Lead and Copper Results – Reporting Form

Bureau of Safe Drinking Water, 901 South Stewart Street, Suite 4001, Carson City, NV 89701

Phone: 775-687-9521 Fax: 775-687-5699 After Hours: 775-687-9485 or 888-331-6337 email: E-Data\_BSDW@ndep.nv.gov

**Public Water System (PWS) Name PWS ID# NV000**

**PWS Type: Community Non-Transient / Non-Community**

**LAB RESULTS OF LEAD AND COPPER TAP WATER SAMPLES MUST BE ATTACHED TO THIS DOCUMENT**

90% Pb level\*

**No. of samples required No. of samples submitted** 90% Cu level

 **\*A lead action level exceedance (ALE) requires a Tier 1 public notice (PN). If the 90% Pb level is over 0.015mg/L or 15 ppb, contact the LCR manger, Cassie Ehleringer, at 775-687-9491 or at** **cehleringer@ndep.nv.gov** **as soon as possible.**

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| **PWS Operator/Contact Person:** |
| **Contact Person:** | **Contact Person's Title:** |
| **Contact Person's Mailing Address:** |
| **City:** | **State:** | **Zip Code:** |
| **Contact Person's Telephone Number:** | **Contact Person's Fax Number:** |
| **Contact Person's E-Mail Address:** |

This form is for use by Public Community Water Systems (CWS) and Public Non-Transient Non- Community (NTNC) Water Systems to document the sample results collected under the Lead an Copper Rule. Consecutive Water Systems must also complete this form if they do not have an agreement with their wholesale system (please refer to the Lead and Copper Sampling Plan Agreement Form for more information).

For additional information or assistance in setting up a Lead and Copper Sampling Plan, read the Guidance Document. Systems may also want to review the EPA Publication entitled “Lead and Copper Monitoring Guidance” (EPA-816-R-02-009), which can be found at [www.epa.gov.](http://www.epa.gov/)

Complete all sections of the Lead and Copper Sampling Plan Form, marking N/A where not applicable. The operator or administrative contact on record for the system must sign the form.

Mail a signed copy of the form to the following address: Cassie Ehleringer, Bureau of Safe Drinking Water, 901 S Stewart St., Carson City, NV 89701, while retaining a copy for your records. Contact the Bureau of Safe Drinking Water if you have any questions or concerns with the sampling protocol.

901 South Stewart Street, Suite 4001, Carson City, NV 89701, Phone: 775-687-9521, Fax: 775-687-5699

**System Population: Monitoring Schedule:**

□ >100,000

□ 50,001 to 100,000 □ Triennial (3 YR) Compliance

□ 10,001 to 50,000 □ Annual Compliance

□ 3,301 to 10,000 □ 6 Month Compliance

□ 501 to 3,300

□ 101 to 500

□ ≤ 100

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| --- | --- |
| **Sample Location (Site or Address):** | **Tier Classification (1,2,3 or other):** |
| 01. |  |
| 02. |  |
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| 20. |  |

**CERTIFICATION OF COLLECTION METHODS**

I certify that:

* Each first draw tap sample for lead and copper is one liter in volume and has stood motionless in the plumbing system of each sampling site for at least six hours. Have home-owner note the time the specific tap was last used.
* Each first draw sample collected from a single-family residence has been collected from the cold water kitchen tap or bathroom sink tap.
* Each first draw sample collected from a non-residential building has been collected at an interior tap from which water is typically drawn for consumption
* Each first draw sample collected during an annual or triennial monitoring period has been collected in the months of June, July, August, or September.
* **If the lead 90th percentile calculation resulted in an ALE, the LCR manager was contacted to inform them of the exceedance.**
* Each resident who volunteered to collect tap water samples from his or her home has been properly instructed by [insert water system’s name] in the proper methods for collecting lead and copper samples. I do not challenge the accuracy of those sampling results.

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| *I certify that I have followed the standard operating procedure for this system and have completed the above checklist. To my knowledge and understanding the system is in good working condition.* | **Signature:**  |
| **WATER SYSTEM NAME** | **PRINT NAME** |
| **SYSTEM NUMBER** | NV000 | **DATE** |

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| ***[For Agency use only]*** |
| Reviewed by: | Date: | Approved to operate: | Date: |