

## SAMPLING POOL - DETAILS

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(use additional sheets as necessary)

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Water System Name:		Water System Number:		County:			Date:						
System Type: (√ check box)  ☐ Community or ☐ Non-transient non-community		Population:		Existing Corrosion Control Treatment:			Number of Samples Required for Standard Monitoring:						
Prepared by: (Print Name)			Signature:			Phone:Email:				System Affiliation: (√ check box)  □ Owner or □ Responsible person			
	Notes: To help you properly complete this form, example entries are shown for this form on our website at <a href="http://deq.nc.gov/about/divisions/water-resources/drinkingwater/compliance-services#lcr">http://deq.nc.gov/about/divisions/water-resources/drinkingwater/compliance-services#lcr</a> . For water systems with Lead Service Lines (LSLs), half of all sites sampled must contain Lead Service Lines as per §141.86(a)(8).												
Location Code	Physical Address (Street and City for CWS) or Physical Location (for NTNC)	Year Built		Materials in cture	Lead Service Lines on System's Side? (water main to customer's meter) Yes / No	Lead Ser Lines of Custome Side? (meter to cust building Yes / N	on er's omer's	Tier 1, 2, 3 or Other	Tier Designation Justification	Da Si Add o Dele	te ded r	Added (A) or Deleted (D)	Comments Explaining Change
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