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 #:	2012002	**City / Town:**	Ashby
PWS Name:	Ashby Elementary 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	16		31		46	
2	0	17		32		47	
3	0	18		33		48	
4	0	19		34		49	
5	0.001	20		35		50	
6	0.001	21		36		51	
7	0.002	22		37		52	
8	0.003	23		38		53	
9	0.003	24		39		54	
10	0.009	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*	0.018	16		31		46	
2	0.018	17		32		47	
3	0.025	18		33		48	
4	0.029	19		34		49	
5	0.031	20		35		50	
6	0.033	21		36		51	
7	0.035	22		37		52	
8	0.038	23		38		53	
9	0.049	24		39		54	
10	0.125	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.

0.003 (Lead result at 90th percentile sample#)	Compared to **0.015 mg/L** (The lead action level)	**0.049** (Copper result at 90th percentile sample#)	Compared to **1.3 mg/L** (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 _____ 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.

Program Coordinator
Title

Signature of PWS or Owner's Representative

7/20/2022
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)-

Massachusetts Department of Environmental Protection - Drinking Water Program

LCR-C

Lead and Copper Analysis Report doc rev 12/2020

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

PWS ID #: 2012002 City / Town: ASHBY

PWS Name: ASHBY ELEMENTARY SCHOOL Class: COM ☐ NTNC ☒ TNC ☐

Routine or Special Samples	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
☒ RS ☐ SS	☒ Original ☐ Resubmitted ☐ Confirmation	☐ Resample ☐ Reanalysis ☐ Report Correction	

SAMPLE COMMENTS

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)

Primary Lab MA Cert. #: M-MA1118 Primary Lab Name: Nashoba Analytical Subcontracted? (Y/N) N

Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	MRL (mg/L)	Analysis Lab MA Cert.#	Analysis Lab Name
Lead:	0.015	EPA 200.9	0.001	0.001	M-MA1118	Nashoba Analytical
Copper:	1.3	EPA 200.7	0.004	0.004	M-MA1118	Nashoba Analytical

LAB ANALYSIS COMMENTS | Result Qualifier | Result Qualifier Description

#	MassDEP Approved LCR Plan Sample Location	Collection Date	Dilution Factor	LEAD Date Analyzed	LEAD Result (mg/L)	LEAD Result Qualifier	COPPER Date Analyzed	COPPER Result (mg/L)	COPPER Result Qualifier	Primary Lab Sample ID# & Analysis Lab Sample ID#
1	50'S GIRLS BATHROOM	6/9/2022	1	6/17/2022	0.003		6/22/2022	0.018		244098-1
2	50'S BOYS BATHROOM	6/9/2022	1	6/17/2022	0.003		6/22/2022	0.038		244098-2
3	LOWER 90'S WING BOYS BATHROOM	6/9/2022	1	6/17/2022	ND		6/22/2022	0.035		244098-3
4	LOWER 90'S WING GIRLS BATHROOM	6/9/2022	1	6/17/2022	ND		6/22/2022	0.025		244098-4
5	ROOM 502 NURSE'S OFFICE	6/9/2022	1	6/17/2022	ND		6/22/2022	0.049		244098-5
6	ROOM 506 TEACHER'S LOUNGE	6/9/2022	1	6/17/2022	0.001		6/22/2022	0.018		244098-6
7	ROOM 509 PARENT RESOURCE ROOM	6/9/2022	1	6/17/2022	0.009		6/22/2022	0.033		244098-7
8	CAFETERIA KITCHEN SINK	6/9/2022	1	6/17/2022	0.002		6/22/2022	0.125		244098-8
9	CAFETERIA BOYS BATHROOM	6/9/2022	1	6/17/2022	ND		6/22/2022	0.031		244098-9
10	CAFETERIA GIRLS BATHROOM	6/9/2022	1	6/17/2022	0.001		6/22/2022	0.029		244098-10
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Report SCHOOL RESULTS (250 mL) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations.

1										
2										
3										
4										

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: Peter D

Date: 6/27/22

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

COM & NTNC public water suppliers must submit forms LCR-D or LCR-E with this form to the appropriate MassDEP Regional Office.

MassDEP REVIEW STATUS (Initial & Date)	Review Comments
☐ Accepted ☐ Disapproved	