

Verification of Lead Consumer Notice Issuance

PWS Name: Triad Middle School Drinking Water Program - Compliance Notification
PWS ID: 1134912 County: Champaign

Submit this completed verification form within 5 business days of receipt of lead sample results. Submit to Ohio EPA via email (preferred):
DAGW_lead_CN@epa.ohio.gov with the Subject: Lead Consumer Notice -PWS ID or fax: 614-644-2909 Attention: Lead Consumer Notice -PWS ID.

Lead Consumer Notice Requirements

All lead results:

1. Issue a Consumer Notice within two business days of receipt of lead sample results.
2. Deliver a Consumer Notice to the owner and persons served from the sample location using one of the following methods:
 - For results less than or equal to 15 µg/L: e-mail, hand delivery, phone call, or mail
 - Any result (NTNC and Small Community Systems only): Post near sample location for a minimum of 7 days.
3. If your PWS is a school, daycare, nursing home, or a juvenile correctional institution, you must provide a lead consumer notice to legal guardians or powers of attorney within two business days of receipt of sample results. **Please indicate if this requirement was completed by checking the following box (only required if your PWS is a school, daycare, nursing home or correction institution).**

Any individual lead result greater than 15 µg/L:

1. Within two business days of receipt of lead sample results, notify local health department of results in addition to the consumer.
2. The Consumer Notice Delivery Methods: e-mail, hand delivery, phone call with written follow up (mail, e-mail, or hand delivery)
3. In the Consumer Notice include information regarding the availability of health screenings and testing of lead blood levels.
4. For NTNC systems only, immediately remove from service all fixtures with results greater than 15 µg/L.

Fill in the Sample Location, the Consumer Notice Delivery Date and Method, and the Lab Sample Number on the following page(s). Include all applicable information to verify lead consumer notice was issued in accordance with the requirements outlined above. **Include a representative copy of all CNs issued for lead samples less than or equal to 15 µg/L and one copy of each CN for lead samples greater than 15 µg/L.** Retain a copy of this report in your files with supporting documentation for a minimum of 12 years.

By signing this document, whether handwritten or typed, I am providing a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document. I hereby certify that the Lead Consumer Notice was issued to all locations that were sampled by the dates specified

Chad Holla Signature of Responsible Official
Chad Holla Printed Name
Maintenance/Operator Title

For Ohio EPA use only

CN on time: CN late: CN Acceptable: CN Not Acceptable:

CN Verification Received Date:

Sampling Data

Fill in all applicable information below to verify lead consumer notice was issued in accordance with the requirements. Add additional rows as needed. If a sample was submitted as DS000, include the sample location and address and submit an updated SMP ID Spreadsheet to your Ohio EPA District Office.

Sample Location (LC## or Address and Sample Location)	This location was sampled in my previous monitoring period. (Yes or No, if no, why? For SP, write SP)	Consumer Notice Delivery Date	Consumer Notice Delivery Method	Lab Sample Number	For any samples greater than 15 µg/L, check applicable boxes below		
					Included info on health screening and lead blood level tests in CN	Notified Health Department	Removed fixture from service (NTNC Only)
LC 201 Drinking Ftn	Yes	5-13-26	Website	26D3890-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 202 Drinking Ftn	Yes	5-13-26	Website	26D3890-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 203 Drinking Ftn	Yes	5-13-26	Website	26D3890-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 204 Drinking Ftn	Yes	5-13-26	Website	26D3890-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 205 Drinking Ftn	Yes	5-13-26	Website	26D3890-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 206 Drinking Ftn	Yes	5-13-26	Website	26D3890-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 207 Sink	Yes	5-13-26	Website	26D3890-07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 208 Sink	Yes	5-13-26	Website	26D3890-08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 216 Sink	Yes	5-13-26	Website	26D3890-09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 218 Sink	Yes	5-13-26	Website	26D3890-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 219 Drinking Ftn	Yes	5-13-26	Website	26D3890-01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 220 Drinking Ftn	Yes	5-13-26	Website	26D3890-02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 221 Drinking Ftn	Yes	5-13-26	Website	26D3890-03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 222 Drinking Ftn	Yes	5-13-26	Website	26D3890-04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 223 Sink	Yes	5-13-26	Website	26D3890-05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 224 Sink	Yes	5-13-26	Website	26D3890-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 225 Sink	Yes	5-13-26	Website	26D3890-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LC 226 Sink	Yes	5-13-26	Website	26D3890-13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

