.003
2	< 0.001	17	< 0.001	32	0.002	47	0.003
3	< 0.001	18	< 0.001	33	0.002	48	0.003
4	< 0.001	19	< 0.001	34	0.002	49	0.003
5	< 0.001	20	< 0.001	35	0.002	50	0.004
6	< 0.001	21	< 0.001	36	0.002	51	0.004
7	< 0.001	22	0.001	37	0.002	52	0.004
8	< 0.001	23	0.001	38	0.002	53	0.005
9	< 0.001	24	0.001	39	0.002	54	0.005
10	< 0.001	25	0.001	40	0.002	55	0.005
11	< 0.001	26	0.001	41	0.002	56	0.006
12	< 0.001	27	0.001	42	0.002	57	0.008
13	< 0.001	28	0.001	43	0.003	58	0.009
14	< 0.001	29	0.001	44	0.003	59	0.019
15	< 0.001	30	0.002	45	0.003	60	0.026

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.010	16	0.062	31	0.105	46	0.149
2	0.010	17	0.062	32	0.109	47	0.150
3	0.014	18	0.064	33	0.111	48	0.158
4	0.014	19	0.065	34	0.112	49	0.165
5	0.015	20	0.065	35	0.115	50	0.189
6	0.016	21	0.067	36	0.121	51	0.195
7	0.039	22	0.069	37	0.124	52	0.205
8	0.040	23	0.083	38	0.124	53	0.225
9	0.041	24	0.087	39	0.126	54	0.226
10	0.044	25	0.090	40	0.129	55	0.230
11	0.044	26	0.094	41	0.135	56	0.236
12	0.051	27	0.096	42	0.141	57	0.289
13	0.056	28	0.101	43	0.145	58	0.446
14	0.061	29	0.103	44	0.147	59	0.481
15	0.061	30	0.105	45	0.148	60	0.501

*Lowest Value
 My system was required to collect: 60 lead and copper samples. My system collected: 60 lead and copper samples.
 Total # of samples collected: 60 x 0.9 = 54 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>0.005</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.226</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 _____ 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 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 _____ Date 28 April 2016