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 #:	1255004	**City / Town:**	Royalston
PWS Name:	Royalston Community School	**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)[1].

LEAD RESULTS (mg/L)

#	Results	#	Results	#	Results	#	Results
1*	0.0011	16		31		46	
2	0.0012	17		32		47	
3	0.0012	18		33		48	
4	0.0016	19		34		49	
5	0.0016	20		35		50	
6	0.0021	21		36		51	
7	0.0022	22		37		52	
8	0.0024	23		38		53	
9	0.0025	24		39		54	
10	0.0027	25		40		55	
11		26		41		56	
12		27		42		57	
13		28		43		58	
14		29		44		59	
15		30		45		60	

COPPER RESULTS (mg/L)

#	Results	#	Results	#	Results	#	Results
1*	0.630	16		31		46	
2	1.04	17		32		47	
3	1.05	18		33		48	
4	1.14	19		34		49	
5	1.22	20		35		50	
6	1.42	21		36		51	
7	1.56	22		37		52	
8	1.57	23		38		53	
9	1.67	24		39		54	
10	1.93	25		40		55	
11		26		41		56	
12		27		42		57	
13		28		43		58	
14		29		44		59	
15		30		45		60	

***Lowest Value**

My system was required to collect: 10 lead and copper samples. My system collected: 10 lead and copper samples.

Total # of samples collected: 10 x 0.9 = 9 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.

0.0025	Compared to **0.015 mg/L**	1.67	Compared to **1.3 mg/L**
(Lead result at 90th percentile sample#)	(The lead action level)	(Copper result at 90th percentile sample#)	(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 _____ (Insert # of samples) sampling sites **exceeded** the lead action level.

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 5 (Insert # of samples) sampling sites **exceeded** the copper action level.

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.

Operator (Title) | Signature of PWS or Owner's Representative | 6/20/2019 (Date)

Please submit Form LCR-C along with this form.

Rev. 02- 2019

[1] The Consumer notification form template is available at: https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-