

State Water Resources Control Board Division of Drinking Water Lead and Copper Tap Sample Results Reporting Form

This form must be submitted by the public water system to the regulating entity (DDW District Office or County Agency) for each round of lead and copper sampling

Copper: Action Level = 1.3 mg/L		
Action Level = 0.015 mg/L		
Lead:		
	90 th Percentile Level (mg/L)	
# of Samples Reported:		
# of Samples Required:		
Monitoring Frequency:	o 6-month o Annual o Triennial	
Water System Type:	o Community o Non-Transient, Non Community	
Water System Number:		
Water System Name:		
Report Date: (mm/dd/yyyy)		

			R	esult
	Sample Date	Sample Site Location/Address 1, 2, 3 or R	(mg/L)	Copper (mg/L)
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Division of Drinking Water Lead and Copper Tap Sample Results Reporting Form

Sampling Site Change

Each round of sampling should be conducted at the same sampling sites. If an original sampling site is not available, you should collect a tap sample from another site meeting the same Tier criteria as the original site.

You must complete/submit the *Lead and Copper Tap Sampling Site Change* form.

Notification of Results	No	otifi	catior	ı of F	Results
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As required by 40 Code of Federal Regulations Section 141.85(d), within 30 days of learning of the tap monitoring results
I notified the participants, by mailing or by another method approved by the State, of the lead sample results from their
individual taps, provided an explanation of the health effects of lead, listed steps the consumer could take to reduce
exposure to lead, provided contact information for the water utility, the maximum contaminant level goal for lead,
action level for lead, and any definitions.

Notification was done on		bv	o Direct Mail o Posting in public area (NTNC systems only)
_	(date)	• ,	o Other (please specify below)

For general information on lead and copper tap sampling, you can refer to the *SWRCB Lead and Copper Tap Sample**Results Guidance Document*. If you have any questions or comments, please contact your regulating entity (Division of Drinking Water District or County Agency).

SIGNATURE:	DATE:
NAME (Print):	TITLE: