



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 #: 1113003 City / Town: Great Barrington
 PWS Name: HOUSATONIC WATER WORKS COMPANY 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. Remember, within 30 days of receipt, you must send individual results to the persons served at each sampled location as per 310 CMR 22.06B(6)(c).

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0	16	.0033	31		46	
2	0	17	.0045	32		47	
3	0	18	.0050	33		48	
4	0	19	.0167	34		49	
5	.0010	20	.0201	35		50	
6	.0010	21		36		51	
7	.0011	22		37		52	
8	.0014	23		38		53	
9	.0016	24		39		54	
10	.0018	25		40		55	
11	.0018	26		41		56	
12	.0020	27		42		57	
13	.0021	28		43		58	
14	.0026	29		44		59	
15	.0029	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	.141	16	1.02	31		46	
2	.132	17	1.12	32		47	
3	.170	18	1.28	33		48	
4	.0304	19	1.37	34		49	
5	.315	20	1.46	35		50	
6	.474	21		36		51	
7	.477	22		37		52	
8	.538	23		38		53	
9	.553	24		39		54	
10	.619	25		40		55	
11	.719	26		41		56	
12	.759	27		42		57	
13	.801	28		43		58	
14	.806	29		44		59	
15	.814	30		45		60	

*Lowest Value

My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 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>.0050</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>1.28</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 both the sites and sampling procedures used comply with 310 CMR 22.06B(7). 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.

Treasurer
Title

Signature of PWS or Owner's Representative

November 19, 2018
Date