

State Water Resources Control Board Division of Drinking Water Lead and Copper Tap Sample Results Reporting Form

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

Report Date: (mm/dd/yyyy)		Sampling Site Change
Water System Name:		If any sampling sites were changed, please list the old site, new site, and reason for the change in the box below.
Water System Number:		
Sample Schedule:	o 6-month o Annual o Triennial	
# of Samples Required:		
# of Samples Reported:		
	90 th Percentile Level (mg/L)	
Lead:		
Copper:		

				Result	
	Sample Date	Sample Site Location/Address	Tier 1, 2 or 3	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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Number of Tap Sample Sites Required

The number of tap sample sites required is based on the number of people served (system size) by your water system and also whether you are performing Standard or Reduced Monitoring (CCR §64675).

	Minimum Number of Sites		
System Size	Standard	Reduced	
	Tap Sampling	Tap Sampling	
> 100,000	100	50	
10,001 to 100,000	60	30	
3,301 to 10,000	40	20	
501 to 3,300	20	10	
101 to 500	10	5	
< 101	5	5	

Determining the 90th Percentile Lead and Copper Level

Number of Tap Samples Collected	Determination of 90 th Percentile Lead or Copper Level	
5 Average the 4 th and 5 th highest sample results to get the 90 th percentile level		
More than 5	Place results in ascending order and assign each sample a number, 1 for the lowest concentration. Multiply the total number of samples by 0.9. Round down to the nearest whole number if the decimal is 0.4 or lower and round up if the decimal is 0.5 or higher. The sample result that corresponds with the nearest whole number is the 90 th percentile.	

Notification of Results

Notification was done on:

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.

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SIGNATURE:	DATE:
NAME (Print):	TITLE:

(date)

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Additi	ditional Samples		Result		
	Sample Date	Sample Site Location/Address	Tier 1, 2 or 3	Lead (mg/L)	Copper (mg/L)
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					