



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 #: 2081000 City / Town: Dunstable  
 PWS Name: Dunstable 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 90<sup>th</sup> percentile sample number). Round to the nearest whole number, if necessary.

**Step 3:** Compare the sample result at the 90<sup>th</sup> percentile sample number against the corresponding action level. If the 90<sup>th</sup> 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		31		46		1*	0.059	16		31		46	
2	0	17		32		47		2	0.089	17		32		47	
3	0	18		33		48		3	0.121	18		33		48	
4	0	19		34		49		4	0.135	19		34		49	
5	0	20		35		50		5	0.159	20		35		50	
6	0	21		36		51		6	0.148	21		36		51	
7	0.0013	22		37		52		7	0.166	22		37		52	
8	0.0016	23		38		53		8	0.171	23		38		53	
9	0.0025	24		39		54		9	0.214	24		39		54	
10	0.0470	25		40		55		10	0.441	25		40		55	
11		26		41		56		11		26		41		56	
12		27		42		57		12		27		42		57	
13		28		43		58		13		28		43		58	
14		29		44		59		14		29		44		59	
15		30		45		60		15		30		45		60	

\*Lowest Value

My system was required to collect: 10 lead and copper samples. My system collected: 10 lead and copper

Total # of samples collected: 10 x 0.9 = 9 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.

<b>0.0025</b> (Lead result at 90 <sup>th</sup> percentile sample#)	Compared to <b>0.015 mg/L</b> (The lead action level)	<b>0.214</b> (Copper result at 90 <sup>th</sup> percentile sample#)	Compared to <b>1.3 mg/L</b> (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)

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.

Chairman  
Title

Signature of PWS or Owner's Representative

01/23/2018  
Date