

LEAD & COPPER SAMPLING PLAN

Water System Name: _____
PWS Federal ID No.: _____
Population Served: _____
Required # of Samples: _____



Return To: Ks. Dept. of Health & Environment
 BOW - Public Water Supply Sect.
 1000 SW Jackson; Suite 420
 Topeka, KS 66612

Type of Structure ¹	Location (Address)	Contact Person	Telephone	LSL ²	Home Plumbing Material	Site Selection		Received Training Material ⁵
						Original Location ³	New Location ⁴	
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¹ Tier 1, Tier 2 or Tier 3 (Tier 1 - Single Family Dwellings) (Tier 2 - Multi Family Dwellings, Buildings) (Tier 3 - Single Family Dwellings w/ Copper prior to 1983)

² LSL = Lead Service Line - Is the structure served through a lead service line? (Yes/No)

³ Is this site an original site that has been used for multiple years? (Yes/No)

⁴ Is this site a new location that is replacing an old site? (Yes/No). If yes, provide an additional page with a short explanation for the site location change.

⁵ Did the homeowner receive instructions for collecting first flush samples after leaving the water motionless in pipes for 6 hours? (Yes/No)

Signed By: _____

Date: _____