**- PLEASE READ THESE INSTRUCTIONS BEFORE COLLECTING A SAMPLE -**

**If you have a treatment unit (e.g., filter, water softener) contact [WATER SYSTEM] immediately at [PHONE NUMBER] for additional instructions**

Samples are being collected to determine lead and copper levels in your tap water. Thissampling effort is required by the U.S. Environmental Protection Agency and the New Jersey Department of Environmental Protection (NJDEP) under the Federal and State Safe Drinking Water Acts and is being accomplished through a collaboration between us and our consumers (e.g., residents, customers). These samples must be collected from our service area and help us assess the need for, or the effectiveness of, corrosion control treatment to minimize consumers’ exposure to lead and copper through drinking water.

A consumer notice of the results from this sampling effort and information about lead will be provided to you or visibly posted as soon as practical but no later than 30 days of receiving the tap sampling results from the laboratory. However, if excessive lead and/or copper levels are found, immediate notification will be provided (usually 1-2 working days after the system learns of the tap sampling results).

The required sample collection procedure is described below. Please follow these instructions in their entirety to ensure an accurate sample result of your tap water.

1. Do not use any water within your home/building for a minimum of 6 hours prior to sample collection. Either early mornings prior to using any water in your home/building or, in residential situations, the evenings upon returning home from work are the best sampling times. Do not intentionally flush the tap before the start of the 6-hour stagnation period. OPTIONAL: Since the facility operates 24 hours per day, contact us to arrange procedure(s) as outlined in our Lead and Copper Sampling Plan for meeting the minimum 6-hour standing time OR longest standing time approved by NJDEP.
2. Choose a kitchen or bathroom faucet, that has been used regularly, to collect the sample from. For non-residential buildings, choose a kitchen faucet or other drinking water outlet that has been used regularly and is typically used for human consumption, to collect the sample from.
3. Do not collect a sample from a tap that has a point of use treatment unit (e.g., filter) without first consulting with us. If you do collect a sample from a tap that has a point of use treatment unit and/or if you have a treatment unit on the water line entering the home, be sure to document it properly in the table below.
4. Do not sample a site not in use or that has not been used for a significant period of time (e.g., the building is closed for the season, vacant building, resident on vacation).
5. Do not collect the sample if the minimum 6-hour stagnation time has not been met (refer to #1).
6. Do not remove or clean the aerator/screen prior to sampling. Place the opened wide-mouth sample bottle below the faucet and open the **cold** water tap as you would do to fill a glass of water. Fill the sample bottle to the line marked “1000-mL” and turn off the water.
7. Tightly cap the sample bottle OPTIONAL: and place it in the sample kit provided. Please review the sample kit label now to ensure that all information contained on the label is correct.
8. Note how the sample bottle and instructions will be returned to us below. If it is placed outside your home, place the sample bottle/kit in the same location where the bottle/kit was delivered so that the water system staff may pick up the sample bottle/kit.
9. **Complete the table on the next page labeled “TO BE COMPLETED BY: Customer/Resident Collecting the Sample”.**

Call [WATER SYSTEM] at [PHONE NUMBER] if you have questions regarding these instructions, if you have had plumbing or sample sites changes, if there is a point of use treatment unit installed, or if a site has not been used for a significant period of time.

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| **TO BE COMPLETED BY: Responsible Party that Dropped Off the Sample Bottle to the Customer/Resident** | | |
| Print Name: | Title/Affiliation: | |
| Signature: | Date and Time (Dropped Off): | |
| Public Water System Identification Number (7 digits): **NJ** | | Water System Name: |

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| **TO BE COMPLETED BY: Customer/Resident Collecting the Sample** | |
| Sample Location Address: Unit/Apartment Number: | |
| Sample Faucet/Tap Type: Kitchen  Bathroom  Other Describe: | |
| Was a point of use filter/treatment unit in operation at the faucet/tap being sampled? Yes  No | |
| Do you have a whole house/building treatment unit? Yes  No  If yes, indicate the type of treatment: | |
| Have there been any interior plumbing changes since your last sampling event? Yes  No  N/A  If yes, explain: | |
| Have you replaced any portion of your service line (from the water main to the water meter)? Yes  No  N/A  If yes, what are the material(s) now?  If yes, when did the replacement(s) occur (date)? | |
| **Water in your home/building was last used at:**  Date: Time: AM  PM | **Sample was collected at:**  Date: Time: AM  PM |
| How will the sample bottle and these instructions be returned to the water system (select one)?  Placed outside your home/building  Called water system personnel to pick up  Dropped off at water system  Other Explain: | |
| When were the sample bottle and these instructions placed outside your home/building or returned to the water system?  Date: Time: AM  PM | |
| **I have read and collected a sample in accordance with the provided directions.** | |
| Print Name: | Phone number/email: |
| Signature: | Date: |

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| **TO BE COMPLETED BY: Responsible Party that Obtained the Sample Bottle from the Customer/Resident** | | |
| Print Name: | | Title/Affiliation: |
| Signature: | | Date and Time (Obtained): |
| PBCU Number: | Address as written in the LCR Sampling Plan: | |
| **TO BE COMPLETED BY: Responsible Party that Dropped Off the Sample Bottle to the Laboratory** | | |
| Print Name: | | Title/Affiliation: |
| Signature: | | Date and Time (Dropped Off): |
| **TO BE COMPLETED BY: Laboratory Personnel that Received the Sample Bottle** | | |
| Print Name: | | Title/Affiliation: |
| Signature: | | Date and Time (Received): |