



CLEVELAND DIVISION OF WATER
LEAD AND COPPER COMPLIANCE SAMPLING



Name: _____ Phone Number: _____

Address: _____

When was the water last used, before sampling? Date: _____ Time: _____ AM/PM (circle)

When was the sample taken? Date: _____ Time: _____ AM/PM (circle)

The Sample was taken from the Kitchen Sink _____(initial)

Do you have any treatment devices that could not be turned off of the kitchen cold water line?

Yes No

If "Yes", please provide information about the device (softener, carbon filter, under-counter reverse osmosis unit, etc.)

I verify that I have taken the above sample according to these instructions to the best of my knowledge.

Sign here please ⇨ _____



We will keep all the information on this sheet confidential with the exception of what needs to be submitted to Ohio EPA. Please remember to complete the form, including the signature, and return it with your bottle in the bag the bottle came in. We will provide you with the lead and copper results within two days of analysis. If your lead results are above 15 parts per billion, additional information will be provided.

PLEASE CALL Chuck Smith at 216-664-3171 WHEN YOUR SAMPLE IS READY FOR PICKUP.
Please leave your phone number if you get the voicemail. We will respond as soon as possible. Thank you!

Sample Number: _____
(To be filled in by Cleveland Water)