



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 #: 1113003 City / Town: GREAT BARRINGTON, MA  
 PWS Name: HOUSATONIC WATER WORKS COMPANY 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 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.

LEAD RESULTS (mg/L)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	0	16	.0047	31		46		1*	.0595	16	.987	31		46	
2	.0014	17	.0063	32		47		2	.0846	17	.988	32		47	
3	.0016	18	<u>.0169</u>	33		48		3	.144	18	<u>1.01</u>	33		48	
4	.0017	19	.0312	34		49		4	.314	19	1.14	34		49	
5	.0018	20	.0336	35		50		5	.352	20	1.25	35		50	
6	.0022	21		36		51		6	.406	21		36		51	
7	.0024	22		37		52		7	.526	22		37		52	
8	.0024	23		38		53		8	.540	23		38		53	
9	.0025	24		39		54		9	.544	24		39		54	
10	.0029	25		40		55		10	.600	25		40		55	
11	.0032	26		41		56		11	.651	26		41		56	
12	.0033	27		42		57		12	.715	27		42		57	
13	.0034	28		43		58		13	.804	28		43		58	
14	.0035	29		44		59		14	.887	29		44		59	
15	.0038	30		45		60		15	.935	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 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.

<u>.0169</u> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>1.01</u> (Copper result at 90 <sup>th</sup> 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 3 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 and \_\_\_\_\_ 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 \_\_\_\_\_  
 Signature of PWS or Owner's Representative \_\_\_\_\_ Date 7/19/17