

PWS Name: PWS ID:	Drinking V	Water Program - Complia	nce Notification					
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 Cons	umer Notice Requi	rements						
All lead results:								
1. Issue Consumer Notice within two business day	•							
Deliver Consumer Notice to the owner and pers methods:			f the following					
• For results less than or equal to 15 μg/L: E-m	nail, hand delivery, phone c	all, or mail						
• For results greater than 15 μg/L: E-mail, hand	d delivery, phone call with	written follow up (mail, e-m	ail, or hand delivery)					
• Any result (NTNC and Small Community Syst 3. If your PWS is a school, daycare, nursing home, or notice to legal guardians or powers of attorney with requirement was completed by checking the follow or correction institution).	r a juvenile correctional in in two business days of reving box (only required if	stitution, you must provideceipt of sample results. Pl	e lead consumer ease indicate if this					
Any individual lead result greater than 15 μg/			To.					
Within two business days of receipt of lead san	iple results, notify local f	nealth department of resi	ults.					
5. Include information regarding the availability o	f health screenings and t	esting of lead blood level	ls in the CN.					
6. For NTNC systems only, immediately remove fi	om service all fixtures w	ith results greater than 1	l5 μg/L.					
Fill in all sample data on the follwing page(s) and was issued in accordance with the requirements supporting documentation for a minimum of 12 Include a representative copy of all CNs issue of each CN for lead samples greater than 15	outlined above. Retain a years. ed for lead samples les	a copy of this report in yo	our files with					
By signing this document, whether handwritten acknowledge and warrant the truthfulness of the Lead Consumer Notice was issued to all locations Issuance was made by the method(s) indicated.	e information provided i s that were sampled by t	in this document. I hereb the dates specified on th	y certify that the					
Signature of Responsible Official	Printed Name	Title	Date					
For Ohio EPA use only	CN Verifica	ation Received Date:						
CN on time: CN late:	CN Accept	able: CN Not A	Acceptable:					

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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.

Spreadsheet to your Ohio		CN	Lab Sample Number	For any samples greater than 15 µg/L, check applicable boxes below		
Sample Location (LC### or Address and Sample Location)	CN Delivery Date			Included info on health screening and lead blood level tests in CN	Notified Health Department	Removed fixture from service (NTNC Only)

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