



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 #:	3213000	City / Town:	North Reading
PWS Name:	North Reading 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 checked="" 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. 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).

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	ND	16	.0012	31	.0082	46		1*	0.0149	16	0.0999	31	0.1532	46	
2	ND	17	.0014	32	.0084	47		2	0.0165	17	0.1004	32	0.2361	47	
3	ND	18	.0014	33	.0137	48		3	0.0222	18	0.1035	33	0.2469	48	
4	ND	19	.0015	34	.0157	49		4	0.0392	19	0.1050	34	0.4439	49	
5	ND	20	.0015	35		50		5	0.0441	20	0.1075	35		50	
6	ND	21	.0018	36		51		6	0.0532	21	0.1082	36		51	
7	ND	22	.0019	37		52		7	0.0616	22	0.1169	37		52	
8	ND	23	.0019	38		53		8	0.0672	23	0.1186	38		53	
9	ND	24	.0019	39		54		9	0.0705	24	0.1307	39		54	
10	ND	25	.0027	40		55		10	0.0760	25	0.1321	40		55	
11	ND	26	.0039	41		56		11	0.0779	26	0.1334	41		56	
12	ND	27	.0043	42		57		12	0.0846	27	0.1358	42		57	
13	ND	28	.0045	43		58		13	0.0883	28	0.1418	43		58	
14	ND	29	.0069	44		59		14	0.0905	29	0.1423	44		59	
15	0.0012	30	.0081	45		60		15	0.0993	30	0.1425	45		60	

*Lowest Value

My system was required to collect: 30 lead and copper samples. My system collected: 34 lead and copper samples.

Total # of samples collected: 34 x 0.9 = 31 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.

0.0082	Compared to 0.015 mg/L	0.1532	Compared to 1.3 mg/L
(Lead result at 90 th percentile sample#)	(The lead action level)	(Copper result at 90 th percentile sample#)	(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 1 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 0 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.

Water Superintendent
 Title

Mark Z. Wink
 Signature of PWS or Owner's Representative

09/28/18
 Date