



## DRINKING WATER LEAD AND COPPER MONITORING REPORT

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 to Ohio EPA, DDAGW-Central Office, PO Box 1049, Columbus, OH 43216-1049 or Fax to (614) 644-2909 (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)

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 <sup>th</sup> % Lead Level (mg/L):	90 <sup>th</sup> % Copper Level (mg/L):

**When the 90<sup>th</sup> % Lead Level is 0.0155 mg/L (or higher) or the 90<sup>th</sup> % 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.:
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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 <sup>nd</sup> 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)

\*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