



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 DPW 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	0.003	46	0.007
2	<0.001	17	0.001	32	0.003	47	0.007
3	<0.001	18	0.002	33	0.004	48	0.007
4	<0.001	19	0.002	34	0.004	49	0.007
5	<0.001	20	0.002	35	0.004	50	0.008
6	<0.001	21	0.002	36	0.004	51	0.008
7	<0.001	22	0.002	37	0.004	52	0.008
8	<0.001	23	0.002	38	0.004	53	0.008
9	<0.001	24	0.002	39	0.005	54	0.009
10	<0.001	25	0.002	40	0.005	55	0.009
11	<0.001	26	0.003	41	0.005	56	0.009
12	<0.001	27	0.003	42	0.005	57	0.010
13	<0.001	28	0.003	43	0.005	58	0.012
14	0.001	29	0.003	44	0.006	59	0.013
15	0.001	30	0.003	45	0.006	60	0.019

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.034	16	0.220	31	0.347	46	0.502
2	0.045	17	0.233	32	0.347	47	0.516
3	0.063	18	0.234	33	0.348	48	0.521
4	0.096	19	0.237	34	0.349	49	0.541
5	0.134	20	0.239	35	0.352	50	0.547
6	0.158	21	0.241	36	0.362	51	0.557
7	0.163	22	0.251	37	0.375	52	0.583
8	0.169	23	0.279	38	0.411	53	0.588
9	0.182	24	0.281	39	0.428	54	0.597
10	0.184	25	0.294	40	0.429	55	0.616
11	0.189	26	0.311	41	0.434	56	0.627
12	0.190	27	0.315	42	0.449	57	0.632
13	0.194	28	0.315	43	0.457	58	0.650
14	0.194	29	0.328	44	0.481	59	0.746
15	0.201	30	0.346	45	0.485	60	0.756

*Lowest Value
 My system was required to collect: 60 lead and copper samples. My system collected: 60 lead and copper
 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>0.009</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.597</u> (Copper result at 90 th 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 _____ 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 _____ 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 _____ Signature of PWS or Owner's Representative _____
 Title _____ Date 10/26/2016