VERIFICATION FORM FOR COMMUNITY PUBLIC WATER SYSTEMS CLAIMING NO LEAD SERVICE LINES

The owner or operator of all community public water systems must identify and map areas of their distribution system that are known or are likely to contain lead service lines. Systems must submit a copy of the applicable map to the Ohio Department of Health and the Ohio Department of Job and Family Services. Systems must also submit a report to the director containing at least both of the following: (1) The applicable map with narrative, and (2) A list of sampling locations used to collect samples as required by Ohio Revised Code (ORC) Section 6109.121 and any rules adopted thereunder, including contact information for the owner and occupant of each sampling site.

Should a water system determine no lead service lines exist in their distribution system, they must provide information stating they reviewed, at the minimum, historical permit records and local ordinances, distribution maintenance records and information pertaining to installation dates or materials for all services lines. This information must be verified below.

I HEREBY CERTIFY THAT THE FOLLOWING METHOD(S) WERE USED TO DETERMINE NO LEAD SERVICE LINES EXIST IN THIS WATER SYSTEM'S DISTRIBUTION SYSTEM, AS REQUIRED BY ORC 6109.121(F):

LEAD SERVICE LINE VERIFICATION
This PWS states they have no lead service lines and has reviewed the following information (select one or more of the following): ☒ Historical permit records and/or local ordinances ☒ Distribution maintenance records (i.e. meter replacement, waterline break repairs) ☒ Information pertaining to installation dates for all service lines (i.e. after 1986 when lead services lines were banned) ☒ Service line material of all service lines is known (i.e. all service lines are known to be PVC)

11-1-2024

Signature of Responsible Person — Date

Gary E. Newbrough, P.E. — Sanitary Engineer

Printed Name and Title of Responsible Person

PWS NAME: Warren
PWS ID: OH 7806112
COUNTY: Trumbull

For Ohio EPA use only:

Date Verification Rec'd: _____