MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY DRINKING WATER AND ENVIRONMENTAL HEALTH DIVISION

NONCOMMUNITY LEAD AND COPPER SAMPLE REPORT

Issued under authority of the Safe Drinking Water Act, 1976 PA 399, as amended, MCL 325.1001 et seq., and its Administrative Rules (Act 399). Failure to submit this information is a violation of Act 399 and may subject the water supply to enforcement actions/penalties.

Administrative Rule R 325.10710d requires water supplies to report lead and copper monitoring information within 10 days after the end of the monitoring period. This form may be used to meet this requirement.

Water Supply Name:			WSSN:		
Population:	Monitoring Period:	From:	То:		
Number of Compliance	ze Samples Required (1L fir	st-draw):			
Number of Compliance	e Samples Collected:				
Name of Certified Lab	ooratory:				

Examples are given in parenthesis.

Building Name	Sample Point ID (e.g., DS01)	Sample Point Location (e.g., Break Room Sink – right side)	Sample		Sample	Lead	Copper
(e.g., High School)			Date	Time	ID	Result (mg/L)	Result (mg/L)



Drinking water fixtures were sampled according to the approved sample siting plan: 🗌 Yes 🗌 No							
Are same sampling points used as in previous monitoring period?							
Comments:							
Do you wish the Lea Health Department?	ad and Copper 90th p	ercentile calculation for these results to be verified by your Local / Copper 90%) [] No					
Water Supply Name	e:	WSSN:					
Name/Title of water	system official report	ng results:					
Date:	Telephone:	Email:					

Certification: I certify that this public water supply has provided the Lead and Copper Consumer Notice (LCCN) and Lead and Copper Sample Report form to persons served at each of the taps tested, either by mail, or by another method authorized under Act 399, within 30 days of obtaining the results. The LCCN included all required content.

Completed Lead and Copper Sample Report form, LCCN, and copies of laboratory results shall be submitted to your Local Health Department.

If you need this information in an alternate format, contact <u>EGLE-Accessibility@Michigan.gov</u> or call 800-662-9278.

EGLE does not discriminate on the basis of race, sex, religion, age, national origin, color, marital status, disability, political beliefs, height, weight, genetic information, or sexual orientation in the administration of any of its programs or activities, and prohibits intimidation and retaliation, as required by applicable laws and regulations. Questions or concerns should be directed to the Nondiscrimination Compliance Coordinator at <u>EGLE-NondiscriminationCC@Michigan.gov</u> or 517-249-0906.

This form and its contents are subject to the Freedom of Information Act and may be released to the public.

NONCOMMUNITY LEAD AND COPPER SAMPLE REPORT INSTRUCTIONS

- 1. WATER SUPPLY NAME: Enter the name of the public water supply where sampling is being conducted.
- 2. PUBLIC WATER SUPPLY ID (WSSN): Enter the nine-digit public water supply serial number starting with MI (Michigan designation); (e.g., MI1234567).
- 3. POPULATION: Enter the number of people served by the public water supply.
- 4. MONITORING PERIOD: Enter the beginning and end dates of the monitoring period during which the sampling took place (e.g., from 06/01/2023 to 09/30/2023).
- NUMBER OF COMPLIANCE SAMPLES REQUIRED: This number is according to the rules based on population or as set by the Local Health Department for lead/copper tap sampling for this public water supply.
- 6. NUMBER OF COMPLIANCE SAMPLES COLLECTED: Indicate the number of tap samples taken for lead and copper analysis during this monitoring period.
- 7. NAME OF CERTIFIED LABORATORY: Enter the name of the certified laboratory that performed the lead and copper analyses on samples taken during the monitoring period.
- 8. COMPLETE THE SAMPLING LOCATION CHART ACCORDINGLY: Building Name, Sample Point ID, Sample Point Location, Sample Date/Time, Sample ID, Lead Result (mg/L), Copper Result (mg/L).
- 9. DRINKING WATER FIXTURES SAMPLED PER APPROVED SAMPLE SITING PLAN: Indicate Yes/No.
- 10. CONFIRM THAT THE SAMPLE POINTS USED WERE THE SAME AS IN THE PREVIOUS MONITORING PERIOD: Indicate Yes/No (If no, provide a comment)
- 11. REQUEST THAT THE LEAD AND COPPER 90TH PERCENTILE CALCULATION BE VERIFIED: Indicate Yes/No that you wish your Local Health Department to verify your results.
- 12. CERTIFICATION SIGNATURE: The Water System authorized signer enters their name, date, telephone number, and email.
- 13. COPY OR SCAN THE COMPLETED FORMS: Please submit a copy of these forms along with the laboratory results to the **Local Health Department**, **Attn: Noncommunity Program Coordinator** (email or regular mail). Please retain copies for your records.

Thank you for participating in the Lead and Copper monitoring of your drinking water.