



Verification of Lead Consumer Notice Issuance

PWS Name: _____
PWS ID: _____

Drinking Water Program - Compliance Notification
County: _____

Submit this completed verification form within 5 business days of receipt of lead sample results. Submit to Ohio EPA DDAGW Central Office via email (preferred): DDAGW_lead_CN@epa.ohio.gov; fax: 614-644-2909; or mail: Ohio EPA - DDAGW, 50 West Town Street, Suite 700, Columbus, OH 43216 , Subject: Lead Consumer Notice.

Lead Consumer Notice Requirements

All lead results:

- Issue Consumer Notice within two business days of receipt of lead sample results.
- Deliver Consumer Notice to the owner and persons served from the sample location using one of the following methods:
 - For results less than 15 µg/L: E-mail, hand delivery, phone call, or mail
 - For results greater than 15 µg/L: E-mail, hand delivery, phone call with written follow up (mail, e-mail, or hand delivery)
 - Any result (NTNC and Small Community Systems only): Post near sample location for a minimum of 7 days.
- If your facility is a school, daycare, nursing home, or a juvenile correctional institution, notify legal guardians or power of attorney. **Please indicate if your facility is a school, daycare, nursing home, or correctional institution by checking the following box:**

Any individual lead result greater than 15 µg/L:

- Within two business days of receipt of lead sample results, notify local health department of results.
- Include information regarding the availability of health screenings and testing of lead blood levels in the CN.
- For NTNC systems only, immediately remove from service all fixtures with results greater than 15 µg/L.

Fill in all sample data on the following page(s) and include all applicable information to verify lead consumer notice was issued in accordance with the requirements outlined above. Retain a copy of this report in your files with supporting documentation for a minimum of 12 years.

Include a representative copy of all CNs issued for lead samples below 15 µg/L and one copy of each CN for lead samples above 15 µg/L.

By signing this document, whether handwritten or typed, I am providing a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document. I hereby certify that the Lead Consumer Notice was issued to all locations that were sampled by the dates specified on the following page(s). Issuance was made by the method(s) indicated.

Signature of Responsible Official	Printed Name	Title	Date
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For Ohio EPA use only		CN Verification Received Date: _____	
CN on time: <input type="checkbox"/>	CN late: <input type="checkbox"/>	CN Acceptable: <input type="checkbox"/>	CN Not Acceptable: <input type="checkbox"/>

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Sampling Data

Fill in all applicable information below to verify lead consumer notice was issued in accordance with the requirements. Add additional rows as needed.

If a sample was submitted as DS000, include the sample location and address and submit an updated SMP ID Spreadsheet to your Ohio EPA District Office, as applicable.

Sample Location (LC### or Address and Sample Location)	CN Delivery Date	CN Delivery Method (Choose from drop down)	Lab Sample Number	For any samples greater than 15 µg/L, check applicable boxes below		
				Included info on health screening and lead blood level tests in CN	Notified Health Department	Removed fixture from service (NTNC Only)
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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