



State Water Resources Control Board

Division of Drinking Water

Lead and Copper Tap Sample Results Reporting Form

This form must be submitted by the public water system to the regulating entity (DDW District Office or County Agency) for each round of lead and copper sampling

Report Date: (mm/dd/yyyy)	
Water System Name:	
Water System Number:	
Water System Type:	☐ Community ☐ Non-Transient, Non Community
Monitoring Frequency:	☐ 6-month ☐ Annual ☐ Triennial
# of Samples Required:	
# of Samples Reported:	
	90th Percentile Level (mg/L)
Lead: <i>Action Level = 0.015 mg/L</i>	
Copper: <i>Action Level = 1.3 mg/L</i>	

	Sample Date	Sample Site Location/Address	Tier 1, 2, 3, or R	Result	
				Lead (mg/L)	Copper (mg/L)
01					
02					
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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Sampling Site Change

Each round of sampling should be conducted at the same sampling sites. If an original sampling site is not available, you should collect a tap sample from another site meeting the same Tier criteria as the original site.

You must complete/submit the ***Lead and Copper Tap Sampling Site Change*** form.

Notification of Results

As required by *40 Code of Federal Regulations Section 141.85(d)*, within 30 days of learning of the tap monitoring results, I notified the participants, by mailing or by another method approved by the State, of the lead sample results from their individual taps, provided an explanation of the health effects of lead, listed steps the consumer could take to reduce exposure to lead, provided contact information for the water utility, the maximum contaminant level goal for lead, action level for lead, and any definitions.

Notification was done on _____ by _____
(date)

- ☐ Direct Mail
- ☐ Posting in public area (NTNC systems only)
- ☐ Other (please specify below) _____

For general information on lead and copper tap sampling, you can refer to the ***SWRCB Lead and Copper Tap Sample Results Guidance Document***. If you have any questions or comments, please contact your regulating entity (Division of Drinking Water District or County Agency).

SIGNATURE:	DATE:
NAME (Print):	TITLE:

Division of Drinking Water
Lead and Copper Tap Sample Results Reporting Form

				Result	
	Sample Date	Sample Site Location/Address	Tier 1, 2, 3, or R	Lead (mg/L)	Copper (mg/L)
21					
22					
23					
24					
25					
26					
27					
28					
29					
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33					
34					
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Division of Drinking Water
Lead and Copper Tap Sample Results Reporting Form

				Result	
	Sample Date	Sample Site Location/Address	Tier 1, 2, 3, or R	Lead (mg/L)	Copper (mg/L)
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
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100					