CUSTOMER NOTIFICATION: Lead Water Sample Result

PWS Name:	PWSID: ME		
SAMPLE RESULT			
A lead water sample was collected on	(date) from		(address).
The Safe Drinking Water Act requires collected a lead sample notification of their rest	ult.	to provide each cus	stomer who
The lead result for the above address is (only or	ne should be selected):		
parts per billion/ micrograms per OR	liter (ppb or μ g/L) ($a < sy$	mbol should be included if listed o	on the lab report)
parts per million/ milligrams per	liter (ppm or mg/L) $(a < s)$	ymbol should be included if listed	on the lab report)
MAXIMUM CONTAMINANT LEVEL GO	AL (MCLG) & ACTIO	N LEVEL	
The MCLG for lead is zero and the action level MCLG is the level of a contaminant in drinkin MCLGs allow for a margin of safety. The act triggers treatment or other requirements which	ng water below which the tion level is the concentration	here is no known or expected ration of a contaminant who	ed risk to health.
NOTE: Parts per billion (ppb) is the same as µg	g/L and parts per million	(ppm) is the same as mg/L.	
HEALTH EFFECTS OF LEAD			
Lead can cause serious health problems if too cause damage to the brain and kidneys. It can it parts of your body. The greatest risk of lead ex have linked the effects of lead on the brain w released later in life. During pregnancy, the ch development. Adults with kidney problems and healthy adults.	nterfere with the producti posure is to infants, your ith lowered IQ in childre ild can receive lead from	ion of red blood cells that can ag children, and pregnant we en. Lead is stored in the b the mother's bones, which	arry oxygen to all omen. Scientists ones and can be may affect brain
STEPS YOU CAN TAKE TO REDUCE EX	POSURE TO LEAD IN	DRINKING WATER	
Run your water to flush out lead: If water huntil it becomes cold or reaches a steady tempe			to 30 seconds or
Use cold water for cooking and preparing ba	aby formula: Lead disso	olves more easily into hot w	ater.
Do not boil water to remove lead: Boiling wa			
Remove loose solder and debris from plumb and run the water from 3 to 5 minutes to flush of			ers from all taps
Identify and replace lead solder: Lead solder licensed plumber should be able to help with le			•
Have an electrician check your grounding: 6 from the electrical system can be done different		ectrician to see if current gro	ounding of wires
Look for alternative sources or treatment of stilter.	• • • • • • • • • • • • • • • • • • • •	consider purchasing bottled	l water or a water
ADDITIONAL INFORMATION			
For additional information, please contact For additional information on reducing lead exp	posure around your home	at	(phone #). fects of lead,

visit EPA's website at http://www.epa.gov/lead or contact your health care provider.

CERTIFICATION OF CUSTOMER NOTIFICATION OF INDIVIDUAL LEAD RESULTS

(Complete this certification form and return a copy with a completed notice to the Maine Drinking Water Program.)

Public Water System Name: PWSID Number: ME		
Monitoring Period:		
I,		
Distribution Methods:		
Notices were distributed to consumers by		
using the following methods (check all (date[s])	that were used):	
Direct Delivery (community systems must use at least one direct method delivery if their other method doesn't reach all required consumers): ☐ Mail ☐ Hand delivery ☐ Email (if it reaches all consumers) ☐ Other direct method approved by the Drinking Water		
Other Method of Delivery: ☐ Posting notice in conspicuous locations ☐ Website ☐ Other (provide details i.e., newsletter, etc.):		
Lead results were received from	ratory) On(date[s])	
**Operators: If you supplied this notice to a water system you operate (for person to whom you gave the information, but ensure that the system complete is filled out to reflect that (not reflect the date you sent the notification to the state).	es the distribution correctly and the rest of the form	
Date operator sent notice to system contact for them to distribute: System contact the notice was sent to for distribution:	(date) (name)	
Signature of Owner or Operator:	Date Signed:	
Signature of Owner's Representative:	Date Signed:	

**NOTE: Dates on signatures must be on or after the date the data results were distributed to the consumers.