LEAD COPPER SAMPLE REPORT FORM

WSSN: SYSTEM NAME:

SAMPLE PERIOD: TO

Building Name	Fixture Type	Fixture Location	Sample Date and Time	Lead Result in mg/L	Copper Result in mg/L
EXAMPLE: High School	Fountain	Art Room	6/10/00/ 7AM	.003	2.0

All drinking water fixtures were sampled: Yes ☐ No ☐

Name of Water System Official Reporting Results:

Date:

Telephone:

Fax:

Please complete form, attach copies of lab results, and submit to local health department.