

# Lead and Copper Reduced Tap Monitoring Request Form

**Section A:** To be completed by Water System Owner or Responsible Person

**Water System Name:** \_\_\_\_\_ **Water System No.:** \_\_\_\_\_  
**Population Served:** \_\_\_\_\_ **Service Connections (#):** \_\_\_\_\_  
**Owner Name (please print):** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Current Monitoring Schedule** (e.g. 5 samples every 6-month period – check Drinking Water Watch at <https://www.pwss.enr.state.nc.us/NCDWW2/>):

---

**Monitoring Reduction Requested:** (✓ one box)

- Annual: (samples must be collected between June 1<sup>st</sup> and September 30<sup>th</sup>)
- Once every 3 years: (samples must be collected between June 1<sup>st</sup> and Sept. 30<sup>th</sup>)

**Completion of lead and copper monitoring:** Enter the timeframes that your system completed monitoring for lead and copper where the 90<sup>th</sup> percentile levels were below the action levels. Attach sampling results for **both** lead and copper and any supporting documents.

**Two consecutive 6-month periods:** (samples must be collected either Jan. 1<sup>st</sup> through June 30<sup>th</sup> or July 1<sup>st</sup> through December 31<sup>st</sup>)

- First 6-month period: \_\_\_\_\_  
90% value for Lead: \_\_\_\_\_ 90% value for Copper: \_\_\_\_\_
- Second 6-month period: \_\_\_\_\_  
90% value for Lead: \_\_\_\_\_ 90% value for Copper: \_\_\_\_\_

**Annual monitoring periods:** (samples must be collected between June 1<sup>st</sup> and Sept. 30<sup>th</sup>)

- First annual period: \_\_\_\_\_  
90% value for Lead: \_\_\_\_\_ 90% value for Copper: \_\_\_\_\_
- Second annual period: \_\_\_\_\_  
90% value for Lead: \_\_\_\_\_ 90% value for Copper: \_\_\_\_\_

**Are all sample results first draw?** A first draw sample is a one-liter sample of tap water, collected in accordance with §141.86(b)(2), that has been standing in plumbing pipes at least 6 hours and is collected without removing the aerator and without flushing the tap. (✓ one box)

- Yes
- No

**Have you received any lead and copper violations?** (includes monitoring, public education and corrosion control treatment violations) (✓ one box)

- Yes – (If yes, please explain when, why and your system’s compliance status)  
Explanation: \_\_\_\_\_
- No



(Note: See our website at <http://deq.nc.gov/about/divisions/water-resources/drinking-water/compliance-services> for copies of the forms and spreadsheet discussed below.)

**Have you completed and submitted your Construction Materials Report, Lead & Copper Sampling Pool Siting Plan - Site Selection Process Form and the Sampling Pool-Details Spreadsheet on-line?**

(✓ one box)

- Yes - Date entered on-line: \_\_\_\_\_
- No - If no, please submit copies with this form and also enter the information on-line at <http://www.ncwater.org/index.php?page=679>.

**Have you submitted a readable map, sketch or schematic of your distribution system denoting your Sampling Pool locations to your Lead and Copper Rule Manager?**

- Yes - Date submitted: \_\_\_\_\_
- No - If no, please submit a copy with this form

**Have you submitted a copy of the instructions your system provides to homeowners for collection of lead and copper tap samples to your Lead and Copper Rule Manager?**

- Yes - Date submitted: \_\_\_\_\_
- No - If no, please submit a copy with this form

**Have you submitted an Optimal Corrosion Control Treatment Recommendation Form (Form 141-C) if applicable? (✓ one box)**

- Yes - Date OCCT Recommendation submitted: \_\_\_\_\_
- No
- N/A

**Was the OCCT recommendation approved? (✓ one box)**

- Yes - Date of OCCT approval letter: \_\_\_\_\_
- No
- N/A

**Were Plans and Specs for the OCCT recommendation submitted to the PWS Section's Plan Review Unit for approval? (✓ one box)**

- Yes - Date submitted: \_\_\_\_\_ Final Plan Approval Date: \_\_\_\_\_
- No
- N/A

**Have you installed the approved treatment? (✓ one box)**

- Yes - If yes, please submit a OCCT/WQPs and Certification of Installation and Proper Operation (Form 141-C2) with this request form.
- No - If no, explain why not: \_\_\_\_\_
- N/A

**Form completed by:** \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

**System affiliation** (owner or responsible person): \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**System Must Return this form to:** Public Water Supply Section, Compliance Services Branch, 1634 Mail Service Center, Raleigh, North Carolina 27699-1634 (Attention: Lead and Copper Rule Manager)



**Section B:** To be completed by the Public Water Supply Section / Compliance Services Branch / Lead and Copper Rule (LCR) Manager

Is the system qualified for reduced monitoring? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the new monitoring schedule? \_\_\_\_\_

When is the next sampling date and sequence year for the water system? \_\_\_\_\_

Date monitoring schedule changed in SDWIS: \_\_\_\_\_ Changed By: \_\_\_\_\_ (LCR staff)

Date water system and Regional Office notified of change in monitoring schedule: \_\_\_\_\_

Method of notification: \_\_\_\_\_

Section B completed by: \_\_\_\_\_ Date: \_\_\_\_\_