

**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 #:	1113003	City / Town:	GREAT BARRINGTON
PWS Name:	HOUSATONIC WATER WORKS COMPANY	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/>

Sampling Frequency: (choose one)	<input checked="" 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 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. 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)<sup>1</sup>.

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	0	16	.0021	31		46		1*	.205	16	.751	31		46	
2	0	17	.0022	32		47		2	.207	17	1.04	32		47	
3	0	18	.0023	33		48		3	.208	18	1.06	33		48	
4	0	19	.0027	34		49		4	.212	19	1.33	34		49	
5	0	20	.0272	35		50		5	.218	20	1.56	35		50	
6	0	21		36		51		6	.218	21		36		51	
7	0	22		37		52		7	.219	22		37		52	
8	0	23		38		53		8	.220	23		38		53	
9	0	24		39		54		9	.233	24		39		54	
10	0	25		40		55		10	.236	25		40		55	
11	0	26		41		56		11	.240	26		41		56	
12	.0010	27		42		57		12	.246	27		42		57	
13	.0012	28		43		58		13	.375	28		43		58	
14	.0016	29		44		59		14	.493	29		44		59	
15	.0017	30		45		60		15	.512	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 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>.0023</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>1.06</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 \_\_\_\_\_ 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

06/24/2021  
Date

Please submit Form LCR-C along with this form.

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