



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 #:	3205001	City / Town:	BYFIELD
PWS Name:	BYFIELD WATER DISTRICT	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/>

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 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. 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)							
#	Results	#	Results	#	Results	#	Results
1*	<0.001	16		31		46	
2	<0.001	17		32		47	
3	<0.001	18		33		48	
4	<0.001	19		34		49	
5	<0.001	20		35		50	
6	<0.001	21		36		51	
7	<0.001	22		37		52	
8	<0.001	23		38		53	
9	<0.001	24		39		54	
10	0.005	25		40		55	
11		26		41		56	
12		27		42		57	
13		28		43		58	
14		29		44		59	
15		30		45		60	

COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results
1*	0.053	16		31		46	
2	0.063	17		32		47	
3	0.073	18		33		48	
4	0.082	19		34		49	
5	0.105	20		35		50	
6	0.113	21		36		51	
7	0.139	22		37		52	
8	0.147	23		38		53	
9	0.156	24		39		54	
10	0.203	25		40		55	
11		26		41		56	
12		27		42		57	
13		28		43		58	
14		29		44		59	
15		30		45		60	

*Lowest Value

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

Total # of samples collected: 10 x 0.9 = 9 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><0.001</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.153</u> (Copper result at 90 th percentile sample#)	Compared to <u>1.3 mg/L</u> (The copper action level)
--	--	--	--

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 _____ 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.

Title

Signature of PWS or Owner's Representative

Date

¹ The Consumer notification form template is available at: [https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-\(lcr\)-](https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-)



Lead and Copper Analysis Report

Doc Rev 12/2020

PWS INFORMATION: Please refer to your MADEP Lead and Copper sampling plan for approved sampling locations

PWS ID #: 3205001 City / Town: BYFIELD

PWS Name: BYFIELD WATER DISTRICT PWS Class: COM [X] NTNC [] TNC []

Table with 4 columns: Routine or Special Sample, Original/Resubmitted/Confirmation Report, Reason for Resubmission, Collection Date of Original Sample.

SAMPLE COMMENTS

II. ANALYTICAL LABORATORY INFORMATION: Attach copy of subcontracted lab analysis reports (as applicable)

Primary Lab MA Cert. #: M-RI010 Primary Lab Name: New England Testing Laboratory, Inc. Subcontracted? (Y/N) N

Table with 7 columns: Analyte, Action Level (mg/L), Lab Method, MDL (mg/L), MRL (mg/L), Analysis Lab MA Cert. #, Analysis Lab Name.

LAB ANALYSIS COMMENTS Result Qualifier: U Result Qualifier Description: U = Undetected

Main data table with columns for #, MassDEP Approved LCR Plan Sample Location, Collection Date, Repetition Factor, LEAD (Date Analyzed, Result, Qualifier), COPPER (Date Analyzed, Result, Qualifier), Primary Lab Sample ID#, Analysis Lab Sample ID#.

Report SCHOOL RESULTS (250 ml) collected under (LCCA) in accordance with 310 CMR 22.06B(7)(a)9 below. Do not use these school results in 90th percentile calculations.

Table with 10 columns for school results: #, Location, Date, Repetition Factor, LEAD (Date, Result, Qualifier), COPPER (Date, Result, Qualifier), Primary Lab Sample ID#, Analysis Lab Sample ID#.

I certify under penalties 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 extent of my knowledge.

Primary Lab Director Signature: [Signature] Date: 9/23/2024

In accordance with 310 CMR 22.15(2), if mailing paper reports, TWO copies of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

COM & NTNC public water suppliers must submit forms LCR-D or LCR-E with this form to the appropriate MassDEP Regional Office

DEP REVIEW STATUS (Initial & Date) [] Accepted [] Disapproved Review Comments