Instructions: The selling (parent) and purchasing (consecutive) systems must complete Sections A and B of this form and the Roles and Responsibility Chart on page 2 and return them to the DEP with a completed copy of the DEP sampling plan form (LCR-A) by the date noted below. A reduction request must be completed for each individual purchasing (consecutive) system. Please remember that all records are required to be maintained for 12 years.

SECTION A. TO BE COMPLETED BY PURCHASING (CONSECUTIVE) PUBLIC WATER SYSTEM

**CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PWS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PUBLIC WATER SYSTEM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (insert PWS name) **requests:**

\_\_\_\_\_ A reduction in the lead and copper tap monitoring requirements;

\_\_\_\_\_ An exemption from the water quality monitoring requirements;

and attests that all the following conditions are met:

1. We purchase water from the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_which has control of the source water and its treatment;
2. We do not treat the water in any way (e.g. treatment includes chlorination, adding sequestering agent, etc);
3. We do not mix our purchased supply with other sources.

I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Purchasing (Consecutive) Water Supplier Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name Title

SECTION B. TO BE COMPLETED BY SELLING PUBLIC WATER SYSTEM

**CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PWS ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­­­­­­­ PUBLIC WATER SYSTEM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_** (check (√) **WE SELL WATER TO THE ABOVE PUBLIC WATER SYSTEM**

**I certify under penalty of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Selling Water Supplier Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name Title

**Please return this form by \_\_\_\_\_\_\_\_\_** to: Department of Environmental Protection, Drinking Water Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attention: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEP USE ONLY:** APPROVED: \_\_\_\_\_\_\_\_ DISAPPROVED: \_\_\_\_\_\_\_\_\_OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DWP REVIEW STAFF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_

DATE SUBMITTED TO EPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATUS AND DATE OF EPA REVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Page 1 of 2**

(Shaded items require DEP approval/involvement)

|  |  |  |
| --- | --- | --- |
| **LEAD AND COPPER RULE TASKS** | **WHO IS RESPONSIBLE?** | |
| **Selling system name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Purchasing (consecutive) system name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Conduct LCR Tap Sampling |  |  |
| Identify Sample Sites ( E.g. Conduct material survey, obtain homeowners permission) |  |  |
| Update Sample Sites, as needed |  |  |
| Request DEP Approval of Sampling Plan (or changes to sampling plan) |  |  |
| Develop Chain of Custody (COC) and Other Sampling Forms |  |  |
| Train home owners and other collectors |  |  |
| Arrange w/Homeowner To Collect Sample |  |  |
| Prepare and Providing Sample Bottles and COC |  |  |
| Pick Up Bottles from laboratory |  |  |
| Drop Bottles Off at Homes |  |  |
| Collect Sample and Fill Out COC |  |  |
| Review COC, accept or reject sample |  |  |
| Drop Off Bottles at Laboratory |  |  |
| *If you operate your own certified laboratory*  Review COC, accept or reject sample |  |  |
| *If you operate your own certified laboratory* Analyze Sample and Perform QA |  |  |
| Review Sample Results, Organize, and Calculate 90th Percentile |  |  |
| Submit Monitoring Results to DEP |  |  |
| Inform Communities of Results |  |  |
| Inform Each Homeowner of Their Results |  |  |
| Investigate Any Unexpected Results and Speak to Homeowners with High Results |  |  |
| Develop and Mail CCR, Submit to DEP |  |  |
| Issue PN and submit to DEP, if needed |  |  |
| Conduct Public Education and submit to DEP, if needed |  |  |
| Develop Brochures (if applicable) |  |  |
| Provide Direct Mail (if applicable) |  |  |
| Provide Public Service Announcements (PSA’s) (if applicable) |  |  |
| Publish Newspaper Ads (if applicable) |  |  |
| Create and update Information Hotline & Website |  |  |
| *If you operate your own certified laboratory*  Laboratory Information |  |  |
| Conduct Water Quality Parameters sampling and submit to DEP |  |  |
| Conduct source water sampling and submit to DEP |  |  |
| Investigate Treatment Options/prepare and submit recommendations to DEP |  |  |
| Implement Treatment/prepare and submit permit application to DEP |  |  |
| Optimize Treatment |  |  |
| Provide Lead Service Line Replacement/prepare and submit plan and report to DEP |  |  |
| Provide Technical Assistance to public water system |  |  |
| Provide Technical Assistance to consumer |  |  |

Note: If any item does not apply please write not applicable (N/A) **Page 2 of 2**