



Lead and Copper - 90th PERCENTILE COMPLIANCE Report

(For Systems Required to Collect 5 Samples)

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

PWS ID #: **127500** City / Town: **South Hadley**

PWS Name: **South Hadley, Fd#1** PWS Class: COM ☒ NTNC ☐

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
	<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)							
#	Results	#	Results	#	Results	#	Results
1*	0.0000	16	0.0001	31		46	
2	0.0000	17	0.0001	32		47	
3	0.0000	18	0.0002	33		48	
4	0.0000	19	0.0002	34		49	
5	0.0000	20	0.0003	35		50	
6	0.0000	21	0.0003	36		51	
7	0.0000	22	0.0003	37		52	
8	0.0000	23	0.0003	38		53	
9	0.0000	24	0.0003	39		54	
10	0.0000	25	0.0004	40		55	
11	0.0000	26	0.0005	41		56	
12	0.0000	27	0.0006	42		57	
13	0.0001	28	0.0013	43		58	
14	0.0001	29	0.0023	44		59	
15	0.0001	30	0.0069	45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.0046	16	0.0275	31		46	
2	0.0049	17	0.0289	32		47	
3	0.0061	18	0.0293	33		48	
4	0.0065	19	0.0308	34		49	
5	0.0095	20	0.0312	35		50	
6	0.0096	21	0.0323	36		51	
7	0.0152	22	0.0344	37		52	
8	0.0209	23	0.0365	38		53	
9	0.021	24	0.0436	39		54	
10	0.0219	25	0.0534	40		55	
11	0.0229	26	0.0553	41		56	
12	0.0235	27	0.0641	42		57	
13	0.0236	28	0.138	43		58	
14	0.0238	29	0.149	44		59	
15	0.0253	30	0.157	45		60	

*Lowest Value

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

Total # of samples collected: 30 x 0.9 = 27 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>0.00684 mg/L</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.0641 mg/L</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 _____ 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 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.

Title

Signature of PWS or Owner's Representative

Date