Dear Resident:

Thank you for helping to monitor for lead and copper in your drinking water. This sampling is required by the federal and state Safe Drinking Water Acts and is being accomplished with the cooperation of homeowners, residents, and water system customers.

It is important that you read these instructions completely before sampling. This will allow us to obtain an accurate measurement of the lead and copper in your drinking water. This sample should represent the water and the faucet where you typically drink water.

1. Water must remain motionless in the pipes before sampling. Therefore, **DO NOT USE ANY WATER** in the house for at least six hours before sampling. The most convenient times to sample may be early morning, after school, or after returning from work.

2. Select an unfiltered/untreated faucet in the **kitchen** or **bathroom** that has been commonly used for drinking in the past few weeks.
   - **DO NOT** sample from a laundry sink, bathtub, or hose spigot as these samples do not represent water typically consumed.
   - **DO NOT** use a faucet that has a filter attached to it unless you bypass or remove the filter.
   - **DO NOT** use a faucet that is connected to a home water treatment device, like a water softener, iron filter, or reverse osmosis.
   - **DO NOT** remove or clean the aerator immediately before sampling.

3. Open the sample bottle and be careful not to touch the inside of the bottle or the cap. Place the open sample bottle below the faucet and then turn on the **cold-water** tap. If you have a single handle faucet, turn it fully to the **cold** side. Fill the sample bottle to the neck with the “first draw” of **cold** water.

4. Tightly cap the sample bottle and place it in the sample kit provided. Review the sample kit label to ensure all information contained on the label is complete and correct.

5. Answer the questions on the back of this form and then sign the form.

6. Attach this form to the bottle inside the sample kit and arrange for pick-up according to the instructions provided by your water department.

7. Thank you again for your help. Your results will be sent to you within 30 days of receiving them from the laboratory. A summary of your water supply’s lead and copper results will be provided in the annual water quality report that will be available by July 1 of next year. Contact your water supplier if you have questions.

If you have questions, call:

Water Supplier:

______________________________

Manager or Water Operator:

______________________________

Phone: _________________________

Or Contact:

Michigan Department of Environmental Quality

DEQ Contact:

______________________________

Phone: _________________________
TO BE COMPLETED BY RESIDENT/CUSTOMER

Which faucet did you use to fill the bottle?

☐ Kitchen          ☐ Main bathroom          ☐ Other (not an option for residential sites)

*If you selected Other, please describe:________________________________________________________

________________________________________________________

When was water in the house last used before sampling?

Date ________________ Time ________________ AM/PM

When did you fill the bottle?

Date ________________ Time ________________ AM/PM

Is there a faucet mounted filter?

☐ YES          ☐ NO

*If you selected Yes, was it bypassed?

☐ YES          ☐ NO

Is this faucet connected to a home treatment device such as a water softener, filter, reverse osmosis unit, iron removal device OR any other kind of treatment?

☐ YES          ☐ NO

*If you selected Yes, please describe:________________________________________________________

________________________________________________________

Have any plumbing repairs or replacements been done since the previous sampling event?

☐ YES          ☐ NO

*If you selected Yes, please describe:________________________________________________________

________________________________________________________

I have read the Drinking Water Lead and Copper Sampling Instructions and have taken a tap sample in accordance with these directions.

________________________________________________________________________________________

Signature                                    Date

________________________________________________________________________________________

Sample Collection Address