

**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 #:	3105000	City / Town:	Georgetown
PWS Name:	Georgetown Water Department	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/>
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 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)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	N/D	16	0.005	31		46		1*	0.044	16	0.753	31		46	
2	N/D	17	0.005	32		47		2	0.06	17	0.906	32		47	
3	N/D	18	0.005	33		48		3	0.114	18	1.06	33		48	
4	0.001	19	0.006	34		49		4	0.142	19	1.3	34		49	
5	0.001	20	0.008	35		50		5	0.161	20	1.52	35		50	
6	0.001	21		36		51		6	0.242	21		36		51	
7	0.001	22		37		52		7	0.248	22		37		52	
8	0.001	23		38		53		8	0.268	23		38		53	
9	0.001	24		39		54		9	0.279	24		39		54	
10	0.002	25		40		55		10	0.311	25		40		55	
11	0.002	26		41		56		11	0.415	26		41		56	
12	0.002	27		42		57		12	0.456	27		42		57	
13	0.003	28		43		58		13	0.465	28		43		58	
14	0.003	29		44		59		14	0.559	29		44		59	
15	0.003	30		45		60		15	0.631	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.

0.005 (Lead result at 90 th percentile sample#)	Compared to 0.015 mg/L (The lead action level)	1.06 (Copper result at 90 th percentile sample#)	Compared to 1.3 mg/L (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 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 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.

Utility Director
Title

Signature of PWS or Owner's Representative

12/21/20
Date

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