

Drinking water fixtures were sampled according to the approved sample siting plan: Yes No

Are same sampling points used as in previous monitoring period? Yes No

(If "No," provide comment below):

Comments: _____

Do you wish the Lead and Copper 90th percentile calculation for these results to be verified by your Local Health Department? Yes (Lead 90% _____ / Copper 90% _____) No

Water Supply Name: _____ WSSN: _____

Name/Title of water system official reporting 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 EGLE-Accessibility@Michigan.gov or call 800-662-9278.

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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).
5. 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.