



Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect 5 Samples)

I. PWS INFORMATION: Please refer to your DEP Lead & Copper sampling plan for approved sampling locations.

PWS ID #: **1143003** City / Town: **HUNTINGTON**

PWS Name: **Gateway Regional School** PWS Class: COM NTNC

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 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.

#	Results	#	Results	#	Results	#	Results
1*	0	16	0.0022	31		46	
2	0	17	0.0024	32		47	
3	0	18	0.0025	33		48	
4	0	19	0.0026	34		49	
5	0	20	0.0027	35		50	
6	0	21		36		51	
7	0	22		37		52	
8	0.0011	23		38		53	
9	0.0012	24		39		54	
10	0.0012	25		40		55	
11	0.0014	26		41		56	
12	0.0015	27		42		57	
13	0.0016	28		43		58	
14	0.0016	29		44		59	
15	0.0018	30		45		60	

#	Results	#	Results	#	Results	#	Results
1*	0.104	16	0.592	31		46	
2	0.135	17	0.616	32		47	
3	0.146	18	0.639	33		48	
4	0.202	19	0.651	34		49	
5	0.313	20	0.969	35		50	
6	0.331	21		36		51	
7	0.377	22		37		52	
8	0.407	23		38		53	
9	0.424	24		39		54	
10	0.441	25		40		55	
11	0.441	26		41		56	
12	0.518	27		42		57	
13	0.529	28		43		58	
14	0.545	29		44		59	
15	0.547	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>0.0025</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.639</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 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.

Water Operator Title Norme St. Mark Signature of PWS or Owner's Representative 6.2.20 Date



Lead and Copper Analysis Report

I. PWS INFORMATION: Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: City / Town:

PWS Name: PWS Class: COM NTNC TNC

Routine or Special Sample	Original, Resubmitted or Confirmation Report			If Resubmitted, list below		
				(1) Reason for Resubmission	(2) Collection Date of Original Sample	
<input type="checkbox"/> RS <input checked="" type="checkbox"/> SS	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Resubmitted	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample	<input type="checkbox"/> Reanalysis	<input type="checkbox"/> Report Correction

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection).

II. ANALYTICAL LABORATORY INFORMATION

Primary Lab MA Cert. #: Primary Lab Name: Subcontract? (Y/N)

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab MA Cert#	Analysis Lab Name
Copper	1.30	EPA 200.8, Rv. 5.4 (1994)	0.0010	M-CT008	Microbac Laboratories, Inc. - Dayville
Lead	0.0150	EPA 200.8, Rv. 5.4 (1994)	0.0010	M-CT008	Microbac Laboratories, Inc. - Dayville

LAB SAMPLE NOTES

DEP Approved Sample Location (See DEP approved LCR plan for sampling locations)	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
01 #1 MS Girls Shower RM	05/20/2020	<0.0010	05/26/2020	0.547	05/26/2020	D0E1735-01
02 #2 MS Boys Shower RM	05/20/2020	0.0016	05/26/2020	0.377	05/26/2020	D0E1735-02
03 #3 MS 1st FI Bubblers	05/20/2020	0.0016	05/26/2020	0.545	05/26/2020	D0E1735-03
04 #4 MS 2nd FI Bubblers	05/20/2020	<0.0010	05/26/2020	0.441	05/26/2020	D0E1735-04
05 #5 H.S. Gym bubbler	05/20/2020	0.0024	05/26/2020	0.639	05/26/2020	D0E1735-05
06 #6 H.S. Kitchen H.W. SK	05/20/2020	0.0027	05/26/2020	0.969	05/26/2020	D0E1735-06
07 #7 H.S. M. Entrance bub	05/20/2020	0.0012	05/26/2020	0.518	05/26/2020	D0E1735-07
08 #8 H.S. 2nd FI bub	05/20/2020	0.0011	05/26/2020	0.616	05/26/2020	D0E1735-08
09 #9 HS 1st FI bub	05/20/2020	0.0022	05/26/2020	0.651	05/26/2020	D0E1735-09
10 #10 2nd FI bub Outside LRC	05/20/2020	0.0026	05/26/2020	0.407	05/26/2020	D0E1735-10
11 H.S 1st FI Metal Shop	05/20/2020	0.0014	05/26/2020	0.529	05/26/2020	D0E1735-11
12 H.S 1st FI Outside of Maintenance	05/20/2020	0.0012	05/26/2020	0.592	05/26/2020	D0E1735-12
13 H.S 1st FI North Hall	05/20/2020	<0.0010	05/26/2020	0.441	05/26/2020	D0E1735-13
14 H.S 2nd FI West Hall	05/20/2020	0.0025	05/26/2020	0.424	05/26/2020	D0E1735-14
15 H.S 2nd FI North Hall	05/20/2020	0.0015	05/26/2020	0.331	05/26/2020	D0E1735-15
16 Littleville bub out of cafe	05/20/2020	<0.0010	05/26/2020	0.146	05/26/2020	D0E1735-16
17 Littleville Bub in Main Lobby	05/20/2020	<0.0010	05/26/2020	0.313	05/26/2020	D0E1735-17
18 Littleville Cafeteria H. Sink	05/20/2020	0.0018	05/26/2020	0.104	05/26/2020	D0E1735-18
19 Littleville bubbler in Gym	05/20/2020	<0.0010	05/26/2020	0.202	05/26/2020	D0E1735-19
20 Littleville bub outside Pre K	05/20/2020	<0.0010	05/26/2020	0.135	05/26/2020	D0E1735-20

I certify under penalties 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 extent of my knowledge

Primary Lab Director Signature: 

Date:

If not submitting results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

COM & NTNC Public Water Supplies must submit Forms LCR-D or LCR-E with this form to the appropriate DEP Regional Office.

DEP REVIEW STATUS (Initial & Date)	Review Comments	<input type="checkbox"/> WQTS Data Entered
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved		