*Attention Public Water Systems: Please adapt this form for your own use. An electronic copy of this form is located at the MassDEP website at* [*https://www.mass.gov/lists/lead-copper-forms-templates*](https://www.mass.gov/lists/lead-copper-forms-templates)

# LEAD SERVICE LINE REPLACEMENT PROGRAM -- SUMMARY TABLE

City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PWS Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PWS ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Important Notes on Required Dates:

1. – First contact must be at least 45 days prior to service line replacement
2. – If homeowner portion not replaced, a service line sample must be taken within 72 hours of the partial replacement.
3. -- Results of service line sample must be provided to homeowner with 3 days of your receiving them.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street Address | Homeowner’s Name | Phone No | Year Home was Built | FirstContactDate(1) | Contact madeYes/ No | SecondContact Date | Contact madeYes/No \* | DateLSLReplacedC-CompleteP- Partial \* | Date Service Line Sample Collected(2) | Date Sample Results Received  | Sample ResultsPPB | Date Results Sent to Home-owner(3) |
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| 30. |  |  |  |  |  |  |  |  |  |  |  |  |

\* If no contact is achieved with the owner or partial replacement is done and the owner does not replace his/her portion it is strongly recommended that the Town and/ or PWS refer the owner to the Local Board of Health for additional educational material on lead health effects.