

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Water Supply Protection

**Lead and Copper Materials Certification Form
and Application for Waiver from Lead and Copper Sampling**

Public Water System Name	County	Town, Village, City
Public Water System ID # N Y _____	Date ____/____/20____ <small>M M D D Y Y Y Y</small>	Type of Water Supply <input type="checkbox"/> Surface <input type="checkbox"/> Groundwater <input type="checkbox"/> Purchase <input type="checkbox"/> GUDI

A. Statement of Certification:

I, _____, upon inspection of this water system do
Printed Name of Certified Operator in Responsible Charge
 hereby certify that to the best of my knowledge, this system, including distribution system, service lines, drinking water supply plumbing, including within homes/building served, contains none of the following:

lead service lines or lead pipes; plastic pipes with lead plasticizers or plastic service lines with lead plasticizer; leaded brass or bronze fittings and/or fixtures that do not meet the lead leaching standards; or lead soldered pipe joints; or copper pipes or copper service lines.

Currently, plumbing fixtures and appurtenances certified as NSF Standard 61, Section 9 meet the above criteria.

B. Application for Waiver:

To apply for a waiver from lead and copper sampling, submit the following:

- Original copy of laboratory results for initial six month lead and copper sample result for each water system distribution system.

I understand that this document shall become a permanent record of this public water system and that I am legally responsible for the validity of the information provided. I certify that all information submitted in support of this application for a waiver is true to the best of my knowledge.

Signature of Certified Operator in Responsible Charge: _____

Official Title: _____

Water Supply Operator Certification Number: NY _____

Date: _____