



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 #: 2271000 City / Town: Shrewsbury
 PWS Name: Shrewsbury Water Department 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 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*	0	16	0	31	0	46	0.001	1*	0.01	16	0.0566	31	0.0722	46	0.0967
2	0	17	0	32	0	47	0.001	2	0.0174	17	0.059	32	0.0724	47	0.0983
3	0	18	0	33	0	48	0.0011	3	0.0303	18	0.0592	33	0.0763	48	0.0993
4	0	19	0	34	0	49	0.0011	4	0.0323	19	0.06	34	0.0781	49	0.104
5	0	20	0	35	0	50	0.0011	5	0.0369	20	0.0601	35	0.0793	50	0.12
6	0	21	0	36	0	51	0.0012	6	0.0413	21	0.0633	36	0.0832	51	0.121
7	0	22	0	37	0	52	0.0015	7	0.0426	22	0.0638	37	0.0836	52	0.125
8	0	23	0	38	0	53	0.0016	8	0.0441	23	0.0649	38	0.0845	53	0.127
9	0	24	0	39	0	54	0.0019	9	0.0495	24	0.0661	39	0.0878	54	0.128
10	0	25	0	40	0	55	0.0019	10	0.0499	25	0.0665	40	0.0879	55	0.136
11	0	26	0	41	0	56	0.0023	11	0.0535	26	0.067	41	0.09	56	0.1369
12	0	27	0	42	0	57	0.0024	12	0.0536	27	0.0688	42	0.092	57	0.138
13	0	28	0	43	0	58	0.0119	13	0.0536	28	0.0696	43	0.0964	58	0.162
14	0	29	0	44	0	59	0.0192	14	0.0537	29	0.0718	44	0.0965	59	0.272
15	0	30	0	45	0	60	0.0814	15	0.0554	30	0.0719	45	0.0966	60	0.283

*Lowest Value

My system was required to collect: 60 lead and copper samples. My system collected: 60 lead and copper samples.

Total # of samples collected: 60 x 0.9 = 54 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>0.0019</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.128</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 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 & Sewer Superintendent
Title

[Signature]
Signature of PWS or Owner's Representative

1/23/2020
Date

¹ The Consumer notification form template is available at: <https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rcr-1cr>