



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 #:	1113003	City / Town:	Great Barrington, MA
PWS Name:	Housatonic Water Works Company	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.

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	0	16	.14	31		46		1*	.085	16	.94	31		46	
2	0	17	.015	32		47		2	.094	17	1.0	32		47	
3	0	18	.019	33		48		3	.18	18	1.1	33		48	
4	0	19	.019	34		49		4	.35	19	1.1	34		49	
5	.0012	20	.028	35		50		5	.42	20	1.2	35		50	
6	.0016	21		36		51		6	.44	21		36		51	
7	.0017	22		37		52		7	.60	22		37		52	
8	.0018	23		38		53		8	.66	23		38		53	
9	.0018	24		39		54		9	.67	24		39		54	
10	.0019	25		40		55		10	.71	25		40		55	
11	.0020	26		41		56		11	.75	26		41		56	
12	.0024	27		42		57		12	.82	27		42		57	
13	.0024	28		43		58		13	.84	28		43		58	
14	.0041	29		44		59		14	.85	29		44		59	
15	.014	30		45		60		15	.86	30		45		60	

*Lowest Value

My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper
 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.

<u>.019</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>1.1</u> (Copper result at 90 th 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 4 sampling sites exceeded the lead action level.
 (Insert # of

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 n/a sampling sites exceeded the copper action level.
 (Insert # of

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.

Treasurer

Title

Please submit Form LCR-C along with this form.

Signature of PWS or Owner's Representative

1/5/17

Date

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