



Massachusetts Department of Environmental Protection - Drinking Water Program **LCR-D**
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 #:	4036002	City / Town:	Bourne
PWS Name:	North Sagamore 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)								COPPER RESULTS (mg/L)							
#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results	#	Results
1*	0	16	0.002	31		46		1*	0.005	16	0.299	31		46	
2	0	17	0.002	32		47		2	0.015	17	0.307	32		47	
3	0	18	0.002	33		48		3	0.067	18	0.384	33		48	
4	0	19	0.002	34		49		4	0.073	19	0.393	34		49	
5	0	20	0.003	35		50		5	0.116	20	0.602	35		50	
6	0	21		36		51		6	0.130	21		36		51	
7	0	22		37		52		7	0.132	22		37		52	
8	0	23		38		53		8	0.135	23		38		53	
9	0	24		39		54		9	0.165	24		39		54	
10	0	25		40		55		10	0.186	25		40		55	
11	0	26		41		56		11	0.236	26		41		56	
12	0	27		42		57		12	0.264	27		42		57	
13	0.001	28		43		58		13	0.267	28		43		58	
14	0.001	29		44		59		14	0.278	29		44		59	
15	0.002	30		45		60		15	0.297	30		45		60	

*Lowest Value

My system was required to collect: 20 lead and copper samples. My system collected: 20 lead and copper samples.

Total # of samples collected: 20 x 0.9 = 18 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>0.002</u> (Lead result at 90 th percentile sample#)	Compared to <u>0.015 mg/L</u> (The lead action level)	<u>0.384</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 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 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.

Matthew Sawicki, Superintendent
Title

Matthew Sawicki
Signature of PWS or Owner's Representative

September 18, 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-rule-\(lcr\)-](https://www.mass.gov/lists/lead-and-copper-forms-and-templates#lead-and-copper-rule-(lcr)-)



Lead and Copper Analysis Report

I. PWS INFORMATION : Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #:	4036002	City / Town:	BOURNE
PWS Name:	NORTH SAGAMORE WATER DISTRICT	PWS Class:	COM [X] NTNC [] TNC []

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
[X] RS [] SS	[X] Original [] Resubmitted [] Confirmation	[] Resample [] Reanalysis [] Report Correction	
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)			

II. ANALYTICAL LABORATORY INFORMATION:

Primary Lab MA Cert. #:	M-RI010	Primary Lab Name:	New England Testing Laboratory	Subcontracted? (Y/N)	N
Analyte	Action Level (mg/L)	Lab Method	MDL (mg/L)	Analysis Lab Ma Cert. #	Analysis Lab Name
Lead:	0.015	EPA 200.8	0.001	M-RI010	New England Testing Lab
Copper:	1.3	EPA 200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

	MassDEP Approved Sample Location <small>(See MassDEP approved LCR plan for sampling locations)</small>	Collection Date	LEAD		COPPER		Lab Sample ID#
			Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1							
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Report SCHOOL RESULTS collected in accordance with 310 CMR 22.6B (7)(a)9 below. Do not use these results in 90th percentile calculations.

1	RAINBOW PRESCHOOL LCCA-1	8/18/20	0.002	8/21/20	0.212	8/21/20	0H18072-05
2	RAINBOW PRESCHOOL LCCA-2	8/18/20	ND	8/21/20	0.194	8/21/20	0H18072-06
3							
4							

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:

Date: 8/27/2020

If not submitting there results electronically, mail TWQ copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

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)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	



Lead and Copper Analysis Report

I. PWS INFORMATION : Please refer to your DEP Water Quality Sampling Schedule (WQSS) to help complete this form

PWS ID #: **4036002** City / Town: **BOURNE**
 PWS Name: **NORTH SAGAMORE WATER DISTRICT** PWS Class: **COM [X] NTNC [] TNC []**

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	

SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)

II. ANALYTICAL LABORATORY INFORMATION:

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Lead:	0.015	EPA 200.8	0.001	M-RI010	New England Testing Lab
Copper:	1.3	EPA 200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

