**- PLEASE READ THESE INSTRUCTIONS BEFORE LABORATORY ARRIVAL -**

**LEAD AND COPPER SAMPLING IS BEING PERFORMED BY: [LABORATORY]**

Samples are being collected to determine lead and copper levels in your tap water. Thissampling effort is required by the U.S. Environmental Protection Agency and the New Jersey Department of Environmental Protection (NJDEP) under the Federal and State Safe Drinking Water Acts. These samples help assess the need for, or the effectiveness of, corrosion control treatment to minimize consumers’ exposure to lead and/or copper through drinking water.

**Sampling will be conducted on [DATE] at [TIME]. If this time is not convenient for you, please contact us at the number below.**

A consumer notice of the results from this sampling effort and information about lead are required to be visibly posted as soon as possible but no later than 30 days of receiving the results from us. In the event of a lead action level exceedance, public education material must be visibly posted and distributed to persons served by the water system (e.g., employees). Templates can be found at: <http://www.nj.gov/dep/watersupply/dws-sampreg.html>.

We must sample from a sample site outlined in your Lead and Copper Sampling Plan. If any revisions have been made to your sample sites, such as plumbing repairs or site changes, contact us immediately, a new sample site may be required to be sampled from. If the Lead and Copper Sampling Plan has been approved by the NJDEP a revised PbCu Sampling Location Spreadsheet (BWSE-18 form) must be submitted to the NJDEP and us prior to sample collection.

The sample collection procedure described below must be followed prior to our arrival to ensure accurate and acceptable lead and copper samples are collected.

1. Do not use any water within your building(s) (restrict access to the building if possible) for a minimum of 6 hours prior to sample collection. This includes irrigation, toilets and other outlets even if they are not to be sampled. If sample taps are tempered, turn the hot water off at least 6 hours prior to our arrival. Do not intentionally flush the tap before the start of the 6-hour stagnation period. OPTIONAL: Since the facility operates 24 hours per day, make arrangements to implement the procedure(s) outlined in the Lead and Copper Sampling Plan for meeting the minimum 6-hour stagnation time OR longest standing time approved by NJDEP.
2. Samples must be collected from the sample sites outlined in your Lead and Copper Sampling Plan starting with the designated standard sites. These are taps typically used for human consumption (e.g., kitchen sink, water fountain).
   1. If a standard site is not available, then an alternate site must be used; if possible, the alternate site should be in close proximity to the standard site. If a different site is sampled from the previous monitoring period, NJDEP must be notified within 10 days following the end of the monitoring period using the Sample Site Change Form (BSDW-56).
3. **Inform us immediately** if a site is not in use or if it has not been used for a significant period of time (e.g., the building is closed for the season, vacant building). Alternate sample site(s) or sampling date may be required.
4. **Notify us immediately** if any of the sites have a point of use treatment unit, such as a water softener or filter designed to remove inorganic compounds.
5. Do not remove or clean the aerator/screen prior to sampling.
6. Follow any additional procedures outlined in the Lead and Copper Sampling Plan regarding system-specific details and our laboratory sampling protocols.
7. **Complete the table labeled “TO BE COMPLETED BY: Water System Representative Preparing for Sample Collection” on the attached Chain of Custody Sign Off Page for each sample site location.**

Call [LABORATORY] at [PHONE NUMBER] if you have questions regarding these instructions, if you have had plumbing or sample sites changes, if there is a point of use treatment unit installed, or if a site has not been used for a significant period.

**- CHAIN OF CUSTODY SIGN OFF PAGE –**

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| **TO BE COMPLETED BY: Water System Representative Preparing for Sample Collection** | | |
| Public Water System Identification Number: **NJ** | | Water System Name: |
| Sample Site Address/Location: | | |
| Does the water system have NJDEP approved PBCU# sample sites? Yes  No  If yes, PBCU#: \_\_\_\_\_\_\_\_\_\_; Standard  Alternate  If no, Sample Faucet/Tap Type: Drinking Water Fountain  Sink with Bubblers  Kitchen/Food Prep  Other Describe: | | |
| Was a point of use filter/treatment unit in operation at the site being sampled? Yes  No  If yes, indicate the type of treatment unit: | | |
| Do you have a building treatment unit? Yes  No  If yes, indicate the type of treatment unit: | | |
| Does the facility operate 24-hours per day? Yes  No  If yes, were procedures completed to ensure that the 6-hour stagnation period or NJDEP approved longest standing time was met? Yes  No | | |
| Have there been any interior plumbing changes since your last sampling event? Yes  No  N/A  If yes, explain: | | |
| **Water in building was last used at:**  Date: Time: AM  PM | | |
| **I have read and prepared for sample collection in accordance with the provided directions.** | | |
| Print name: | Phone number/email: | |
| Signature: | Date: | |
| Title: | Affiliation: | |

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| **TO BE COMPLETED BY: Laboratory Personnel that Collected a Sample** | |
| Have the following sampling procedures been met? Yes  No   * Did not collect the sample if the minimum 6-hour stagnation period or NJDEP approved standing time was not met. * Did not remove or clean the aerator/screen prior to sampling. * Did not collect a sample from a tap with a point of use filter/treatment unit designed to remove inorganic compounds. * Placed the open wide-mouth sample bottle below the faucet and opened the **cold** water tap as you would do to fill a glass of water. * Filled the sample bottle to the line marked “1000-mL” and turned off the water. | |
| **Sample was collected at:**  Date: Time: AM  PM | |
| Print Name: | Title/Affiliation: |
| Signature: | Date: |

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| **TO BE COMPLETED BY: Laboratory Personnel that Received the Sample Bottle After Sample Collection** | |
| Print Name: | Title/Affiliation: |
| Signature: | Date and Time (Received): |