

## Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-D

## 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 #:		4334012 City / Town:								Westport						
PWS	Name:	Westport School Administration								PWS Class: COM NTNC ✓						
Sam	pling	FIRST SEMI-ANNUAL SAMPLING PERIOD								REDUCED - EVERY THREE YEARS						
Frequency:		SECOND SEMI-ANNUAL SAMPLING PERIOD								LEAD SERVICE LINE (LSL) REPLACEMENT PROGRAM						
	se one)	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 <i>copper</i> 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.															tection 0.025	
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	#	Resul		Results	#	Results	#	Results	
1*	0.0010	16		31		46		1*	0.265	16		31		46		
2	0.0013	17		32		47		2	0.273	17		32		47		
3	0.0013	18		33		48		3	0.279	18		33		48		
4	0.0016	19		34		49		4	0.289	19		34		49		
5	0.0022	20		35		50		5	0.298	20		35		50		
6	0.0025	21		36		51		6	0.345	21		36		51		
7	0.0053	22		37		52		7	0.369	22		37		52		
8	0.0092	23		38		53		8	0.412	23		38		53		
9	0.0147	24		39		54		9	0.436	24		39		54		
10	0.0189	25		40		55		10	0.748	25		40		55		
11		26		41		56		11		26		41		56		
12		27		42		57		12		27		42		57		
13		28		43		58		13		28		43		58		
14		29		44		59		14		29		44		59		
15		30		45		60		15		30		45		60		
	est 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 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.																
0.0147 Compared to <u>0.015 mg/L</u> (Lead result at 90 <sup>th</sup> percentile sample#) (The lead action level)									0.436 (Copper result at 90 <sup>th</sup> percentile sample#)					Compared to <u>1.3 mg/L</u> (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.																
	<ul> <li>☐ My system was at or below the lead action level.</li> <li>☐ My system exceeded the lead action level and</li> <li>_ sampling sites exceeded the lead action level.</li> </ul>															
Checl syster	(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.															
<ul> <li>My system was at or below the copper action level.</li> <li>My system exceeded the copper action level</li> <li>sampling sites exceeded the copper action level.</li> </ul>													level.			
comply	(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.															
NWSI Compliance Matt										ned by Matthew McGu 10.17 08:40:10 -04'00		10/17/2023				
Title Sigr						Signature of PV	PWS or Owner's Representative					Date				
Please submit Form LCR-C along with this form.							Rev.	02- 201	9			Page1 _ of1				
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<sup>&</sup>lt;sup>1</sup> The Consumer notification form template is available at: <a href="https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-">https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-</a>