



# 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)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	<0.001	16	0.002	31		46		1*	0.013	16	0.227	31		46	
2	<0.001	17	0.002	32		47		2	0.022	17	0.227	32		47	
3	<0.001	18	0.003	33		48		3	0.038	18	0.232	33		48	
4	<0.001	19	0.003	34		49		4	0.041	19	0.243	34		49	
5	<0.001	20	0.004	35		50		5	0.052	20	0.244	35		50	
6	<0.001	21	0.004	36		51		6	0.057	21	0.268	36		51	
7	<0.001	22	0.004	37		52		7	0.064	22	0.280	37		52	
8	0.001	23	0.005	38		53		8	0.088	23	0.305	38		53	
9	0.002	24	0.005	39		54		9	0.093	24	0.363	39		54	
10	0.002	25	0.006	40		55		10	0.136	25	0.366	40		55	
11	0.002	26	0.006	41		56		11	0.144	26	0.375	41		56	
12	0.002	27	0.006	42		57		12	0.153	27	0.433	42		57	
13	0.002	28	0.006	43		58		13	0.157	28	0.553	43		58	
14	0.002	29	0.011	44		59		14	0.168	29	0.676	44		59	
15	0.002	30	0.012	45		60		15	0.169	30	0.782	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>0.006</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.433</u> (Copper result at 90 <sup>th</sup> 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

*[Signature]*  
\_\_\_\_\_  
Signature of PWS or Owner's Representative

10/05/17  
\_\_\_\_\_  
Date