



DRINKING WATER LEAD AND COPPER MONITORING REPORT

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|--|--------------|----------------------|--------------------|
| PWS Name: | PWSID: OH | County: | Population: |
| PWS Address: | Phone: | Sampling begin date: | Sampling end date: |
| Monitoring Schedule: <input type="checkbox"/> "6 month" or "optional" <input type="checkbox"/> "annual" or "triennial" | | | |

Return this completed form by mail or fax to the appropriate Ohio EPA district office (receipt being no later than 10 days after the end of the monitoring period). Retain a copy of this report in your files with supporting documentation for a minimum of 12 years.

Lead and Copper Tap Monitoring (First-Draw Samples)

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|----|--|---|
| a. | Number of sampling sites required: | Number of samples analyzed: |
| | If the number of samples analyzed is less than the standard number of sampling sites required for your water system, then explain why: | |
| b. | Were all sampling sites tier 1 sites? () Yes () No | If no, explain: |
| c. | Were 50% of your lead samples from sites with Lead Service Lines? () Yes () No | If no, explain: |
| d. | Have any of your sampling sites changed since the last monitoring period? () Yes () No | If yes, state which sites and explain: |
| e. | 90 th % Lead Level (mg/L): | 90 th % Copper Level (mg/L): |

When the 90th % Lead Level is 0.0155 mg/L (or higher) or the 90th % Copper Level is 1.350 mg/L (or higher), contact your Ohio EPA district office within three business days for additional requirements.

I certify that each first-draw lead and copper sample collected for our water system was one liter in volume, was taken from a kitchen or bathroom cold-water tap or a drinking fountain, and, to the best of my knowledge, had stood motionless in the service line and in the interior plumbing of the sampling site for at least six hours. I further certify that each tap sample collected by residents was taken after the water system informed them of proper sampling procedures.

Signature of Operator of Record

Date

Printed Name

| | | | |
|------------------------|----------------|--------------------|--------------------------|
| For Ohio EPA use only: | Received Date: | Monitoring Period: | Approved: () Yes () No |
|------------------------|----------------|--------------------|--------------------------|



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Submit with Form EPA 5105

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|-----------|------------------|-----------------------------|-------------------------------|
| PWS Name: | PWSID: OH | Analytical Laboratory Name: | Laboratory Certification No.: |
|-----------|------------------|-----------------------------|-------------------------------|

List samples sequentially by Laboratory Sample Number

| Date of Sample | Time Sample Taken | Laboratory Sample Number | Address of Sample Site Example: 234 S Main St Town OH 40000 | Tap Type* and Location Example: B 2 nd floor | Structure Type SFR, MFR or BLDG | Interior Plumbing Material Pb, CuPb>82, CuPb<83, or other | Service Line Material Pb, Cu, or other | Tier 1, 2, 3, or other | Lead Conc (ug/L) | Copper Conc (ug/L) |
|----------------|-------------------|--------------------------|--|---|------------------------------------|--|---|---------------------------|------------------|--------------------|
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*Tap type codes: B – bathroom cold water tap; D – drinking fountain; K – kitchen sink cold water tap; R – restroom sink cold water tap; O – other (with prior Ohio EPA acceptance)
Note: 1 mg/L = 1000 ug/L