

Verification of Lead Consumer Notice Issuance

Public Water System Name: Carlisle High School


Public Water System ID Number: 8344612 Monitoring Period: 06/20/2018

Consumer Notice to be issued within 2 business days of laboratory notification date. Return this completed form and a copy of the Consumer Notice issued to your Ohio EPA DDAGW-District Office within 5 business days of laboratory notification date. Retain a copy of this report in your files with supporting documentation for a minimum of 12 years.

System Type	Method of Delivery	Date(s) of Sample(s)	Date(s) of Delivery
Community Systems (CWSs)	For lead results < 15 µg/L: e-mail, phone call with written follow-up, mail, or hand delivery to owner and persons served at location where samples were collected.	_____	() e-mail () mail () hand delivery () phone call with written follow-up
Nontransient Noncommunity (NTNC) or Certain Small Community Systems (e.g., Correctional Institutions or Nursing Homes)	For lead results < 15 µg/L: e-mail, phone call with written follow-up, mail, hand delivery, or post near locations where samples were collected. (Post a minimum of 7 days.)	<u>06/08/2018</u>	() e-mail () mail (x) hand delivery () phone call with written follow-up Date notices posted: <u>06/20/2018</u>
Additional Requirements for Schools, Day Care Facilities, Nursing Homes, and Juvenile Correctional Institutions	Notify parents, legal guardians or power of attorney of postings. (e.g., by newsletter, email, or other method accepted by Ohio EPA)	<u>06/08/2018</u>	() newsletter () e-mail (x) other <u>06/20/2018</u> call to parents directing them to lead results on web page_ _____
Additional Requirements for All Systems with Individual Lead Sample Results >15 µg/L* <i>*These requirements shall be completed in addition to those listed above for each sample >15 µg/L.</i>	1. Notification by e-mail, phone call with written follow-up, or hand delivery; 2. Notify local health department of results; 3. Provide information regarding availability of health screenings and testing of lead blood levels; 4. NTNC immediately remove all fixtures with results >15 µg/L 5. Include a copy of each sample >15 µg/L Consumer Notice issued.	_____	1. () e-mail () hand delivery () phone with written follow-up Date: _____ 2. Local Health Department Name: <u>Warren County Health District</u> Notification Date: _____ 3. Date provided: _____ 4. Date fixture removed: _____

I hereby certify that the Lead Consumer Notice was issued to all locations that were sampled by the dates specified above. Issuance was made by the method(s) indicated above.

Attached is a representative copy of the Lead Consumer Notice for all sample results less than 15 µg/L, and copies of the Lead Consumer Notice for each sample result greater than 15 µg/L.



Signature of Responsible Official

James Branson
Printed Name

06/20/2018

Date

Maintenance

Title of Responsible Official

For OEPA use only	CN Verification Received Date: _____	CN Acceptable: _____	CN Not Acceptable: _____
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