



# Lead and Copper - 90<sup>th</sup> 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 type="checkbox"/> FIRST SEMI-ANNUAL SAMPLING PERIOD	<input type="checkbox"/> REDUCED - EVERY THREE YEARS
	<input checked="" 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.

LEAD RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0	16	0.0019	31		46	
2	0	17	0.0022	32		47	
3	0	18	0.0026	33		48	
4	0	19	0.0026	34		49	
5	0	20	0.0032	35		50	
6	0	21		36		51	
7	0.001	22		37		52	
8	0.001	23		38		53	
9	0.001	24		39		54	
10	0.0011	25		40		55	
11	0.0014	26		41		56	
12	0.0017	27		42		57	
13	0.0018	28		43		58	
14	0.0018	29		44		59	
15	0.0019	30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.0759	16	0.42	31		46	
2	0.156	17	0.449	32		47	
3	0.205	18	0.492	33		48	
4	0.213	19	0.51	34		49	
5	0.227	20	0.566	35		50	
6	0.271	21		36		51	
7	0.279	22		37		52	
8	0.31	23		38		53	
9	0.333	24		39		54	
10	0.339	25		40		55	
11	0.391	26		41		56	
12	0.398	27		42		57	
13	0.408	28		43		58	
14	0.415	29		44		59	
15	0.416	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>0.0026</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.492</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 9 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.*

\_\_\_\_\_  
Title Signature of PWS or Owner's Representative Date