

Instructions

Certification of Homeowner as Sampler

Your community is requesting your assistance with sampling for lead and copper. Your home has been selected as a sample site for this important water quality sample. We appreciate your cooperation with this critical public health protection protocol.

Lead and copper are commonly found in premise plumbing pipes (i.e., within buildings) and service line pipes (i.e., from the water main to the building). Lead and copper sampling is routinely conducted in community water system homes to ensure that pipe materials aren't leeching these metals into tap water.

Sampling Instructions

1. The water operator will coordinate sample bottle drop off and pick up with you. Before collecting your sample, ensure you know when the bottle will be picked up.
2. Samples must be collected a **minimum of 6 hours, but no longer than 8 hours, without running any water in the home.**
 - We recommend collecting the sample either in the early morning or upon returning home from work, as these are the best sampling times to ensure the necessary stagnant water condition exists.
3. A wide mouth bottle will be provided to collect each one-liter ("1 L") sample. Do not use any other container to collect the sample.
4. Collect the water sample at a **kitchen or bathroom cold-water faucet.**
 - Do **not** use a faucet connected to a treatment device such as a softener or point-of-use filter. If an untreated tap is unavailable, please immediately notify the water operator.
5. Place the open bottle under the tap to **immediately** collect the sample of the first draw, cold water tap.
6. Fill the bottle to at least the fill line and tighten the cap back onto the bottle. **A minimum of 1 L of water must be present, or the sample cannot be analyzed.**
 - **Be careful not to break the cap while tightening.**

Instructions continued on back.

7. If your water operator instructed so, place two (2) barcode labels on each lid, and one (1) on each container. Place the sample bottle in the location you and your water operator agreed upon for pick up.
8. Please fully complete the form under “**To Be Completed by Resident.**” Please double-check if all the information is correct. **It is essential that everything you’ve filled out is accurate.**
9. Results from this monitoring effort will be provided to participants when samples are analyzed and reports are generated. Sample results, on average, take roughly **30 days** once analysis begins.

If you have any questions regarding these sampling instructions,

please contact our water system at _____.

To Be Completed by Resident

Name of Resident: _____ **Phone #:** _____

Sample Site Address: _____ **E-Mail:** _____

Home Plumbing Information

Have there been any changes to your home plumbing (i.e., pipes or fixtures) in the last two years? If "Yes," describe the changes, including the date they were made.

Yes No

Select any of the following present at your home:

Water Softener Whole-House Filter
 Point-of-Use (i.e., under the sink) Filter None

Sample Collection Information

Sample Location: Kitchen Bathroom

Water Last Used (Date): _____ **Time:** _____ AM / PM (circle one)

Sample Collected (Date): _____ **Time:** _____ AM / PM (circle one)

I have read the attached sample collection instructions and have taken a tap sample in accordance with these procedures.

Signature: _____ **Date:** _____

Form continued on back.

To Be Completed by the Public Water System

Name of System: _____ **NE# 31-** _____

Date: _____ **Sample ID:** _____

The Sample Is: Accepted Rejected

If "Rejected," select a reason for rejection:

- Collected at Wrong Location Improper (i.e., too little/much) Stagnation Time
- Plumbing Modifications in Past 2 Years Water Softener/Filter Present

Failure to reject samples with any of the above rejection reasons present may result in sample recollection, and if not resampled during the monitoring period, a violation.

I certify under penalty of law that (1) I understand the procedures listed within this document, (2) I have provided the homeowner/resident with adequate training to list them as a sampler for the system, and (3) I accept all results from the samples submitted to the lab to be used by the Department to determine compliance with the LCR and the SDWA.

Printed Name: _____

Signature: _____ **Date:** _____