MassDEP Approved Sample Location <small>(See MassDEP approved LCR plan for sampling locations)</small>	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 57 SAMOSET RD	8/25/20	0.002	8/28/20	0.307	8/28/20	0H27031-01
2 275 WILLISTON RD	8/25/20	ND	8/28/20	0.267	8/28/20	0H27031-02
3 36 PILGRIM RD	8/25/20	ND	8/28/20	0.073	8/28/20	0H27031-03
4 100 STANDISH RD	8/25/20	0.003	8/28/20	0.299	8/28/20	0H27031-04
5 52 NORRIS RD	8/25/20	0.001	8/28/20	0.297	8/28/20	0H27031-05
6 64 NORRIS RD	8/25/20	0.002	8/28/20	0.384	8/28/20	0H27031-06
7 23 NORRIS RD	8/25/20	ND	8/28/20	0.278	8/28/20	0H27031-07
8 9 MANOMET RD	8/25/20	ND	8/28/20	0.132	8/28/20	0H27031-08
9 10 MARSH POND RD	8/25/20	0.002	8/28/20	0.015	8/28/20	0H27031-09
10 273 WILLISON RD	8/25/20	ND	8/28/20	0.116	8/28/20	0H27031-10
11 17 NORRIS RD	8/25/20	ND	8/28/20	0.165	8/28/20	0H27031-11
12 20 DIANDY RD	8/25/20	0.002	8/28/20	0.264	8/28/20	0H27031-12
13 186 PHILLIPS RD	8/25/20	ND	8/28/20	0.602	8/28/20	0H27031-13
14 276 WILLISTON RD	8/26/20	ND	8/28/20	0.236	8/28/20	0H27031-14
15 40 PILGRIM RD	8/26/20	ND	8/28/20	0.130	8/28/20	0H27031-15
16 55 BOURNEDALE RD	8/26/20	ND	8/28/20	0.005	8/28/20	0H27031-16
17 28 SIASCONSET DR	8/26/20	ND	8/28/20	0.186	8/28/20	0H27031-17
18 17 DIANDY RD	8/27/20	ND	8/28/20	0.135	8/28/20	0H27031-18
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Report SCHOOL RESULTS collected in accordance with 310 CMR 22.6B (7)(a)9 below. Do not use these results in 90th percentile calculations.

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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: 

Date: 9/01/2020

If not submitting there results electronically, mail TWO copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

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)	Review Comments
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PWS Name:	NORTH SAGAMORE WATER DISTRICT	PWS Class:	COM <input checked="" type="checkbox"/> NTNC <input type="checkbox"/> TNC <input type="checkbox"/>

Routine or Special Sample	Original, Resubmitted or Confirmation Report	If Resubmitted Report, list below:	
		(1) Reason for Resubmission	(2) Collection Date of Original Sample
<input checked="" type="checkbox"/> RS <input type="checkbox"/> SS	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Resubmitted <input type="checkbox"/> Confirmation	<input type="checkbox"/> Resample <input type="checkbox"/> Reanalysis <input type="checkbox"/> Report Correction	
SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)			

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Primary Lab MA Cert. #:	M-RI010	Primary Lab Name:	New England Testing Laboratory	Subcontracted? (Y/N)	N
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Copper:	1.3	EPA 200.8	0.005	M-RI010	New England Testing Lab

LAB SAMPLE NOTES

MassDEP Approved Sample Location <small>(See MassDEP approved LCR plan for sampling locations)</small>	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 346 PHILLIPS RD	8/31/20	0.002	9/03/20	0.067	9/03/20	0101052-01
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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:

Date: 9/08/2020

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SAMPLE NOTES - (Such as, if a Manifold/Multiple sample, list the sources that were on-line during sample collection.)			

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Lead:	0.015	EPA 200.8	0.001	M-RI010	New England Testing Lab
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LAB SAMPLE NOTES

MassDEP Approved Sample Location <small>(See MassDEP approved LCR plan for sampling locations)</small>	Collection Date	LEAD		COPPER		Lab Sample ID#
		Result (mg/L)	Date Analyzed	Result (mg/L)	Date Analyzed	
1 1 WAMPANOAG ROAD - LCR22	9/04/20	0.001	9/10/20	0.393	9/10/20	0108064-01
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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:

Date: 9/14/2020

If not submitting there results electronically, mail TWQ copies of this report to your DEP Regional Office no later than 10 days after the end of the month in which you received this report or no later than 10 days after the end of the reporting period, whichever is sooner.

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DEP REVIEW STATUS (Initial & Date)	Review Comments
<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved	

For more information on lead and copper in your drinking water, please visit the MassDEP website.

<https://www.mass.gov/lead-in-drinking-water>